

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	30/01/2019 14:25
Date Of Accident	07/01/2019 14:30
Exact Location Of Accident	PIONEER RD NORTH UNDER NANYANG FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX5166A
Insured/Policyholder	
Name Of Registered Owner	WONG KEE JIN
NRIC No	S1064438J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-67913125

Vehicle Particulars

Manufacturer	HONDA
Model	CM 125 CR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5096467369-01
Cover Note Number	-

Driver

Name of Driver	WONG KEE JIN
NRIC No	S1064438J
Date Of Birth	13/08/1946
Occupation	INDOOR
Date Of Driving Pass	16/12/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-67913125
Email Address	NOEMAIL

Address	BLK 947 JURONG WEST ST 91 #05-645
Postcode	640947
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	FBN8162R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	WONG KEE JIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FX5166A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

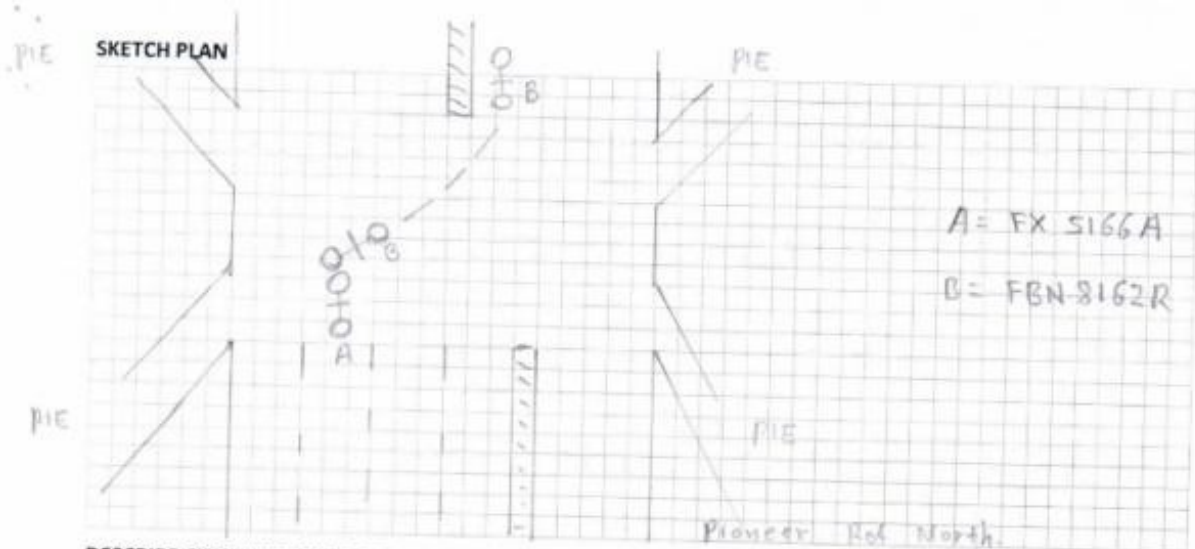
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190123/2031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190123/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 11:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG KEE JIN			Address: 947 JURONG WEST STREET 91 #05-645 NANYANG RUBY SINGAPORE 640947		
ID Type / ID No.: NRIC NO / S1064438J			Contact No.: Home/Office: 67913125 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 13/08/1946	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CLEANER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/01/2019 14:30	Type of Location:
Location: Along Road 1 PIONEER ROAD NORTH PIONEER ROAD NORTH UNDER NANYANG FLYOVER				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX5166A		HONDA	CM 125 CR	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX5166A	NTUC Income Insurance Co-Operative Limited	5096467369-01	23/12/2018	22/12/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190123/2031

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190123/2031

CONTINUATION OF REPORT

Brief Details.

ON 07/01/2019 @ AROUND 2.30 PM, I WAS DRIVING MY MOTORCYCLE(FX5166A) ALONG PIONEER ROAD NORTH FROM NANYANG CRESCENT. I WAS TRAVELLING STRAIGHT WHEN I REACHED THE NANYANG FLYOVER, I SAW THAT THE TRAFFIC LIGHT WAS GREEN FOR ME. SO I PROCEEDED STRAIGHT. HOWEVER, AN ONCOMING MOTORCYCLE CAME AND WAS TURNING RIGHT INTO PIE. WHEN THE MOTORCYCLE WAS TURNING RIGHT, IT COLLIDED INTO ME. I PASSED OUT. I WOKE UP AT NG TENG FONG HOSPITAL. WHERE I WAS DISCHARGED ON THE 18/1/19 AND RECEIVED 13-DAYS MC.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190123/2031

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Report No. T/20190123/2031

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:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
23/01/2019 11:21

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178



Classification Of Case:
SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature:

POLICE REPORT



T/20190130/2039

1 of 3

Report No. T/20190130/2039

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190123/2031

Report Number T/20190130/2039

Vide Report Number

Date/Time of Report Made 30/01/2019 10:50

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant WONG KEE JIN

ID Type / ID No. NRIC NO / S1064438J

Home/Office 67913125

Mobile -

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 07/01/2019 14:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8162R	Motorcycle					0
FX5166A	Motorcycle	HONDA	CM 125 CR	Black		0

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

POLICE REPORT



T/20190130/2039

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Report No. T/20190130/2039

Continuation of CSF For NP168

Rider			
Name	WONG KEE JIN	ID No.	S1064438J
Related Vehicle	FX5166A (Motorcycle)	Contact No.	67913125
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/01/2019	Date Discharge	18/01/2019
No. of Days granted Medical Leave	13	Degree of Injury	NIL

Brief Facts.

ON 07/01/2019 AT ABOUT 2:30 PM, I WAS RIDING MY MOTORCYCLE (FX5166A) ON THE MIDDLE LANE OF 3 ALONG PIONEER ROAD NORTH FROM NANYANG CRESCENT. I WAS TRAVELLING STRAIGHT WHEN I REACHED THE NANYANG FLYOVER. I SAW THAT THE TRAFFIC LIGHT WAS GREEN FOR ME. SO I PROCEEDED TO TRAVEL STRAIGHT. HOWEVER, AN ONCOMING MOTORCYCLE (FBN8162R) CAME AND WAS TURNING RIGHT INTO PIE. WHEN THE MOTORCYCLE WAS TURNING RIGHT, IT COLLIDED INTO ME. I PASSED OUT FROM THE ACCIDENT. I WOKE UP AT NG TENG FONG GENERAL HOSPITAL. WHERE I WAS DISCHARGED ON THE 18/1/2019 AND RECEIVED 13 DAYS MC.

POLICE REPORT



T/20190130/2039

3 of 3

Report No. T/20190130/2039

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIT /
TAN CHIN YONG

Classification of Case 1) INJURY / ATTENDED BY POLICE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

