

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	24/12/2018 09:54
Date Of Accident	22/12/2018 13:15
Exact Location Of Accident	25 KAKI BUKIT RD 4 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2309E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEONG PEI JINE
NRIC No	S7805938I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97465001
Alternative Phone No	OFFICE-97465001

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GTS SUPER/SUPERSPORT 300 E4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094020831-01
Cover Note Number	

### Driver

Name of Driver	CHAN PHEI LIANG (CHEN WEILIANG)
NRIC No	S7246647J
Date Of Birth	07/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97465001
Fax Number	
Contact Number	OFFICE-97465001
Email Address	NOEMAIL

Address	BLK 107D EDGEFIELD PLAINS #10-142
Postcode	824107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : CHEONG PEI JINE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5872999 - <b>FAX NO:</b> 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181222/2118.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF4741D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHEONG PEI JINE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBM2309E  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name CHAN PHEI LIANG (CHEN WEILIANG)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBM2309E  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Synergy @ Kb Carpark entrance.

In out

Wump

A

B

A = FBM 2309 E


B = SGF 47 41 D

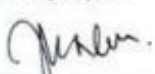
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

CAABWC 14/11/2016/016\_03



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C.  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20181222/2118

1 of 3

Report No. T/20181222/2118

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2018 20:42	Vide Report No.:	Station Diary No.: 62
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### Informant's Particulars

Name of Informant: CHAN PHEI LIANG		Address: APT BLK 107D EDGEFIELD PLAINS #10-142 SINGAPORE 824107	
ID Type / ID No.: NRIC NO / S7246647J		Contact No.: Home/Office: Mobile: 97465001	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 07/12/1972	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: FOOD DELIVERY RIDER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2018 13:15	Type of Location: Car Park
Location: Along Road 1 KAKI BUKIT ROAD 4 56 SYNERGY @ KB				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM2309E	Motorcycle					0
SGF4741D	Car					0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20181222/2118

2 of 3

Report No. T/20181222/2118

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	CHAN PHEI LIANG	ID No.	S7246647J
Related Vehicle	FBM2309E (Motorcycle)	Contact No.	97465001
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	22/12/2018	Date Discharge	22/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Pillion</b>			
Name	CHEONG PEI JINE	ID No.	S7805938I
Related Vehicle	FBM2309E (Motorcycle)	Contact No.	84885001
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/12/2018	Date Discharge	22/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 22/12/2018 at about 1.15pm I was riding into the carpark, there was a hump on the road and I slowed my scooter down. After I crossed the hump I was hit from behind by a car. My pillion and I fell of the scooter. The driver came out to provide assistance to us and we exchanged particulars. There was no traffic police or ambulance at scene. I went to Changi General Hospital for treatment and was given 3 days of medical leave.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181222/2118

Police Station Of Origin:  
Changi N.P.C.  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3  
Report No. T/20181222/2118

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/12/2018 20:42

Officer In Charge Of Case:

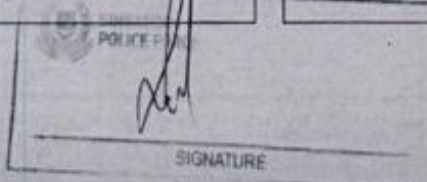
TP / AEIT /

SIANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

