

## 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 20:55
Date Of Accident	06/11/2018 20:00
Exact Location Of Accident	AYE TOWARDS TUAS NEAR CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS1012M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG ZE ZHENG RANDOLPH
NRIC No	S9433482I
Email Address	RANWONG7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91856962
Alternative Phone No	OTHERS-91856962

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5083658687-02
Cover Note Number	

### Driver

Name of Driver	WONG ZE ZHENG RANDOLPH
NRIC No	S9433482I
Date Of Birth	20/09/1994
Occupation	INDOOR
Date Of Driving Pass	23/09/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91856962
Fax Number	
Contact Number	OTHERS-91856962
Email Address	RANWONG7@HOTMAIL.COM

Address	BLK 723 JURONG WEST AVENUE 5 #03-138
Postcode	640723
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	NO COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	AJC301 (MOTORCYCLE)
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 - SINGAPORE CITY
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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191112/7007

#### 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	AJC301
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	WONG ZE ZHENG RANDOLPH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FS1012M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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#### **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: 15/7/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

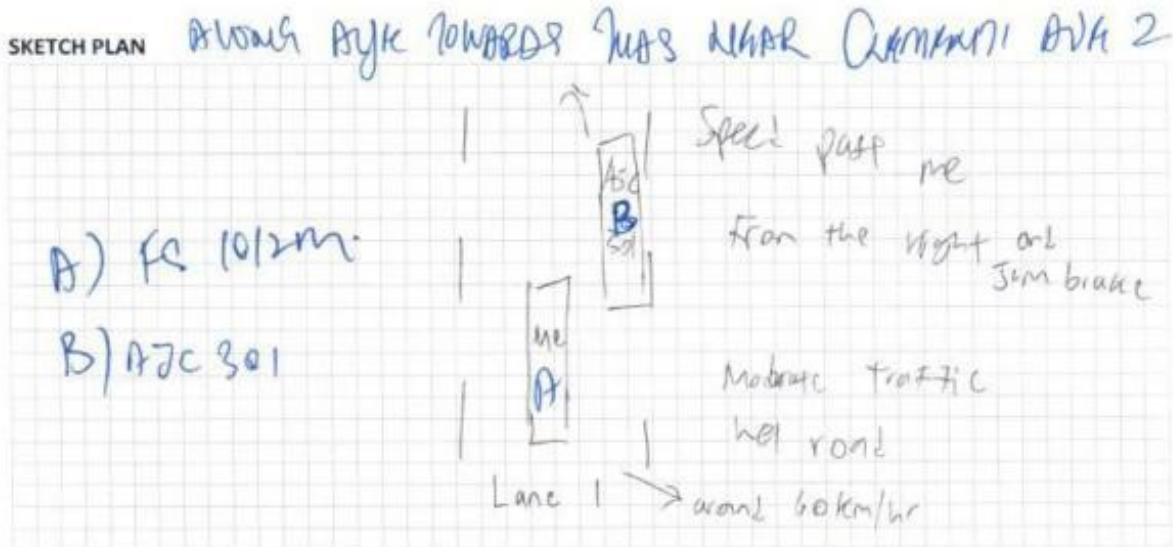
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6 November 2018, I was travelling along AYE towards Jambak at around Clementi area. It was drizzling and I was in the first lane (near to the left side) travelling around 60 km/hr as it was wet and I adjusted to the current road traffic speed. Then suddenly a Malaysian rider of license plate number A50301 speed past me from my right side. He then jam brake ahead of me, causing me to e-brake and fall. After I got up, I question him if he was speeding and he nodded. Then the traffic police, ambulance and NPIC motor rider signatus Lim arrive and took over the scene and I was conveyed to my fong fong hospital.

Police Report T/2018/112/7007

## DECLARATION

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

B Pandap  
Policyholder's Signature  
Date & Time: 15/7/19

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

16/01/2019  
Reporting Centre Personnel's Signature  
Name: Rishi Chohan  
NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181112/7007

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

1 of 3

Report No. T/20181112/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2018 12:35	Vide Report No.: D/20181106/0145	Station Diary No.:
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Informant's Particulars			
Name of Informant: WONG ZE ZHENG, RANDOLPH		Address: APT BLK 723 JURONG WEST AVENUE 5 #03-138 SINGAPORE 640723	
ID Type / ID No.: NRIC NO / S94334821		Contact No.: Home/Office: Mobile: 91856962	
Nationality: SINGAPORE CITIZEN		Email: ranwong7@hotmail.com	
Sex: Male	Age: 24	Date of Birth: 20/09/1994	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: HR		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2018 20:00	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Self fall due to another vehicle that swept to my lane and ebrake			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS1012M	Motorcycle	HONDA	CB400SFYJ	Black	Seriously Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS1012M	NTUC Income Insurance Co-Operative Limited	5083658687-02	19/10/2018	18/10/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181112/7007

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

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Report No. T/20181112/7007

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG ZE ZHENG, RANDOLPH	ID No.	S9433482I
Related Vehicle	FS1012M (Motorcycle)	Contact No.	91856962
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/11/2018	Date Discharge	07/11/2018
No. of Days granted Medical Leave	18	Degree of Injury	Serious

### Brief Details.

I was traveling home towards AYE Jurong at about 7-8pm at night. Just after 100-300 ahead of the speed camera along AYE towards Jurong, I was riding on a speed of about 70km/h due to the wet road and moderate traffic on the right side of lane two when suddenly, I saw a light coming from my right mirror which is the first lane. The light came from a Malaysian rider with a pillion who travelled at a very fast speed as he overtake me rapidly and dangerous within the span of a few second after I notice him on my right mirror. After which, just a few second after he overtook me, he ebrake which caused me to ebrake as well and fell forward onto the ground, suffering injuries and causing the front part of my vehicle to hit the ground and resulted in damages. Other than the rider who dangerously swept into my lane and overtake me and ebrake. I do not have much memory of any other things. I was conscious and did not black out when the accident occur. I was hospitalized for less than a day and had a three weeks hospitalization leave from 06/11/2018 to 23/11/2018.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181112/7007

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

3 of 3

Report No. T/20181112/7007

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FADZLY BIN ABDUL AZIZ  
Contact No.: 65476355

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
12/11/2018 12:35

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

