

## 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             | 23/07/2019 16:46                                  |
| Date Of Accident           | 22/07/2019 13:50                                  |
| Exact Location Of Accident | JUNCTION OF CHOA CHU KANG AVENUE 5/BRICKLAND ROAD |
| Country/State of Loss      | SINGAPORE   |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | FBE2200B                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | LOW YONGCAI (LUO YONGCAI) |
| NRIC No                     | S8535394B                 |
| Email Address               | LOWYONGCAI@GMAIL.COM      |
| Mobile Phone No             | (LOCAL) +65-93857915      |
| Alternative Phone No        | OTHERS-93857915           |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | SUZUKI         |
| Model  | GSX1300RLO-1.3 |
| 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             | 5061291482-06                          |
| Cover Note Number         |  |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | LOW YONGCAI (LUO YONGCAI) |
| NRIC No              | S8535394B                 |
| Date Of Birth        | 25/11/1985                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 02/08/2013                |
| Driving Experience   | 5 YEARS AND 11 MONTHS     |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-93857915      |
| Fax Number           |                           |
| Contact Number       | OTHERS-93857915           |
| Email Address        | LOWYONGCAI@GMAIL.COM      |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 803C KEAT HONG CLOSE<br>#05-116 |
| Postcode  | 683803                              |
| 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 | -<br>-<br>-                         |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                         |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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                       | QUEENSTOWN N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190723/2099

#### Attachment(s)

|   |            |
|---|------------|
| Are accident photos available for attachment? | YES        |
| Was there any video captured by Car Camera?   | YES        |
| Remarks/ Reasons:                             | WITH OWNER |
| Was there any audio recorded?                 | NO         |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SKD8234M    |
| Vehicle Make/Model/Colour   | PEUGEOT     |
| 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)

1

DETAILS OF INJURED PERSON 1

Name LOW YONGCAI (LUO YONGCAI)  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBE2200B  
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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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.



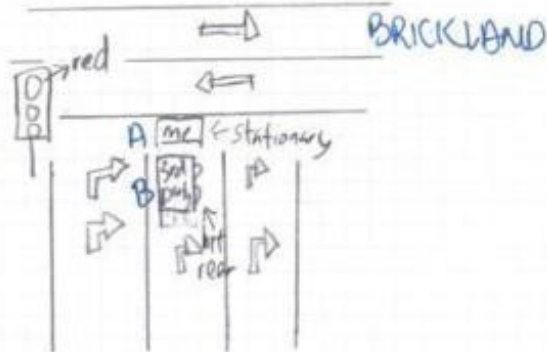
Policyholder's Signature  
Date & Time:

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



CHOA CHU KANG AKA 5

A) FBE 2200B

B) SKD 8234M

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
 7/20190723/2019

## DECLARATION

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

Len  
 Policyholder's Signature  
 Date & Time:

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

23/07/2019  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190723/2099

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3  
Report No. T/20190723/2099

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                          |                            |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>23/07/2019 15:35 |            | Vide Report No.:             |   | Station Diary No.:<br>36 |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                          |                            |
| Name of Informant:<br>LOW YONGCAI          |            |                              | Address:<br>APT BLK 803C KEAT HONG CLOSE #05-116 SINGAPORE 683803 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S8535394B   |            |                              | Contact No.:<br>Home/Office: Mobile: 93857915                     |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:  |                          |                            |
| Sex:<br>Male                               | Age:<br>33 | Date of Birth:<br>25/11/1985 | Type of Informant:<br>Rider                                       |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English  |                          | Institution / School Name: |
| Occupation:<br>BANKER                      |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry:  |                          |                            |

