

## 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	08/02/2019 14:01
Date Of Accident	06/02/2019 19:55
Exact Location Of Accident	GEYLANG EAST AVENUE 02
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB7581J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE WEY KONG
NRIC No	S2168545C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93803378
Alternative Phone No	OTHERS-93803378

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
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	5092414808-01
Cover Note Number	

### Driver

Name of Driver	LEE WEY KONG
NRIC No	S2168545C
Date Of Birth	12/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93803378
Fax Number	
Contact Number	OTHERS-93803378
Email Address	NOEMAIL

Address	BLK 165 #06-305 TAMPINES STREET 12
Postcode	521165
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 - HEAD ON COLLISION
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20190207/2034;

#### 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	SDV9861J
Vehicle Make/Model/Colour	NISSAN TEANA 2.0 XL CVT
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	LEE WEY KONG
Approximate Age	61
Injuries Sustain	MULTIPLES INJURIES
Injured person in which vehicle?	FBB7581J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 165 #06-305 TAMPINES STREET 12
Postcode	521165

SKETCH PLAN

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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:

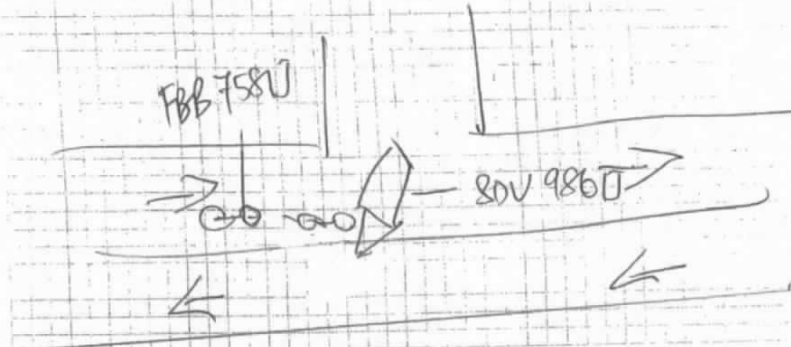
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4  
Singapore 415933  
Tel: 67416697  
Name: **Fax: 67492305**  
NRIC/FIN ID Email: **vackb@singnet.com.sg**

08 FEB 2019

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
To Police Report.

DECLARATION

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

*Wickham*  
Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT(VAC)**  
23 KAKI BUKIT AVE 4  
Singapore 415933

Reporting Centre Person  
Name: **Tel: 67416697**  
Fax: 67492305  
NRIC/FIN: **Email: vackb@singnet.com.sg**

08 FEB 2019



# SINGAPORE POLICE FORCE



T/20190207/2034

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20190207/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/02/2019 11:50	Vide Report No.:	Station Diary No.: 31
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**Informant's Particulars**

Name of Informant: LEE WEY KONG			Address: APT BLK 165 TAMPINES STREET 12 #06-305 SINGAPORE 521165	
ID Type / ID No.: NRIC NO / S2168545C			Contact No.: Home/Office:	Mobile: 93803378
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 12/12/1957	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: FOOD PANDA RIDER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/02/2019 19:55	Type of Location: Straight Road
Location: Along Road 1 GEYLANG EAST AVENUE 2  Geylang East Avenue 2 toward Geylang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB7581J	Motorcycle	HONDA	CBF150	Black	Seriously Damaged	0
SDV9861J	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB7581J	NTUC Income Insurance Co-Operative Limited	5092414808-01	07/07/2018	06/07/2019



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20190207/2034

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LEE WEY KONG	ID No.	S2168545C
Related Vehicle	FBB7581J (Motorcycle)	Contact No.	93803378
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/02/2019	Date Discharge	06/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 6th February 2019 at about 1955hrs I was travelling along Geylang East Ave 2 toward Geylang Road with my motorcycle bearing registration plate FBB7581J.

While travelling along the said road before SimsVille Condominium there was one vehicle bearing registration plate SDV9861J drove out from the condominium I pressed the horn to alert him however the driver did not stop and hit my motorcycle from the front as a result I fell to my right. I then called for police assistance. I was conveyed to Tan Tock Seng Hospital by ambulance. I sustained multiple bruises, abrasion on my left shin, left arm and pain on my chest.

I was given 3 days medical leave from 6/02/2019 to 08/02/2019.



**SINGAPORE  
POLICE FORCE**



T/20190207/2034

3 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20190207/2034

**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 3 NURHIDAYAH BINTE IADIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/02/2019 11:50

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE