

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	01/02/2019 17:24
Date Of Accident	31/01/2019 19:00
Exact Location Of Accident	NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK427X
Insured/Policyholder	
Name Of Registered Owner	KELVIN CHIA WEN JIE (XIE WENJIE)
NRIC No	S8328689Z
Email Address	KELVINCHIAWJ83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87420483
Alternative Phone No	OTHERS-87420483

Vehicle Particulars

Manufacturer	HONDA
Model	-
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093816146-01
Cover Note Number	

Driver

Name of Driver	KELVIN CHIA WEN JIE (XIE WENJIE)
NRIC No	S8328689Z
Date Of Birth	15/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87420483
Fax Number	
Contact Number	OTHERS-87420483
Email Address	KELVINCHIAWJ83@GMAIL.COM

Address	BLK 780D WOODLANDS CRESCENT #11-61
Postcode	734780
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190131/2172

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	SHD3409U
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	KELVIN CHIA WEN JIE (XIE WENJIE)
Approximate Age	
Injuries Sustain	RIGHT LEG PAIN
Injured person in which vehicle?	FBK427X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN


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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.

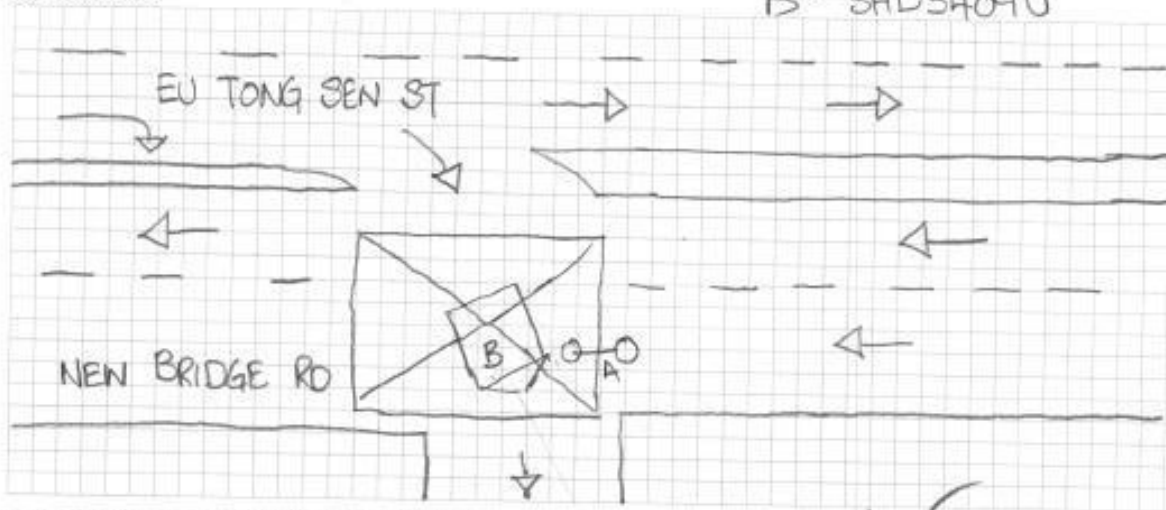

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



A - FBK427X
B - SHD3409U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190131/2172

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.:

GIAMM SketchPlanForm_V4

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190131/2172

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 4

Report No. T/20190131/2172

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK427X	NTUC Income Insurance Co-Operative Limited	5093816146-01	31/08/2018	30/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KELVIN CHIA WEN JIE	ID No.	S8328689Z
Related Vehicle	FBK427X (Motorcycle)	Contact No.	87420483
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	31/01/2019	Date Discharge	31/01/2019
No. of Days granted Medical Leave	09	Degree of Injury	NIL
Driver			
Name	Yeung Chun fai	ID No.	S2577613E
Related Vehicle	SHD3409U (Car)	Contact No.	97346998
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/01/2019 at about 1300hrs at I was riding my motor cycle bearing plate no. FBK427X along new bridge road. I was heading to Hong Kong street. A taxi bearing plate no SHD3409Y was travelling along Eu Tong Seng street. The vehicle moving along new bridge road was stopping due to the red light. There was a yellow box along new bridge road. Based on my assessment, there was a space in front of the yellow box for my motor vehicle to be there. When my front tire touched the yellow box, I slowed down, the taxi bearing plate no SHD3409U was making right turn and stopped right in front of me and when I did an emergency brake, my front tire hit the left front side of the taxi causing it to be slightly dented and the left side mirror to be tangling. I did not fling off or fell from the bike. I noticed that that there were 2 female passengers at the back of the taxi. My front mad gad alignment was off, my left side mirror became loose and the headlight protector came off.

After colliding with the taxi, I got off from my motor cycle and pushed my motor cycle to the side. While pushing my motor cycle, I felt pain on my right feet and right forearm. I called for NTUC income insurance for advice and they assisted me to call the police and the ambulance. The ambulance and the Traffic



