

## 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	05/07/2019 11:28
Date Of Accident	03/07/2019 12:40
Exact Location Of Accident	JUNC OF WHITLEY RD & BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2429Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO CHAI AAN
NRIC No	S0213797F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81619989
Alternative Phone No	OTHERS-81619989

### Vehicle Particulars

Manufacturer	SUZUKI
Model	AN125
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	5098642217-01
Cover Note Number	

### Driver

Name of Driver	FOO CHAI AAN
NRIC No	S0213797F
Date Of Birth	07/07/1953
Occupation	INDOOR
Date Of Driving Pass	31/01/1977
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81619989
Fax Number	
Contact Number	OTHERS-81619989
Email Address	NOEMAIL

Address	BLK 524 JURONG WEST STREET 52 #08-257
Postcode	640524
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)	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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190704/2101

#### 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 Witness 1

Name	JOSEPH
Phone Number	97473598
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EQ138M
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1	
Name	FOO CHAI AAN
Approximate Age	
Injuries Sustain	RIGHT SHOULDER PAIN & FRACTURED AND ABRASION OVER LIMBS
Injured person in which vehicle?	FBG2429Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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)

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.

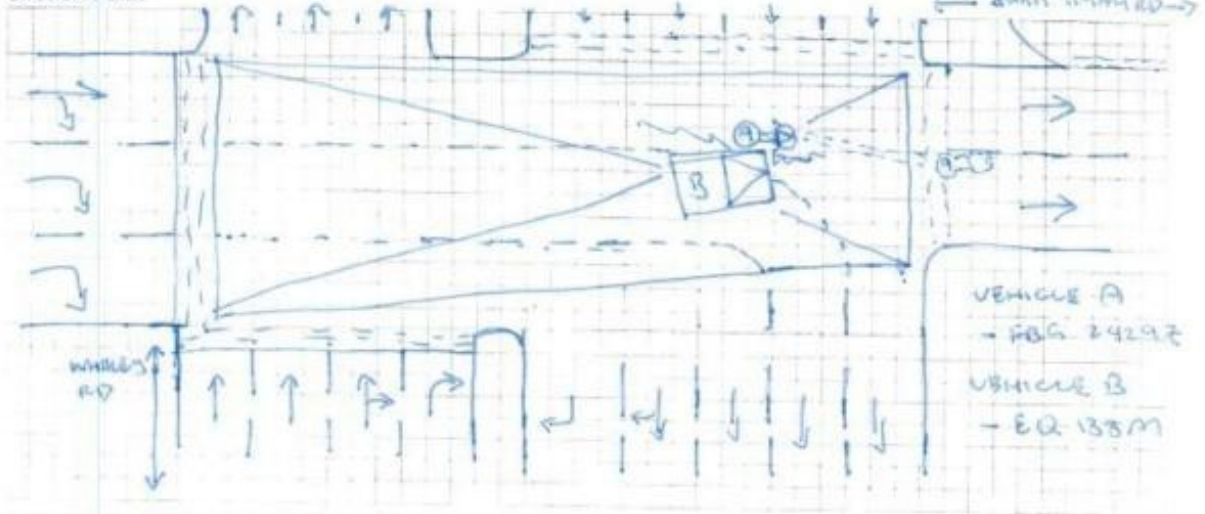
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

## 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:

 05/07/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190704/2101

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

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Report No. T/20190704/2101

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG2429Z	NTUC Income Insurance Co-Operative Limited	5098642217-01	15/05/2019	14/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FOO CHAI AAN	ID No.	S0213797F
Related Vehicle	FBG2429Z (Motorcycle)	Contact No.	81619989
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2019	Date Discharge	03/07/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

I WAS RIDING ON MY MOTORBIKE OF PLATE NUMBER FBG2429Z ALONG BUKIT TIMAH ROAD WHEN A CAR OF PLATE NUMBER EQ138M CHANGED TO MY LANE OUT OF THE SUDDEN AND KNOCKED ONTO ME. I WAS DRAGGED BY THE CAR FOR A DISTANCE BEFORE FALLING OFF TO THE GROUND. I SUFFERED FROM RIGHT SHOULDER PAIN, FRACTURE AS WELL AS MULTIPLE ABRASION OVER LIMBS. I WAS LATER CONVEYED TO TAN TOCK SENG HOSPITAL. ALONG THE JUNCTION OF WHITELY ROAD, THERE WAS A TAXI OF PLATE NUMBER SHD2357X WHO WITNESS THE ENTIRE ACCIDENT.

MY INVESTIGATION OFFICER HAVE A COPY OF MY HOSPITAL MEDICAL FORM. FOR MORE DETAILS, PLEASE CONTACT THE INVESTIGATION OFFICER.

**WITNESS:**

NAME: JOSEPH  
HP: 97473598  
TAXI PLATE NUMBER: SHD2357X

**HOSPITAL MEDICAL DETAIL:**

INJURIES: RIGHT SHOULDER PAIN AND FRACTURE, MULTIPLE ABRASION OVER LIMBS.  
MC: 7 DAYS  
LIGHT DUTY: 10 JULY TO 16 JULY

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190704/2101

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

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Report No. T/20190704/2101

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2019 16:13	Video Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: FOO CHAI AAN	Address: APT BLK 524 JURONG WEST STREET 52 #08-257 SINGAPORE 640524		
ID Type / ID No.: NRIC NO / S0213797F	Contact No.: Home/Office: Mobile: 81619989		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 65	Date of Birth: 07/07/1953	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Bus driver	Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/07/2019 12:40	Type of Location:
Location: Along Road 1 BUKIT TIMAH ROAD  BUKIT TIMAH ROAD, JUNCTION OF WHITELEY ROAD				
Weather: Clear		Road Surface: Dry	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
EQ138M	Car	FORD	MUSTANG CONVERTIBLE 2.3 GTDI AT	Blue		0
FBG2429Z	Motorcycle	SUZUKI	AN125HK	Black		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190704/2101

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

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Report No. T/20190704/2101

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG2429Z	NTUC Income Insurance Co-Operative Limited	5098642217-01	15/05/2019	14/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FOO CHAI AAN	ID No.	S0213797F
Related Vehicle	FBG2429Z (Motorcycle)	Contact No.	B1619989
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2019	Date Discharge	03/07/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

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**Police Report**



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POLICE FORCE**

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T/20190704/2101

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Report No. T/20190704/2101

**CONTINUATION OF REPORT**

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190704/2101

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

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Report No. T/20190704/2101

### 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:  
TP /  
EUGENE AW WEI XUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

*Foo*

Date/Time:  
04/07/2019 16:13

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: *Eugene*