

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	26/02/2019 16:33
Date Of Accident	22/02/2019 19:40
Exact Location Of Accident	ALONG PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AQ3333T
Insured/Policyholder	
Name Of Registered Owner	CHONG BOON YEOW
NRIC No	S7007984D
Email Address	IRON218@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98730039
Alternative Phone No	OTHERS-98730039

Vehicle Particulars

Manufacturer	YAMAHA
Model	T110Z-111CC (A)
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	5106526457
Cover Note Number	

Driver

Name of Driver	CHONG BOON YEOW
NRIC No	S7007984D
Date Of Birth	13/03/1970
Occupation	INDOOR
Date Of Driving Pass	05/09/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98730039
Fax Number	
Contact Number	OTHERS-98730039
Email Address	IRON218@YAHOO.COM.SG

Address	BLK 119C KIM TIAN ROAD #10-218
Postcode	163119
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 - MAJOR/MINOR RD
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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 T/20190226/2005

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	GBG4849G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	CHONG BOON YEOW
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	AQ3333T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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.

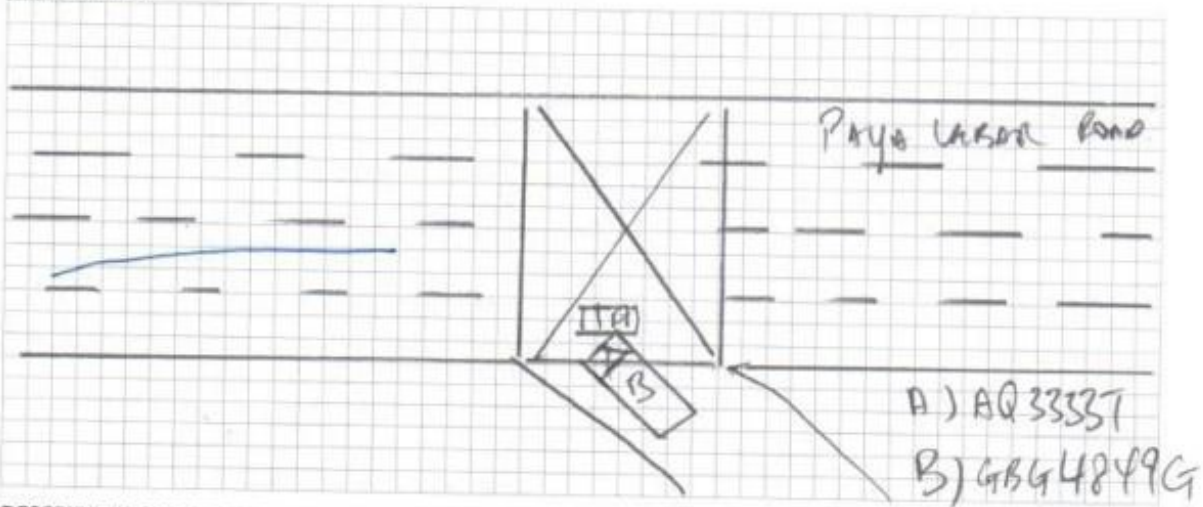
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Leslie*
NRIC/FIN No.: *9001 123456*

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/2019026/2005

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: Kola Lator
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2005

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

1 of 3

Report No. T/20190226/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 00:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHONG BOON YEOW			Address: APT BLK 119C KIM TIAN ROAD #10-218 KIM TIAN 119 SINGAPORE 163119		
ID Type / ID No.: NRIC NO / S7007984D			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 98730039		
Sex: Male			Email:		
Age: 48			Type of Informant: Driver		
Date of Birth: 13/03/1970			Institution / School Name:		
Race: Chinese			Language: English		
Occupation: Self-Employed			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: 22/02/2019 19:40	Type of Location:
Location: Along Road 1 PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
AQ3333T	Motorcycle	YAMAHA	T110Z	Silver		0
GBG4849G	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AQ3333T	NTUC Income Insurance Co-Operative Limited	5106526457	28/01/2019	27/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2005

2 of 3

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

Report No. T/20190226/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG BOON YEOW	ID No.	S7007984D
Related Vehicle	AQ3333T (Motorcycle)	Contact No.	98730039
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING ALONG THE EXTREME LEFT LANE OF PAYA LEBAR ROAD. I WAS RIDING CASUALLY WHEN I REACHED THE JUNCTION WITH PIE WHEN I NOTICED A LORRY WAITING AT THE GIVE WAY LINE. I CONTINUED RIDING AND HORNED AT THE LORRY TO GIVE WAY BUT THE LORRY SUDDENLY DROVE OUT AND COLLIDED ONTO THE LEFT SIDE OF MY MOTORCYCLE.

THE DRIVER ALIGHTED AND SPOKE TO ME BUT I DID NOT UNDERSTAND WHAT HE WAS SAYING. I WAS FEELING DIZZY AFTER THE COLLISION BUT DID NOT WANT TO CALL AN AMBULANCE AS THERE WAS NO PAIN AT THAT POINT OF TIME SO I TOLD THE DRIVER TO LODGE A REPORT .

I NOTICED THAT THERE WERE 3 PEOPLE SITTING AT THE FRONT OF THE LORRY AND THEY DID NOT BUCKLE THE SEATBELTS TOO.

I HAD BEEN FEELING PAIN SINCE THE MORNING AFTER THE COLLISION HENCE I WENT TO VISIT A CLINIC WHERE I WAS GIVEN 5 DAYS OF MEDICAL LEAVE.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190226/2005

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

3 of 3

Report No. T/20190226/2005

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 /
ZENG ZI CONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/02/2019 00:54

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

利民診所

Shalom Clinic + Surgery

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

Shalom Clinic + Surgery

Rec. No. 283232

Alexandra Village
Blk 123 Bukit Merah Lane 1
#01-104 Singapore 150123
Tel: 6278 0270 Fax: 6278 4215
Date: 25 Feb 2019

For medical services rendered to

CHONG BOON YEOW

Total amount \$ 115.00

(Dollars One Hundred Fifteen Only)

利民診所

Shalom Clinic + Surgery**Shalom Clinic + Surgery**

Alexandra Village
Blk 123 Bukit Merah Lane 1
#01-104 Singapore 150123
Tel: 6278 0270 Fax: 6278 4215

77241

(S7007984D)

CHONG BOON YEOW

DOB: 13/03/1970 Sex: M Tel: /98730039

Coy:

119C KIM TIAN ROAD

#10-218 S(163119)

Allergy: NIL

boostrix™

LOT: AC37B3 10CB

EXP: 01-2021

DR. LAWRENCE SOH
MA, MBBS, MSc(OM), FAMS
MCR: M026106

利民診所

Shalom Clinic + Surgery**Shalom Clinic + Surgery**

Alexandra Village
Blk 123 Bukit Merah Lane 1
#01-104 Singapore 150123
Tel: 6278 0270 Fax: 6278 4215

MEDICAL CERTIFICATE

Number: 0000071573

Date: 25-Feb-2019

This is to certify that the following patient:

Name: CHONG BOON YEOW NRIC: S7007984D

is UNFIT FOR DUTY for 5 days

from 25/02/2019 to 01/03/2019 inclusive.

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

DR. LAWRENCE SOH
MA, MBBS, MSc(OM), FAMS
MCR: M026106

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

