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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	15/05/2019 14:16
Date Of Accident	14/05/2019 17:45
Exact Location Of Accident	WOODLANDS AVE 6 NEAR L/P: 133F
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC5878L
Insured/Policyholder	
Name Of Registered Owner	TENG SZE KIN NORMAN GERARD
NRIC No	S8236535D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97730109
Alternative Phone No	OFFICE-97730109
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 DTS-I
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	5097170623-01
Cover Note Number	
Driver	

Driver

Name of Driver TENG SZE KIN NORMAN GERARD

NRIC No S8236535D

Date Of Birth 22/11/1982

Occupation INDOOR

Date Of Driving Pass 20/06/2005

Driving Experience 13 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97730109

Fax Number

Contact Number OFFICE-97730109

EMail Address NOEMAIL

Address BLK 118 WOODLANDS AVENUE 5

#05-37 739019

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 RAINING
Road Surface WET

Other Information

ambulance?

Postcode

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

NO

YES

Was any other material or property damaged?

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

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190515/7008.

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 SKP4431Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 23

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TENG SZE KIN NORMAN GERARD

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBC5878L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)

Lunderstand, 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
- 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 cetection, 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 Personne Signature NRIC/FIN No.:

Accident Sketch Plan

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	(B) SKP HH312.
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	No: 7/20190515/7008.
ECLARATION No declare the foresome	particulars are true in every respect.
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14/1/	
yholder Signature	Driver's Signature Reporting Centre Personnos's Signature
te & Xmg.	(if driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:
	Date & Time: NRIC/FIN No :





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

1 of 4 Report No. T/20190515/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 11:23		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of Informant: TENG SZE KIN NORMAN GERARD		Address: APT BLK 118 WOODLANDS AVENUE 5 #05-37 SINGAPORE 739019			
ID Type / ID No.: NRIC NO / S8236535D		Contact No.: Home/Office:	Mobile: 97730109		
Nationality: SINGAPORE CITIZEN		Email: normangerard@gmail.com			
Sex: Age: Date of Birth: Male 36 22/11/1982		Type of Informant: Rider			
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Personnel/Human resource manager		Driving Licence Informa Class: 2B,3,4	ation: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/05/2019 17:45	Type of Location Straight Road
Weather;	S AVENUE 6	Road Surface:	R	oad Speed Limit:
		Wet		
Raining			1.00	0 Km/h
Raining Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		affic Volume: ght

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBC5878L	Motorcycle	BAJAJ CHETAK	Pulsa 200	Red		0
SKP4431Z	Car	TOYOTA	Altis	Silver	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBC5878L	NTUC Income Insurance Co-Operative Limited	5097170623-01	09/05/2019	08/05/2020	





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

2 of 4 Report No. T/20190515/7008

CONTINUATION OF REPORT

Details of Perso	n involved	Control of the last		to this man	100.00	
Any Pedestrian I			HORSE WELLING	NAME AND	CALLED .	
No. of Pedestriar	Use of Pe	destria	a Cross	sino: NA		
Rider		STREET, STREET	000 0176	destria	Cross	sing. NA
Name	TENG SZE KIN NORMAN GERARD			ID No).	S8236535D
Related Vehicle	FBC5878L (Motorcycle)			Conta	act No.	97730109
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licen Expin	ig	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	14/05/2019		Date Disc			5/2019
No. of Days granted Medical Leave 04			Degree of			
Driver	A STATE OF THE PARTY OF THE PAR	SECTION OF THE PARTY.	a museum series	injury	Silgin	
Name	Tan Kok Heng			ID No		S8125991G
Related Vehicle	SKP4431Z (Car)			Conta	ct No.	91830397
Hospital/Clinic	NIL.			Class Drivin Licend Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harne	NIL		
No. of Days grant	led Medical Leave	NIL	Degree of	Degree of Injury NIL		

Brief Details.

It was raining with moderate visibility. I was the rider of FBC5878L and I was travelling on the right lane of Woodlands Avenue 6 (towards Woodlands Avenue 5) travelling at about 50 kmph on 14 May 2019 at about 5:45 pm.

A silver car (SKP 4431Z) that was on the left lane suddenly cut into the right lane to make an illegal Uturn. I was unable to stop my motorcycle completely and I hit the right rear side of the silver car.

I fell down together with my bike (right side) and the silver car continue to drive forward and complete the illegal U-turn. After that, the driver alighted at the opposite side of the road and helped me to lift up the motorcycle and push it to the side of the road.

The accident happened near to LP 133F.

I have 4 days of MC from KTPH for my injury.

The driver of SKP4431Z is: Tan Kok Heng S8125991G Contact: +6591830397



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



3 of 4 Report No. T/20190515/7008

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20190515/7008

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2019 11:23
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp	



























