

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	30/05/2019 15:42
Date Of Accident	25/05/2019 20:50
Exact Location Of Accident	ALONG AYE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4425R
Insured/Policyholder	
Name Of Registered Owner	LAU CHUN SIANG
NRIC No	S8089280B
Email Address	CHUNSIANG1980@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98075555
Alternative Phone No	OFFICE-98075555

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX (HC)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5109009266
Cover Note Number	

Driver

Name of Driver	LAU CHUN SIANG
NRIC No	S8089280B
Date Of Birth	01/03/1980
Occupation	INDOOR
Date Of Driving Pass	17/04/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98075555
Fax Number	
Contact Number	OFFICE-98075555
EMail Address	CHUNSIANG1980@HOTMAIL.COM

Address	NIL
Postcode	
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?	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 [OTHER]	CLEMENTI NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190526/2019 LODGED AT CLEMENTI NPC. ON 25/05/2019 AT ABOUT 2050HRS, I WAS RIDING MY MOTORCYCLE BEARING THE REGISTRATION NUMBER FBH4425R ALONG AYE TOWARDS CHANGI AIRPORT DIRECTION WHEN AN UNKNOWN BLUE-COLOURED TAXI SIDE-SWIPE ME NEAR TOLL ROAD ENTRANCE TO THE AYE. I WAS TRAVELLING ALONG LANE 2 OF THE EXPRESSWAY WHEN THE TAXI APPEARED SUDDENLY ON THE LEFT SIDE OF MY MOTORCYCLE AND SIDE SWIPE ME. I DO NOT KNOW WHY THE TAXI SUDDENLY FILTER TO LANE 2 FROM LANE 3. DUE TO THE IMPACT, I LOST FELL FROM MY MOTORCYCLE. I IMMEDIATELY STOOD UP AS I FEARED THAT ARE VEHICLES BEHIND MY MOTORCYCLE AND I QUICKLY RAN TOWARDS THE ROAD SHOULDER. I THEN SAT DOWN AS I HAD SUFFERED SOME INJURIES ON BOTH MY HANDS AND LEGS. THE TAXI DRIVER STOPPED HIS VEHICLE AND WENT TO ME TO ASK FOR MY WELL-BEING. THE TAXI DRIVER IS ONE MALE CHINESE AGED ABOUT 50S. THE TAXI DRIVER DID NOT EXCHANGED HIS PARTICULARS DURING THE INCIDENT. DUE TO ME TRAUMATIZED FROM THE ACCIDENT, I WAS UNABLE TO GET THE TAXI REGISTRATION NUMBER. I WAS CONVEYED TO NUH A&E AND I WAS GIVEN 4 DAYS MC. (REF TO NUH19143797).. THERE WAS A POLICE CAR ATTENDED TO MY INCIDENT BUT I WAS NOT GIVEN A CASE CARD OR REPORT NUMBER FOR REFERENCE. I DO NOT KNOW THE DAMAGE/S TO MY MOTORCYCLE AND I DO NOT KNOW THE WHEREABOUTS OF MY MOTORCYCLE AS I WAS CONVEYED TO NUH IMMEDIATELY AFTER THE INCIDENT. I HAVE REPORTED THE ACCIDENT TO NTUC FOR THEIR RECORDS THROUGH THEIR HOTLINE. I AM LODGING THIS REPORT FOR MU INSURANCE CLAIM (NTUC) FOR MY MEDICAL EXPENSES AND REPAIR FOR MY MOTORCYCLE.

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	SHB4038K
Vehicle Make/Model/Colour	HYUNDAI I40 1.7L CRDI AT ABS AIRBAG 4DR / BLUE
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LAU CHUN SIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBH4425R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

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: 28/05/2019

1634hs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

A hand-drawn diagram on graph paper showing a house with a chimney. Three arrows point from the left towards the house, indicating wind direction. A single arrow points away from the chimney, indicating the path of smoke.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Accident Report NO. T/20190526/2019 attached.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 28/05/2019

GIARMC SketchPlanForm_V3

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190526/2019

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190526/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2019 09:01		Vide Report No.:		Station Diary No.: 14
Informant's Particulars				
Name of Informant: LAU CHUN SIANG		Address: 5 JLN NUSARIA 4/9G TMN NUSANTARA 81550 GELANG PATAH JB M'SIA		
ID Type / ID No.: NRIC NO / S8089280B		Contact No.: Home/Office: 60127299292 Mobile: 98075555		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 39	Date of Birth: 01/03/1980	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/05/2019 20:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Along AYE towards Changi Airport near TUAS Checkpoint Viaduct. Near one Toll Road.				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 80 Km/h		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
FBH4425R	Motorcycle				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190526/2019

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190526/2019

CONTINUATION OF REPORT

Brief Details.

On 25/05/2019 at about 2050hrs, I was riding my motorcycle bearing the registration number FBH4425R along AYE towards Changi Airport direction when an unknown blue-coloured taxi side-swiped me near Toll Road entrance to the AYE. I was travelling along lane 2 of the expressway when the taxi appeared suddenly on the left side of my motorcycle and side swiped me. I do not know why the taxi suddenly filter to Lane 2 from Lane 3.

Due to the impact, I lost fell from my motorcycle. I immediately stood up as I feared that are vehicles behind my motorcycle and I quickly ran towards the road shoulder. I then sat down as I had suffered some injuries on both my hands and legs.

The taxi driver stopped his vehicle and went to me to ask for my well-being.

The taxi driver is one male Chinese aged about 50s. The taxi driver did not exchanged his particulars during the incident. Due to me traumatized from the accident, I was unable to get the taxi registration number.

I was conveyed to NUH A&E and I was given 4 days MC. (Ref to NUH19143797)..

There was a police car attended to my incident but I was not given a case card or report number for reference.

I do not know the damage/s to my motorcycle and I do not know the whereabouts of my motorcycle as I was conveyed to NUH immediately after the incident.

I have reported the accident to NTUC for their records through their hotline.

I am lodging this report for my insurance claim (NTUC) for my medical expenses and repair for my motorcycle.

Police Report Pg. 1



SINGAPORE
POLICE FORCE



T/20190526/2019

Police Station Of Origin:
Clementi N.P.C.
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190526/2019

CONTINUATION OF REPORT


Sketch Plan

Informant is not able to provide sketch plan

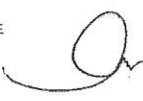
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / SI IMRAN BIN MOHAMMAD HAJAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2019 09:01
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE



SN 37

SIGNATURE