

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	01/04/2019 19:53
Date Of Accident	30/03/2019 17:20
Exact Location Of Accident	TEMASEK HALL KENT RIDGE DRIVE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP810X
Insured/Policyholder	
Name Of Registered Owner	FOO CHIT FATT (HU ZHIFA)
NRIC No	S8108700H
Email Address	ANDYMAX1981@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97635576
Alternative Phone No	OTHERS-97635576

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)-155CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5107261099
Cover Note Number	

Driver

Name of Driver	FOO CHIT FATT (HU ZHIFA)
NRIC No	S8108700H
Date Of Birth	20/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1999
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97635576
Fax Number	
Contact Number	OTHERS-97635576
Email Address	ANDYMAX1981@YAHOO.COM

Address	BLK 170 STIRLING ROAD #11-1141
Postcode	140170
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	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190401/2128

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD6457L
Vehicle Make/Model/Colour	YAP YEW CHOH KENNETH
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) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1	
Name	FOO CHIT FATT (HU ZHIFA)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP810X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

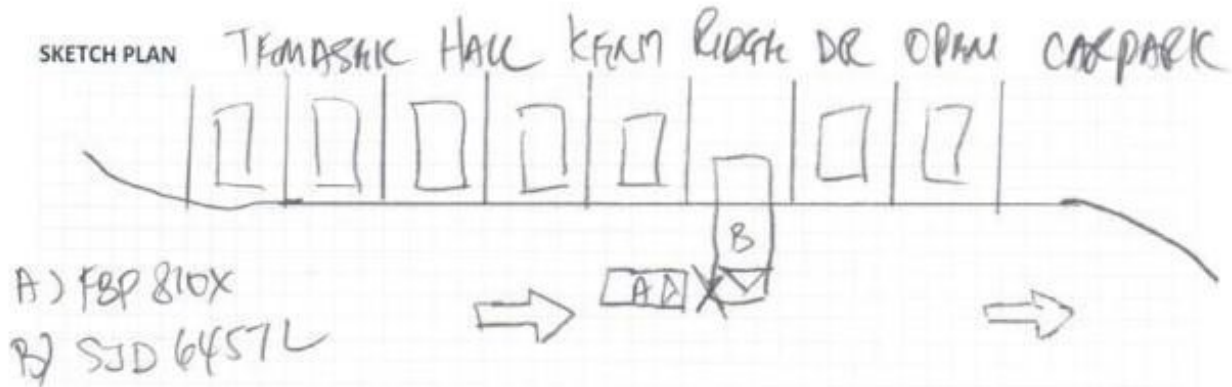

Policyholder's Signature
Date & Time: 1/4/19

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 text across the form: "No Referral to Police Report 1/20/19 1/20/19 1/20/19"

DECLARATION

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

Signature: *[Signature]*
Date & Time: 1/4/19

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.:

Signature: *[Signature]*
Date & Time: 1/20/19

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190401/2128

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190401/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 15:38		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: FOO CHIT FATT			Address: APT BLK 170 STIRLING ROAD #11-1141 SINGAPORE 140170		
ID Type / ID No.: NRIC NO / S8108700H			Contact No.: Home/Office: 97635576 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 20/03/1981	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2019 17:20	Type of Location: Car Park
Location: Along Road 1 KENT RIDGE DRIVE Temasek Hall open space carpark.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
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
FBP810X	Motorcycle	YAMAHA	AEROX GDR155 CVT	Black	Seriously Damaged	0
SJD6457L	Car			Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190401/2128

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190401/2128

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP810X	NTUC Income Insurance Co-Operative Limited	5107261099	26/01/2019	25/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	FOO CHIT FATT		ID No.	S8108700H
Related Vehicle	FBP810X (Motorcycle)		Contact No.	97635576
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/03/2019		Date Discharge	30/03/2019
No. of Days granted Medical Leave		01	Degree of Injury	Slight
Driver				
Name	Yap Yew Choh Kenneth		ID No.	S7504836Z
Related Vehicle	NIL		Contact No.	98731663
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 30/03/2019 at about 1720hrs, I ride vehicle registration number FBP810X into Temasek Hall to find for a parking. It was when Vehicle registration SJD6457L suddenly came out from his Lot which made me collide onto his front right side of the vehicle. I then fall to the ground with my motorcycle. The driver then helped me and we subsequently exchanged particulars

I sustain swollen on my right leg and felt some pain on other parts of my body. My vehicle FBP810X front and right side was badly damaged and front headlight was broken, however my motorcycle still can be driven. I went to NUH on the day itself to seek medical attention and I was given one day MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190401/2128

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190401/2128

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:
D /
Sgt 2 SURAIYAH PARVEEN BINTE HABIB
MUHAMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/04/2019 15:38

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

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




Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **58108700H**



Name
FOO CHIT FATT
(HU ZHIFA)
胡 祝 威
Race
CHINESE
Date of birth
20-03-1981
Country of birth
SINGAPORE



Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **58108700H**

Name
FOO CHIT FATT
(HU ZHIFA)

Date of birth **20 Mar 1981**
Valid till **13 Jul 2007**

4877394



58108700H



Date of birth
21-02-2007

Address
**47T BUKIT TIMAH STREET, #11-1141
SINGAPORE 140110**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 01 Motorcycles < 200 cc
Class 02 Motor Cycles 2000g weight and passengers, exclusive of the driver, and other motor vehicles < 3500kg

PASS NOTE
28 Jul 1998
21 Sep 2003

License No. Getachuan



AF 028A