

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	31/01/2019 17:53
Date Of Accident	31/01/2019 07:20
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD9550A
Insured/Policyholder	
Name Of Registered Owner	CHUA SOON HENG
NRIC No	S9222892D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92787474
Alternative Phone No	OFFICE-92787474

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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	5067420647-03
Cover Note Number	

Driver

Name of Driver	CHUA SOON HENG
NRIC No	S9222892D
Date Of Birth	26/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92787474
Fax Number	
Contact Number	OFFICE-92787474
Email Address	NOEMAIL

Address	BLK 125 HOUGANG AVENUE 1 #07-1478
Postcode	530125
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	4
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME. MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF THE STATED VENUE, AS THERE WAS INCOMING VEHICLES TRAVELLING ALONG MAIN RD. SUDDENLY VEHICLE B WAS TOO CLOSE TO MY VEHICLE AND SIDE SWIPE ONTO MY VEHICLE RIGHT PORTION. AFTER AN IMPACT, MY VEHICLE FELL TO THE LEFT AND HIT ONTO VEHICLE C. VEHICLE C HIT ONTO VEHICLE D. AND PLS REFER TO THE POLICE REPORT : T/20190202/2102

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	SKM3810K
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBD7910H
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLX9678S
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)

1

DETAILS OF INJURED PERSON 1

Name CHUA SOON HENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBD9550A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan


SKETCH PLAN

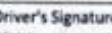
IMPORTANT NOTICE

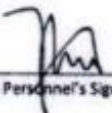
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

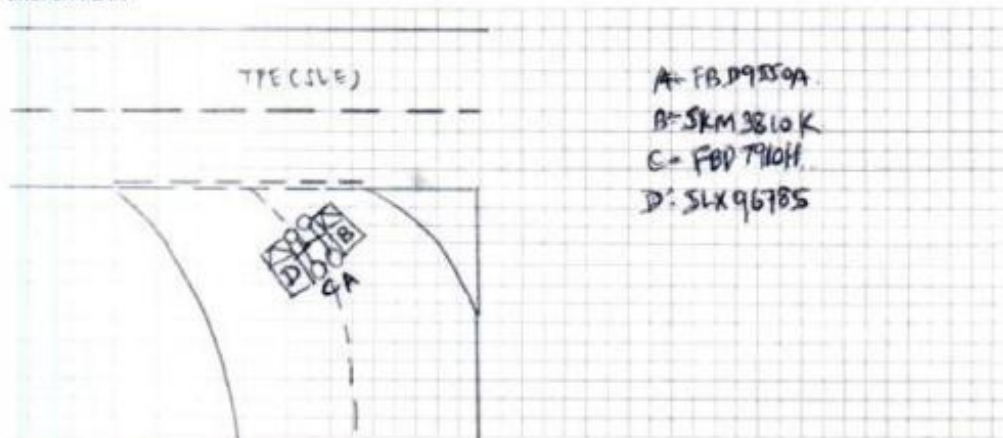

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statements

and

pls Refer to Police Report -

T / 20190202 / 2102

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190202/2102

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

2 of 3

Report No. T/20190202/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD9550A	NTUC Income Insurance Co-Operative Limited	5067420647-03	23/05/2018	22/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHUA SOON HENG		ID No. S9222892D
Related Vehicle	FBD9550A (Motorcycle)		Contact No. 92787474
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 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 0720hrs, I was riding my motorcycle, vehicle number FBD9550A along the slip road PIE(Changi) towards TPE(SLE). As I approached a stop line of the above stated venue, I stopped and as came to stationary as there was incoming vehicle travelling along the main road.

Suddenly, there was a car, vehicle number, SKM3810K who formed up beside me, drove up and side swipe onto my vehicle's right portion. Upon the Collision, my motorcycle fell to the left and hit another motorcycle, vehicle number, FBD7910H, resulting it to hit onto another car, vehicle number, SLX9678S. My vehicle suffered cracks on left side mirror, the fairings, dents on my fuel tank and scratches on my motorcycle's exhaust pipe.

We then came down from our vehicle and exchanged our particular, we then drove off from the scene. No one was conveyed by ambulance. I suffered abrasion on my left ankle and bruises on my left knee and I went to a seek medical assistance at a clinic. No mc was given to me.

I was advised to lodge a police accident report by my insurance company.

Sketch Plan #4

OneCare Clinic Hougang Blk 104 Hougang Ave 1 #01-1125 530104 Tel: 65250325	
Patient Name: CHUA SOON HENG (S9222892D)	
To: Whom it may concern	
Dear sir/ mdm	
Kindly note that the above-mentioned patient was seen by me today for injuries from his road traffic accident	
Thanks!	
Referred By:	 Dr Trina Tay Lin Family Physician MBBS (Singapore) MMed (Family Medicine) MCR: M17569B
Date of Visit: 2 February 2019 Date of Issue: 02 February 2019	
<hr/> Dr. Trina Tay	

ONECARE CLINIC HOUGANG PTE. LTD.
104 HOUGANG AVENUE 1, #01-1125
SINGAPORE 530104
Tel: 6525 0325 Fax: 6525 0326

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190202/2102

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20190202/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2019 14:52	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: CHUA SOON HENG	Address: APT BLK 125 HOUGANG AVENUE 1 #07-1478 SINGAPORE 530125		
ID Type / ID No.: NRIC NO / S9222892D	Contact No.: Home/Office: Mobile: 92787474		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 26	Date of Birth: 26/06/1992	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: SAF REGULAR	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2019 07:20	Type of Location: SLIP ROAD
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY TAMPINES EXPRESSWAY SLIP ROAD PIE(CHANGI) TOWARDS PTE(SLE)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7910H	Motorcycle					0
FBD9550A	Motorcycle	YAMAHA	YZF-R15	Blue		0
SKM3810K	Car					0
SLX9678S	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190202/2102

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD9550A	NTUC Income Insurance Co-Operative Limited	5067420647-03	23/05/2018	22/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHUA SOON HENG		ID No. S9222892D
Related Vehicle	FBD9550A (Motorcycle)		Contact No. 92787474
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

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We then came down from our vehicle and exchanged our particular, we then drove off from the scene. No one was conveyed by ambulance. I suffered abrasion on my left ankle and bruises on my left knee and I went to a seek medical assistance at a clinic. No mc was given to me.

I was advised to lodge a police accident report by my insurance company.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190202/2102

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3



Report No. T/20190202/2102

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: F / Sgt 2 KOH PEI QI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2019 14:52
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119015060 Vehicle Registration No: FBD9550A
Name (as shown in NRIC) : CHUA SOON HENG NRIC/FIN/Passport No : S9222892D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 125, HOUGANG AVENUE 4, #07-1478 Singapore 530125
Contact (Tel) : — Mobile No. : 92787474
Email Address : NOEMAIL
Date of Accident : 31/01/2019 Time of Accident : 07:20
Place of Accident : SLIP RD PIE (KANGI) TWDS TPE (SLE)
Insurance Company : NTUC Income Insurance Co-operative Ltd.

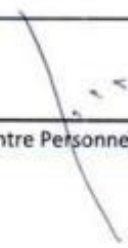
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend ~~the~~ to add Polize Report,
Injury, TP - Vehicle C.



Policyholder / Driver's Signature
Date:



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