

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	08/05/2019 09:39
Date Of Accident	15/02/2019 16:35
Exact Location Of Accident	ALONG STEVENS ROAD TOWARDS WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6280B
Insured/Policyholder	
Name Of Registered Owner	PANG YEE TIOW
NRIC No	S2586885D
Email Address	XUANYINO0914@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94861748
Alternative Phone No	OTHERS-94861748

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO JOHOR BAHRU
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	5105988971
Cover Note Number	

Driver

Name of Driver	PANG YEE TIOW
NRIC No	S2586885D
Date Of Birth	22/11/1959
Occupation	INDOOR
Date Of Driving Pass	29/04/1986
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94861748
Fax Number	
Contact Number	OTHERS-94861748
Email Address	XUANYINO0914@GMAIL.COM

Address	BLK 188C RIVERVALE DRIVE #13-1052
Postcode	543188
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	COLLIDED INTO MOTORCYCLIST
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	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 SKETCH PLAN

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	FBC9912U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	PANG YEE TIOW
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBM6280B
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:

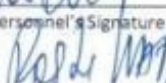
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 7 MAR 2019

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.:

Accident Sketch Plan

SKETCH PLAN

RIDER NOT SURE WHAT HAPPENED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DR REFER TO POLICE REPORT
7/20090507/2018

DECLARATION

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

Sydney 07 May 2019
Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190507/2118

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

1 of 3
Report No. T/20190507/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 15:29		Vide Report No.: E/20190215/0140		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: PANG YEE TIOW			Address: APT BLK 188C RIVERVALE DRIVE #13-1052 SINGAPORE 543188		
ID Type / ID No.: NRIC NO / S2586885D			Contact No.: Home/Office: Mobile: 94861748		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 59	Date of Birth: 22/11/1959	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SENIOR TECHNICIAN OFFICER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/02/2019 16:35	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 STEVENS ROAD WHITLEY ROAD Along Stevens Road towards Whitley Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9912U	Motorcycle					0
FBM6280B	Motorcycle	YAMAHA	SNIPER T150	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM6280B	NTUC Income Insurance Co-Operative Limited	5105988971	03/01/2019	02/01/2020

POLICE REPORT



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T/20190507/2118

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190507/2118

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	FBC9912U (Motorcycle)	Contact No.	NIL
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
Rider			
Name	PANG YEE TIOW	ID No.	S2586885D
Related Vehicle	FBM6280B (Motorcycle)	Contact No.	94861748
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	15/02/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	124	Degree of Injury	Serious

Brief Details.

On 16 Feb 2019 I received a letter from Traffic police ref to TP/IP/08937/2019, IO In charge: Ng Beifeng, 65476415. In the letter it was stated that I was involve in a traffic accident along Stevens Road on 15 Feb 2019 at 4.33pm. I would like to state that I could not recall anything that happened during the accident as I have traumatic brain injury after the incident. However I only recall blood bleeding from my head and sustain crack on my left rib and left shoulder bone.

My daughter namely Pang Yun Ling, 94861748, +60167610890 helped me to call NTUC income Insurance agency to ask for the other party's vehicle number which they subsequently provided. I was admitted in Tan Tock Seng Hospital on 15/02/2019 and discharged on 06/03/2019 and on the same day itself TTSH referred me to Rehabilitation Centre at TTSH for neurorehabilitation. I was given 124 days of MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190507/2118

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

3 of 3

Report No. T/20190507/2118

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:
07/05/2019 15:29

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMED YAZID BIN MOHAMED
YUSOFF
Contact No.: 65472075

Classification Of Case:

SN 50

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

