

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	22/03/2019 17:10
Date Of Accident	19/03/2019 19:30
Exact Location Of Accident	CTE (SLE) AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6486K
Insured/Policyholder	
Name Of Registered Owner	WEI ZHI WEN
NRIC No	S8538933E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93209190
Alternative Phone No	OFFICE-93209190

Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075934721-03
Cover Note Number	

Driver

Name of Driver	WEI ZHIWEN
NRIC No	S8538933E
Date Of Birth	10/12/1985
Occupation	INDOOR
Date Of Driving Pass	20/07/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93209190
Fax Number	
Contact Number	OFFICE-93209190
Email Address	NOEMAIL

Address	BLK 524 ANG MO KIO AVENUE 5 #05-4158
Postcode	560524
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 - CHANGE/CROSS LANE
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190320/2012.

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	SCJ7886B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIOW LING FANG, STEPHANIE (XIAO LINGFANG)
NRIC/Passport Number	S8600097J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name WEI ZHIWEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK6486K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


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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 Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

CYE (SLE)

A: FBK 6486K
B: SCJ 78865

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190370/2014.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190320/2012

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20190320/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2019 01:07	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: WEI ZHIWEN	Address: APT BLK 524 ANG MO KIO AVENUE 5 #05-4158 SINGAPORE 560524		
ID Type / ID No.: NRIC NO / S8538933E	Contact No.: Home/Office: Mobile: 93209290		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 33	Date of Birth: 10/12/1985	Type of Informant: Rider
Race: Chinese	Language: English	Institution / School Name:	
Occupation: SALE CONSULTANT	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/03/2019 19:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY towards SLE before of Ang Mo Kio Avenue 1				
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
FBK6486K	Motorcycle	HONDA	NC750XA	Black	Seriously Damaged	0
SCJ7886B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6486K	NTUC Income Insurance Co-Operative Limited	5075934721-03	24/11/2018	23/11/2019

Police Report



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T/20190320/2012

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20190320/2012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WEI ZHIWEN	ID No.	S8538933E
Related Vehicle	FBK6486K (Motorcycle)	Contact No.	93209290
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	19/03/2019	Date Discharge	19/03/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Name			
Siow ling fang, Stephaine		ID No.	S8600097J
Related Vehicle	NIL	Contact No.	96276561
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 19/03/2019 at about 7pm, I was riding my motorcycle bearing registration plate bearing, FBK6486K, along CTE towards SLE. I was travelling at the most right lane when suddenly a vehicle bearing registration plate, SCJ7886B, changed in to me lane and collided on to me. I fall off my bike and the driver stopped her vehicle and came to check on me. I called for the police and ambulance came down to my scene. I was then conveyed to Tan Tock Seng Hospital. My motorcycle was then towed away to Traffic police. I was given 6 days MC by the Tan Tock Seng Hospital and suffered abrasion on my left elbow, hand and left foot. I also felt pain on my left hip.

Police Report



SINGAPORE
POLICE FORCE



T/20190320/2012

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20190320/2012

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 1 TAN CHEE HEIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/03/2019 01:07

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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