

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	19/03/2019 16:40
Date Of Accident	17/03/2019 18:30
Exact Location Of Accident	JUNCTION OF SIMS AVENUE/SIMS WAY TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4945G
Insured/Policyholder	
Name Of Registered Owner	HENG YAM WATT
NRIC No	S2642879C
Email Address	CORRINENGLW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83632542
Alternative Phone No	OFFICE-83632542

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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	5091811358-01
Cover Note Number	

Driver

Name of Driver	HENG YAM WATT
NRIC No	S2642879C
Date Of Birth	31/10/1955
Occupation	INDOOR
Date Of Driving Pass	27/09/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83632542
Fax Number	
Contact Number	OFFICE-83632542
Email Address	CORRINENGLW@GMAIL.COM

Address	BLK 7 NORTH BRIDGE ROAD #11-4030
Postcode	190007
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 TO REAR
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190318/2002

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	SDJ3608C
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THOMAS HENG
NRIC/Passport Number	S1503270G
Contact Number	96368921
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HENG YAM WATT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH4945G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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: 19/3/19, 3:26pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

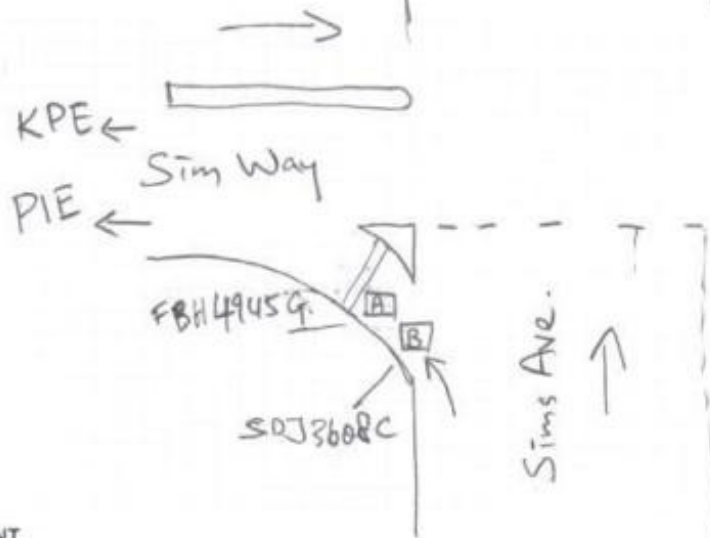
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: No Referral to Police Report 7/20/90318/2002

DECLARATION

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

Policyholder's Signature
 Date & Time: 19/3/19, 3:26pm

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

Reporting Centre Personnel's Signature
 Name: Ralph Luthers
 NRIC/FIN No.: 19/03/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190318/2002

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190318/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2019 00:26	Vide Report No.: G/20190317/0191	Station Diary No.: 8
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Informant's Particulars

Name of Informant: HENG YAM WATT			Address: APT BLK 7 NORTH BRIDGE ROAD #11-4030 SINGAPORE 190007	
ID Type / ID No.: NRIC NO / S2642879C			Contact No.: Home/Office:	Mobile: 83632542
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 63	Date of Birth: 31/10/1955	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Carpenter			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2019 18:30	Type of Location: X-Junction
Location: Along Road 1 SIMS WAY				
Junction of SIMS Avenue and SIMS Way. Towards PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4945G	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Slightly Damaged	0
SDJ3608C	Car	TOYOTA	Altis	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH4945G	NTUC Income Insurance Co-Operative Limited	5091811358-01	03/07/2018	02/07/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190318/2002

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20190318/2002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HENG YAM WATT	ID No.	S2642879C
Related Vehicle	FBH4945G (Motorcycle)	Contact No.	83632542
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/03/2019	Date Discharge	17/03/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	THOMAS HENG	ID No.	S1503270G
Related Vehicle	SDJ3608C (Car)	Contact No.	96368921
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 17/03/2019, I was riding my motorcycle FBH 4945G along Sims Ave turning into Sims Way towards PIE. I came to a stop at a traffic light junction there as the lights were red. I was at the extreme front. Suddenly a vehicle SDJ 3608C front portion hit onto the rear portion of my motorcycle. I fell together with my motorcycle. The driver of vehicle alighted and help me up. I was feeling pain on my left leg. I called my niece for assistance and she came down. My niece called 999 for Police assistance. The traffic Police and ambulance arrived. I was conveyed to Tan Tock Seng Hospital. I sustained abrasion and swelling on my left leg and given 2 days of medical leave. The traffic Police told me to lodge a Traffic accident report. The report number given to me is: G/20190317/0191. That is all.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190318/2002

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20190318/2002

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:

A /

Staff Sgt ALVIN SHAM THEYOPHOLOUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/03/2019 00:26

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force

MC



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6811

MEDICAL CERTIFICATE	ORIGINAL	TTSH19062486
NAME: HENG YAM WATT		NRIC: S2642879C

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **2** day(s) from **17-Mar-2019** to **18-Mar-2019** inclusive


The certificate is not valid for absence from court attendance.


The above named attended for Examination/Treatment from **17-Mar-2019 19:52** to **17-Mar-2019 21:51**

17-Mar-2019
Date

HEAH YA TING CHARMAIN
(50038E)
Issued by

Emergency Department
Location


Signature

 A member of National Healthcare Group
Adding years of healthy life

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



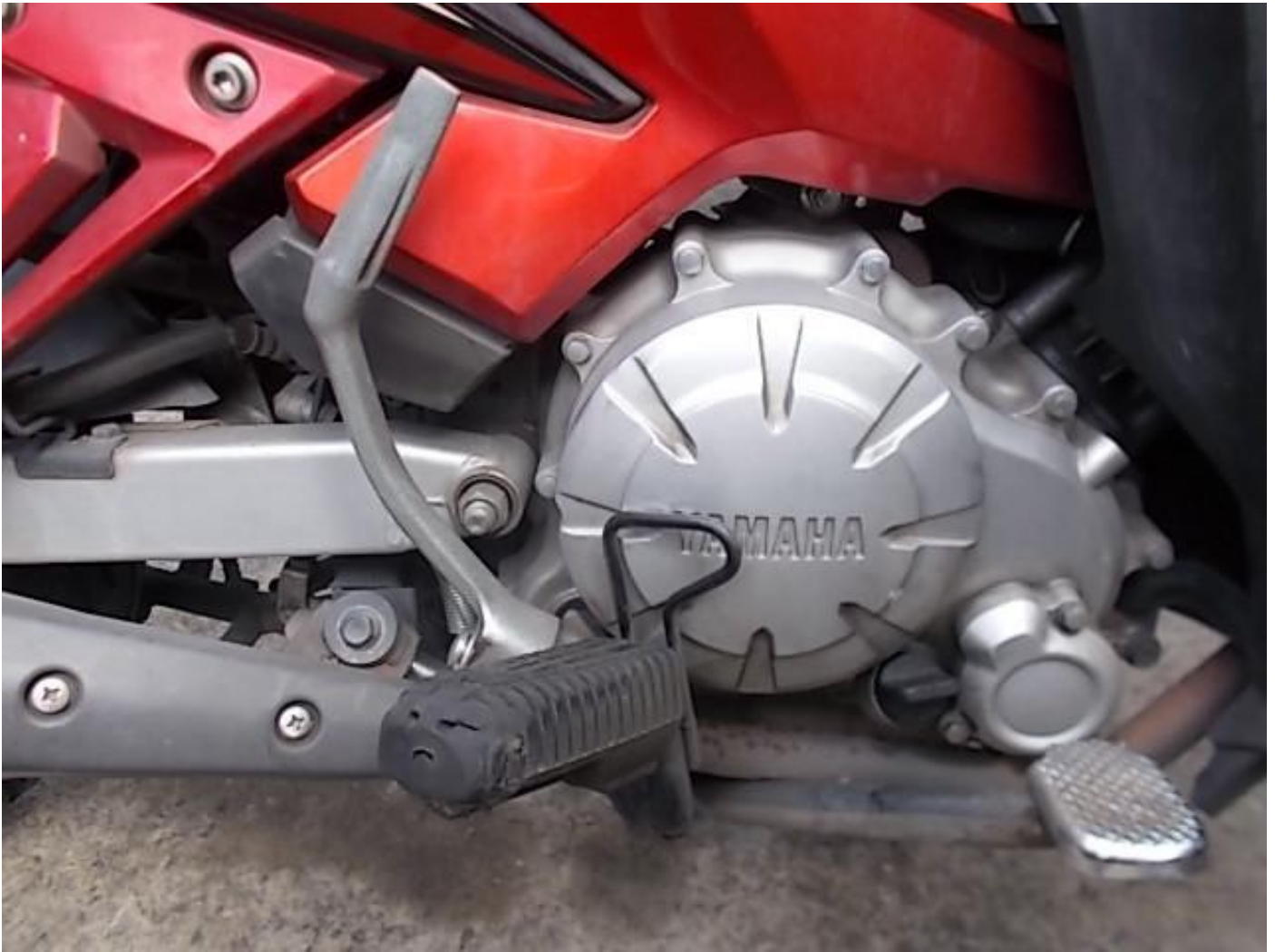
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