## General Information of the Accident

|  |                  |   |   |  |
|--|------------------|---|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>22/07/2019 13:50 | Type of Location:<br>T-Junction        |
| Location:<br>Junction of Road 1 and Road 2<br>CHOA CHU KANG AVENUE 5<br>BRICKLAND ROAD<br>Exact location is T- Junction of Choa Chu Kang Avenue 6 and Brickland Road |                  |   |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        |   | Road Speed Limit:                      |
| Traffic Flow:  |                  | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Light               |
| Type of Collision:<br>Moving vehicle and stationary vehicle  |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make    | Model          | Color | Condition           | No of Passenger |
|-------------|------------|---------|----------------|-------|---------------------|-----------------|
| FBE2200B    | Motorcycle | SUZUKI  | GSX1300RL<br>0 | White | Slightly<br>Damaged | 0               |
| SKD8234M    | Car        | PEUGEOT |                | White | No<br>Damage        | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                             | Insurance No  | Effective  | Expiry Date |
|-------------|---|---------------|------------|-------------|
| FBE2200B    | NTUC Income Insurance Co-Operative<br>Limited | 5061291482-06 | 11/07/2019 | 10/07/2020  |

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190723/2099

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20190723/2099

## CONTINUATION OF REPORT

|                                   |                         |  |   |
|-----------------------------------|-------------------------|--|---|
| <b>Details of Person Involved</b> |                         |  |   |
| Any Pedestrian Involved: No       |                         |  |   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |   |
| <b>Rider</b>                      |                         |  |   |
| Name                              | LOW YONGCAI             | ID No.                                 | S8535394B                               |
| Related Vehicle                   | FBE2200B (Motorcycle)   | Contact No.                            | 93857915                                |
| Hospital/Clinic                   | SHALOM CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | 23/07/2019              | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | Slight                                  |

### **Brief Details.**

On 22/07/19 at about 1350hrs, I was riding my motorcycle registration number FBE2200B along Choa Chu Kang Ave 6 when I stopped at the second lane turning right into Brickland Rd. About 05 seconds later when I had already stop, vehicle registration number SKD8234M suddenly hit the rear of my motorcycle. The impact of the collision caught me by surprised and I then tried to held onto my motorcycle to prevent me from falling. I then went up to the driver however he refused to provide me his particulars. The accident had caused some scratches on the rear paint work of my motorcycle. The rear light was damaged. I had seek medical attention and was given 3 days MC. There was a rear mounted camera on my motorcycle which recorded the accident.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190723/2099

Police Station Of Origin:  
Queenstown N.P.C  
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Tel No: 1800-4719999

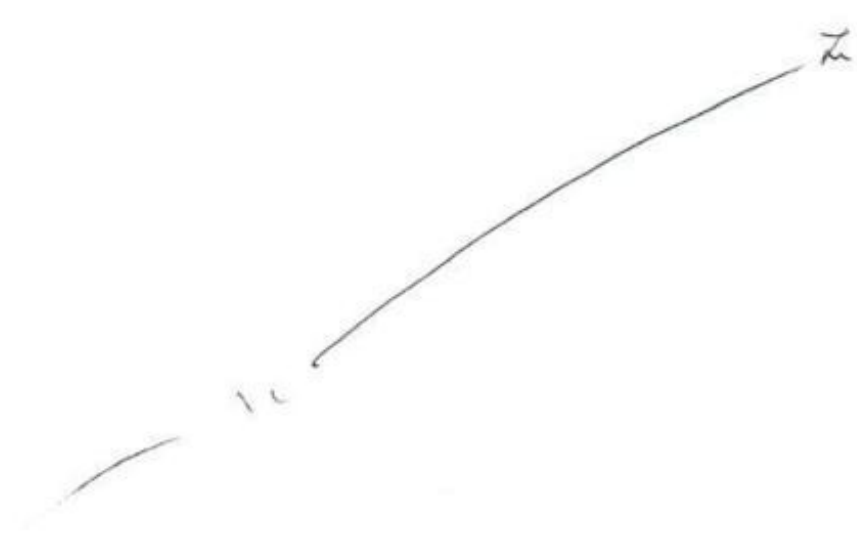
3 of 3

Report No. T/20190723/2099

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:  
D /

Sgt 2 MUHAMMAD ZAMIR BIN MAZELAN

Signature Of Informant:

*Lew*

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/07/2019 15:35

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Classification Of Case:

Contact No: 65476204

SINGAPORE  
POLICE FORCE  
Authentication Stamp  
NP168

SN 49

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