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T/20190131/2172

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3 of 4

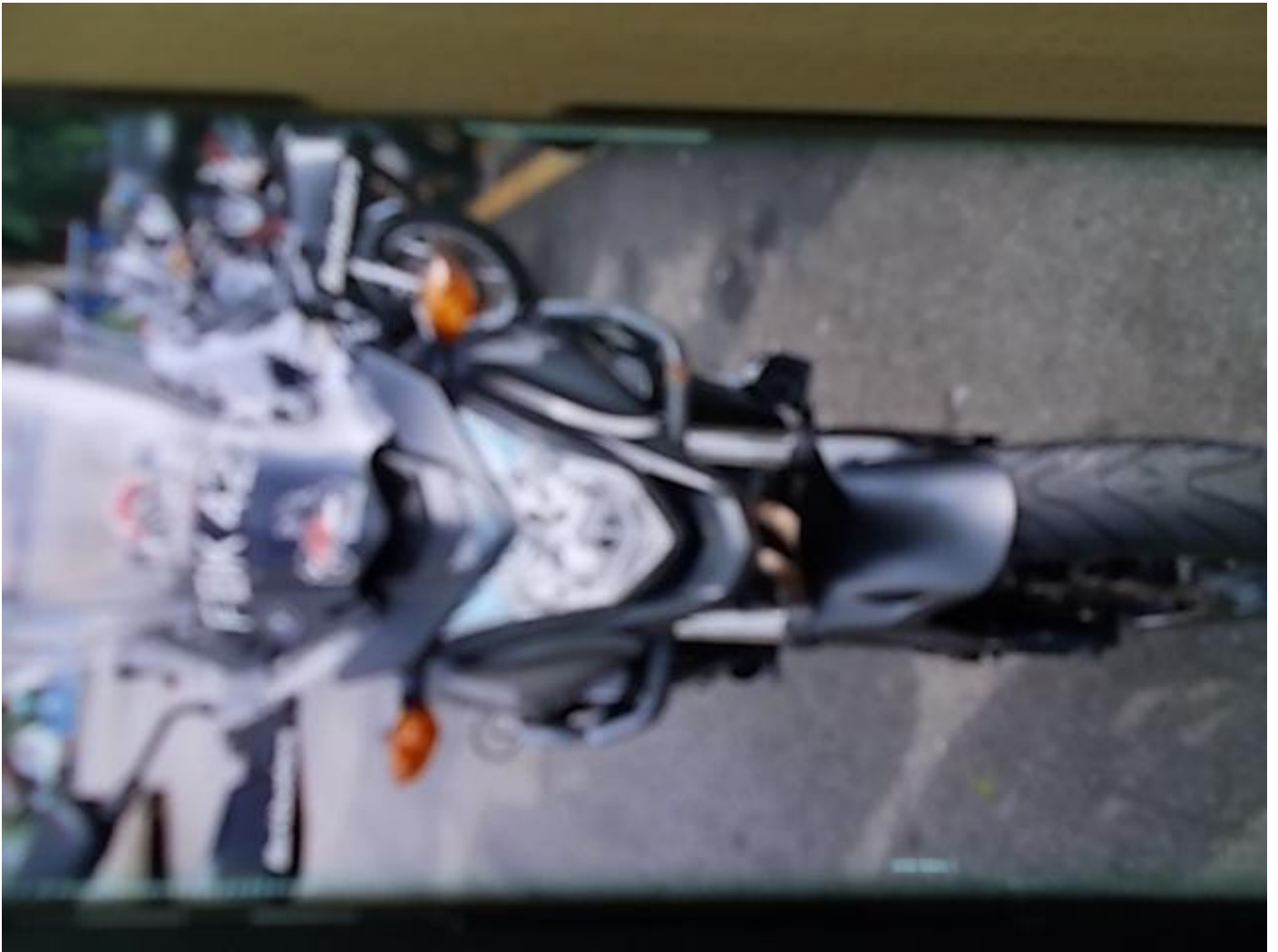
Report No. T/20190131/2172

CONTINUATION OF REPORT

police officer arrived at scene at around 1330hrs. While waiting for the arrival of the ambulance and Traffic Police Officer, I managed to exchange particulars with the taxi driver.

Most of the time, I was sitting at the pavement due the pain on my right leg. I was then conveyed to Singapore General Hospital at around 1350hrs. I did an Xray at Singapore General Hospital and was told by the doctor namely Daniel Tan Weei Jang(62467E) informed me that I suffered a minor fracture on my inner right feet just below the ankle. I also suffered an abrasion on my right feet and my right forearm I was given 9 days MC. IO Daniel from Traffic Police called me at around 1759hrs to check on me and advised me to proceed to the nearest police station to lodge a report about the accident. I was discharged

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190131/2172

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No: T/20190131/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2019 21:29		Vide Report No.: A/20190131/0087		Station Diary No.: 268
Informant's Particulars				
Name of Informant: KELVIN CHIA WEN JIE		Address: APT BLK 780D WOODLANDS CRESCENT #11-61 SINGAPORE 734780		
ID Type / ID No.: NRIC NO / S8328689Z		Contact No.: Home/Office:		Mobile: 87420483
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 35	Date of Birth: 15/09/1983	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DESPATCH RIDER		Driving Licence Information: Class: 2B,2A,2,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/01/2019 13:00	Type of Location:
Location: NEW BRIDGE ROAD				
Taxi turning in to carpenter street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK427X	Motorcycle	HONDA	CB400X ABS	Black	Seriously Damaged	0
SHD3409U	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



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T/20190131/2172

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No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
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Date Treatment	31/01/2019		Date Discharge	31/01/2019
No. of Days granted Medical Leave	09		Degree of Injury	NIL
Driver				
Name	Yeung Chun fai		ID No.	S2577613E
Related Vehicle	SHD3409U (Car)		Contact No.	97346998
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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Police Report



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Tel No: 1800-363 9999

4 of 4

Report No. T/20190131/2172

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:
L /
Insp MUHAMMAD TAJUDDIN BIN MOHAMED
TAMRIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168



Signature:
Singapore Police Force

Signature Of Informant:

Date/Time:
31/01/2019 21:29

Classification Of Case: