

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	15/07/2019 20:01
Date Of Accident	27/06/2019 13:20
Exact Location Of Accident	CAVENAGH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE9071K
Insured/Policyholder	
Name Of Registered Owner	POH WEI CHEN, ROGER
NRIC No	S9311675E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81631219
Alternative Phone No	OFFICE-81631219

Vehicle Particulars

Manufacturer	APRILIA
Model	RS 125 S
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	5077843581-03
Cover Note Number	

Driver

Name of Driver	POH WEI CHUN, EDDIE
NRIC No	S9536100E
Date Of Birth	07/10/1995
Occupation	INDOOR
Date Of Driving Pass	17/09/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85220786
Fax Number	
Contact Number	OFFICE-85220786
Email Address	NOEMAIL

Address	BLK 140 BUKIT BATOK STREET 11 #14-37
Postcode	650140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190708/2132.

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	SHD3535M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	POH WEI CHUN, EDDIE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBE9071K
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 (a) 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.

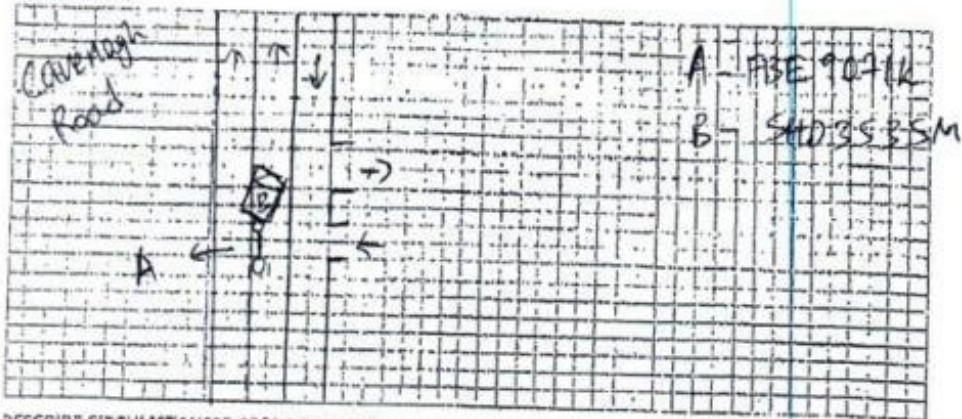
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/2019, at about 13:20hrs, I was travelling in my bike bearing (FBE 9071K) on Cavenagh Road. Suddenly, a taxi bearing (SHD3535M) decided to turn right into a Condo from the left lane. I could not brake in time as I was on lane 1. This cause me to collide onto the taxi. I then collapse onto the ground and broke my hand. An ambulance came to convey me to the hospital. I decide to proceed this case via insurance claims.

DECLARATION

(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 Person's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190708/2132

1 of 3

Report No. T/20190708/2132

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2019 17:15		Vide Report No.:	Station Diary No.: 106
Informant's Particulars			
Name of Informant: POH WEI CHUN, EDDIE		Address: APT BLK 140 BUKIT BATOK STREET 11 #14-37 SINGAPORE 650140	
ID Type / ID No.: NRIC NO / S9536100E		Contact No.: Home/Office: Mobile: 85220786	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 07/10/1995	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Warehouse assistant		Driving Licence Information: Class: Date of Expiry:	

General information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/06/2019 13:35	Type of Location: Straight Road
Location: Along Road 1 CAVENAGH ROAD Along Cavenagh Road Towards Buyonh Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE9071K	Motorcycle					0
SHD3535M	TAXI					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190708/2132

CONTINUATION OF REPORT


Rider			
Name	POH WEI CHUN, EDDIE	ID No.	S9536100E
Related Vehicle	FBE9071K (Motorcycle)	Contact No.	85220786
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/06/2019	Date Discharge	30/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.


On 27/06/2019 at 1337hrs, I was riding my motorcycle along Cavenagh Road towards Buyong Road. Subsequently there was a taxi in front of me. I had the intention to overtake the taxi from the right. As I trying to overtake, the taxi suddenly swerve to the right. I was unsure at the point of time if the taxi had signal to make a right turn. I then hit the rear part of the taxi. The collision caused me to break my right arm. Ambulance arrived shortly and was conveyed to Raffles Hospital. I was discharged on 30/06/2019 and was given hospitalization leave till 15/07/2019.

Police Report

2 of 3
T/20190708/2132

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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

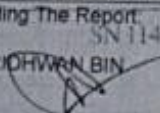
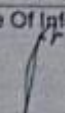

T/20190708/2132

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Report No. T/20190708/2132

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: J /  Sr Staff Sgt MUHAMMAD RICHWAN BIN BORHAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2019 17:15
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358 Authentication Stamp NP168	Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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