

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	13/07/2019 10:40
Date Of Accident	15/06/2019 23:15
Exact Location Of Accident	REPUBLIC BLVD TWDS S'PORE FLYER JUST AFT ERP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4116J
Insured/Policyholder	
Name Of Registered Owner	LUM KAR KIONG
NRIC No	G8197697Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84987818
Alternative Phone No	OTHERS-84987818

Vehicle Particulars

Manufacturer	YAMAHA
Model	FJR1300
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	5079263616-03
Cover Note Number	

Driver

Name of Driver	LUM KAR KIONG
NRIC No	G8197697Q
Date Of Birth	06/07/1978
Occupation	INDOOR
Date Of Driving Pass	23/09/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84987818
Fax Number	
Contact Number	OTHERS-84987818
Email Address	NOEMAIL

Address	74 WHAMPOA DRIVE #14-310 WHAMPOA COURT
Postcode	320074
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?	NO
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	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190616/2049

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	SMG1000C
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	LUM KAR KIONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBC4116J
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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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. 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: 05/07/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

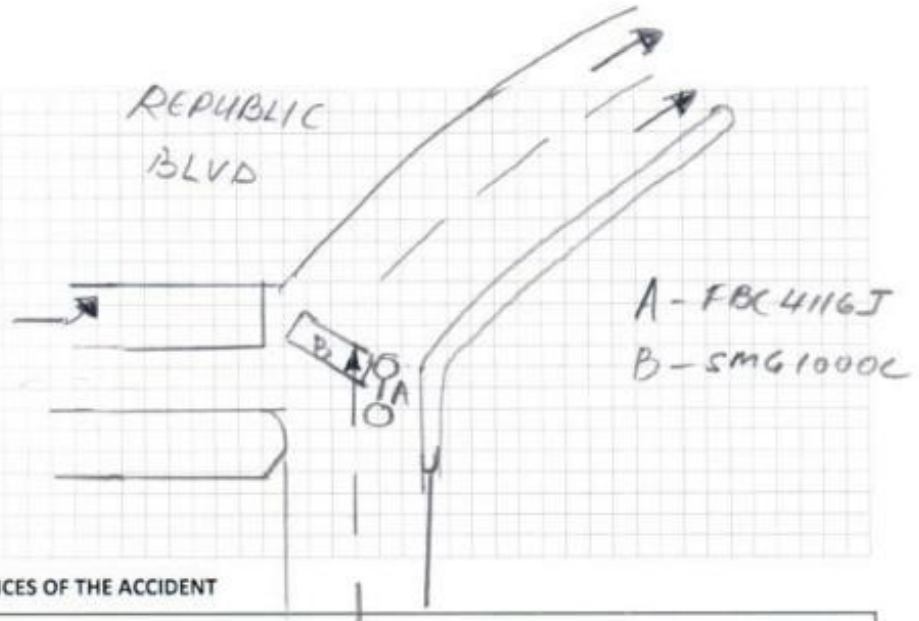
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 05/07/2019

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190616/2049

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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Report No. T/20190616/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LUM KAR KIONG	ID No.	G8197697Q
Related Vehicle	FBC4116J (Motorcycle)	Contact No.	84987818
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: 03/11/2018
Date Treatment	16/06/2019	Date Discharge	16/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 15/06/2019 at about 2312hrs, I was riding my motorbike (FBC4116J) at the extreme left lane along Republic Boulevard toward Singapore flyer just after ERP, subsequently one red colour vehicle (SMG1000C) from my left side, turn out from small road and he hit on to me. And cause me and my motorbike to flew away, from the vehicle (SMG1000C) distance to where I landed is about 2 car length away.

I could see that the red vehicle did not stop his vehicle at the white stopping line, and did not check oncoming vehicle before turning out. After the accident I went to Tan Tock Seng hospital to seek treatment, I was then given 5 days mc. Both me and the driver had exchanged our particular. I got the video footage of the accident.

Driver particulars:

Chai Wei Cheng
S8911000I
Blk 160B Punggol Central #16-115
Contact: 94249641

Report lodge to amendment fact, include address and also include driving license expiry date.

Accident Photo



Accident Photo



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/20190516/2049

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507989

1 of 3

Report No. T/20190516/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2019 14:43	Video Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: LUM KAR KIONG	Address: 74 WHAMPOA DRIVE #14-310 WHAMPOA COURT SINGAPORE 320074		
ID Type / ID No.: FIN NO / G8197897Q	Contact No.: Home/Office: Mobile: 84987818		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 40	Date of Birth: 06/07/1978	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: Chef	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: 03/11/2018		

General Information of the Accident

Type of Accident:					Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2019 23:15	Type of Location: T-Junction
Location: Along Road 1 REPUBLIC BOULEVARD								
Republic Boulevard toward Singapore flyer just after ERP								
Weather: Clear			Road Surface: Dry			Road Speed Limit:		
Traffic Flow: One Way			Traffic Control: Not Controlled			Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBC4116J	Motorcycle	YAMAHA	FJR1300 ABS	Black		0
SMG1000C	Car					0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBC4116J	NTUC Income Insurance Co-Operative Limited	5079263816-03	28/02/2019	27/02/2020

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320028
Tel No: 1800-2507999



T/20180616/0049

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Report No. T/20180616/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LUM KAR KIONG	ID No.	G8197697Q
Related Vehicle	FBC4116J (Motorcycle)	Contact No.	94987818
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: 03/11/2018
Date Treatment	16/06/2018	Date Discharge	16/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 15/06/2018 at about 2312hrs. I was riding my motorbike (FBC4116J) at the extreme left lane along Republic Boulevard toward Singapore flyer just after ERP, subsequently one red colour vehicle (SMG1000C) from my left side, turn out from small road and he hit on to me. And cause me and my motorbike to flew away from the vehicle (SMG1000C) distance to where I landed is about 2 car length away.

I could see that the red vehicle did not stop his vehicle at the white stopping line, and did not check oncoming vehicle before turning out. After the accident I went to Tan Tock Seng hospital to seek treatment, I was then given 5 days mc. Both me and the driver had exchanged our particular. I got the video footage of the accident.

Driver particulars:

Chai Wei Cheng
S8911000
Blk 160B Punggol Central #10-115
Contact: 94249641

Report lodge to amendment fact, include address and also include driving license expiry date.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190616/2049

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-388 SINGAPORE
320029
Tel No: 1800-2507989

3 of 3

Report No. T/20190616/2049

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:

E /

Sgt 2 WINSOR LIM SHENG HWA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/08/2019 14:43

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No: 65476172

Authentication Stamp

NP168

Classification Of Case:



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No.	: T/20190616/2049	Name	: Lum Kar Kiong
Accident Date/Time	: 15.06.2019 at 2315hrs	Address	: 74 Whampoa Drive #14-310 Whampoa Court S(320074)
Vehicles(s) Involved	: FBC4116J SMG1000C	NRIC No	: G8197697Q
		Tel No	: 84987818
		Date	: 03.07.2019

Dear Sir / Madam

Accident involving one motorcycle and one motor car
along Republic Boulevard on 15.06.2019 at 2315 hours

With reference to the above, I have on 16.06.2019 (date) 1443 hours (time) make a
police report at Whampoa NPP (Police Station/NPP/NPC)
In NP 168 - T/20190616/2049

On 03.07.2019 (date), 1650 hours (time) at Whampoa NPP
(Police Station/NPP/NPC), I make the following amendments to the above report;

On 16/06/2019 at 1443hrs, I had lodge a police report for a traffic accident report No.:
T/20190616/2049.

I wish to state that I am updating my driving license information and date of expiry is from Class
2B, 2A, 2, 3 and date of expiry 03/11/2018 to current Class 2B, 2A, 2, 3C and date of expiry is
16/06/2024.

I am lodging a report to update the case officer in charge.

Yours Faithfully,

(Signature)