

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	17/06/2019 16:02
Date Of Accident	04/06/2019 22:30
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH3863R
Insured/Policyholder	
Name Of Registered Owner	LAW BOON BENG
NRIC No	S7188790A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90682833
Alternative Phone No	OFFICE-90682833

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER 135 MANUAL
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	5101144491-01
Cover Note Number	

Driver

Name of Driver	LAW BOON BENG
NRIC No	S7188790A
Date Of Birth	16/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90682833
Fax Number	
Contact Number	OFFICE-90682833
Email Address	NOEMAIL

Address	BLK 332 ANG MO KIO AVENUE 1 #11-1873
Postcode	560332
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)	2
Passenger 1	NAME: : LEOW WOEI CHIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190607/2136.

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	SLK9618J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD ABDUL AZIZ BIN MOHD DAUD
NRIC/Passport Number	S0625635Z
Contact Number	98590949

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LAW BOON BENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBH3863R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LEOW WOEI CHIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBH3863R

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:

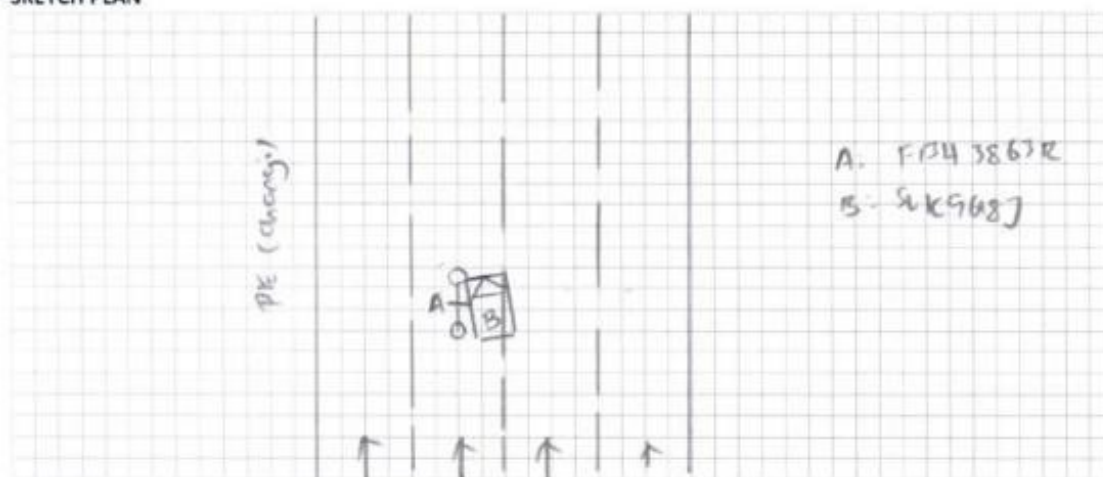
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/90607/2136.

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/20190607/2136

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190607/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2019 16:55	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars				
Name of Informant: LAW BOON BENG		Address: APT BLK 332 ANG MO KIO AVENUE 1 #11-1873 SINGAPORE 560332		
ID Type / ID No.: NRIC NO / S7188790A		Contact No.: Home/Office: Mobile: 90682833		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 47	Date of Birth: 16/06/1971	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Hawker/Stall holder (prepared food or drinks)		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/06/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Direction towards Changi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBH3863R	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Black	Slightly Damaged	1
SLK9618J	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20190607/2136

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190607/2136

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH3863R	NTUC Income Insurance Co-Operative Limited	5101144491-01	04/06/2019	03/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAW BOON BENG	ID No.	S7188790A
Related Vehicle	FBH3863R (Motorcycle)	Contact No.	90682833
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/06/2019	Date Discharge	05/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Mohd Abdul Aziz Bin Mohd Daud	ID No.	S0625635Z
Related Vehicle	SLK9618J (Car)	Contact No.	98590949
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 the 04/06/2019 at about 2230hrs, I was riding my motorcycle FBH3863R with 1 pillion along the third lane of PIE. The traffic volume was moderate and smooth moving. As I continued straight, I noticed a vehicle SLK9618J came beside me on the second lane. The vehicle was going at a very fast speed, and I did not see if the vehicle had any signal. I tried to increase my speed to move ahead of the vehicle however the vehicle increased its speed as well. Suddenly, the vehicle attempted to come into my lane and collided into my motorcycle. The impact immediately caused my motorcycle to fall onto the road. Me and my pillion sustained some injuries and we were still conscious. I noticed that SLK9618J continued straight before stopping quite a distance ahead. Another driver who witnessed the accident helped us and called for the ambulance.

Shortly after, the ambulance arrived and the paramedics attended to us. The driver of SLK9618J also came to us and we exchanged particulars and contact details. Me and my pillion were then conveyed by the ambulance to Tan Tock Seng hospital.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190607/2136

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190607/2136

CONTINUATION OF REPORT

I was hospitalized for one day and was discharged on the 05/06/2019 with a medical certificate of 3 days. According to the medical report, I suffered several superficial abrasions on my arms, legs and body. A X-ray scan was performed and the doctor informed me that was no broken bones and fractures found.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190607/2136

Police Station Of Origin:
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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190607/2136

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:

G /
Sgt 3 LIM WEI SIANG

Signature Of Informant:

216 212R

Signature Of Interpreter:
Not applicable

Date/Time:
07/06/2019 16:55

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500290 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119078789 Vehicle Registration No: FBH3863R
Name (as shown in NRIC) : LAW BOON BENG NRIC/FIN/Passport No : S7188790A
(~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 332 ANG MO KIO AVENUE 1 #11-1873 Singapore (560332)
Contact (Tel) : _____ Mobile No. : 90682833
Email Address : _____
Date of Accident : 04/06/2019 Time of Accident : 22:30
Place of Accident : ALONG PIE (CHANGI)
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend vehicle category

Policyholder / Driver's Signature
Date:



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