

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	13/08/2019 15:37
Date Of Accident	10/08/2019 19:10
Exact Location Of Accident	GEYLANG RD BESIDE LOR 17 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6067L
Insured/Policyholder	
Name Of Registered Owner	TEE JIA QING (ZHENG JIAQING)
NRIC No	S8822248B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90999453
Alternative Phone No	OFFICE-90999453

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R1
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075558338-03
Cover Note Number	

Driver

Name of Driver	TEE JIA QING (ZHENG JIAQING)
NRIC No	S8822248B
Date Of Birth	24/06/1988
Occupation	INDOOR
Date Of Driving Pass	16/08/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90999453
Fax Number	
Contact Number	OFFICE-90999453
Email Address	NOEMAIL

Address	BLK 771 YISHUN AVENUE 3 #04-243
Postcode	760771
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?	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190810/2121.

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	SLD3634M
Vehicle Make/Model/Colour	NISSAN
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	TEE JIA QING (ZHENG JIAQING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK6067L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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 lodging 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 Person's Signature
 Name:
 NRIC/PIN No.:

Accident Sketch Plan

SKETCH PLAN

Veh A: FBK6007 L
Veh B: SLD834M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

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 Constable Personnel's Signature
Name:
NRIC/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190810/2121

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190810/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 22:50	Video Report No.:	Station Diary No.: 86
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Informant's Particulars			
Name of Informant: TEE JIA QING		Address: APT BLK 771 YISHUN AVENUE 3 #04-243 SINGAPORE 760771	
ID Type / ID No.: NRIC NO / S8822248B		Contact No.:	Mobile: 90999453
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 24/06/1988	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: HOTEL FRONT OFFICER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2019 19:15	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD Near entrance of Geylang Lorong 17				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
FBK8067L	Motorcycle	YAMAHA	YZF-R1	Blue	Slightly Damaged	0
SLD3634M	Car				Slightly Damaged	1

FBK8067L	NTUC Income Insurance Co-Operative Limited	5075558338-03	09/11/2018	08/11/2019
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190810/2121

2 of 3

Report No. T/20190810/2121

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Brief Details.

On 10/08/2019 at about 7.15pm, I was riding my motorcycle FBK6067L along Geylang Road lane 3 near to Geylang Lor 17. Suddenly, another vehicle SLD3634M cut into my lane from lane 2 and collided onto the right side of my motorcycle. I wished to state that the said vehicle driver claimed that I was the one who collided onto his vehicle. However, he was the one who tried to cut into my lane colliding onto my motorcycle. I wished to state that my motorcycle right footrest is damage. My right leg was injured due to the collision and I got 3 days MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190810/2121

3 of 3

Report No. T/20190810/2121

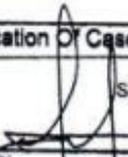
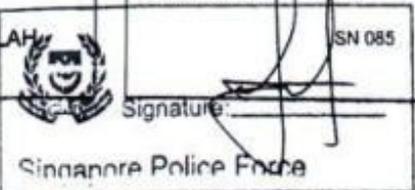
Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768458
Tel No: 1800-8522999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

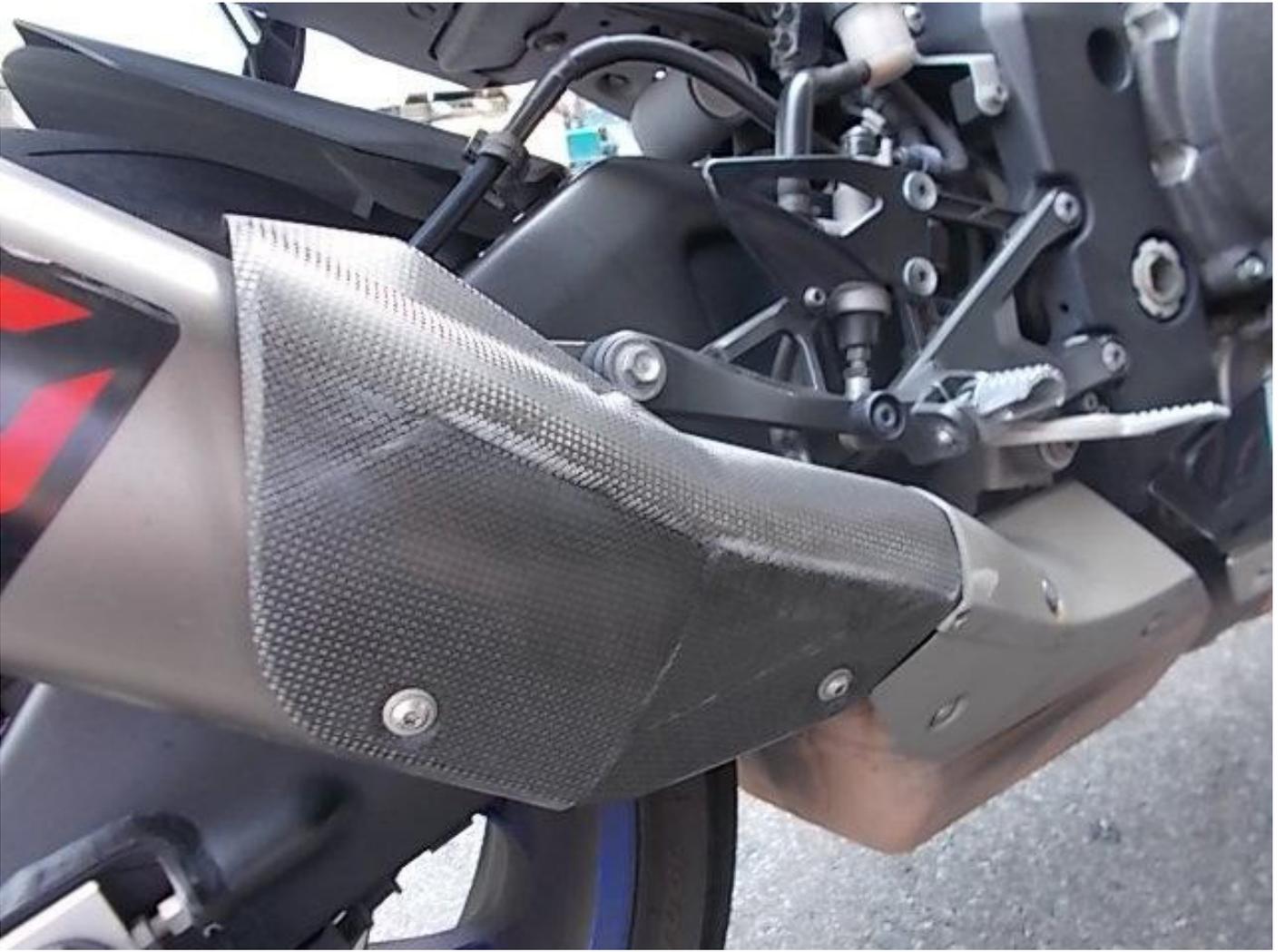
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sr Staff Sgt DEOK FUJIAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2019 22:50
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:  SN 085
Authentication Stamp NP168	

Accident Photo



Accident Photo



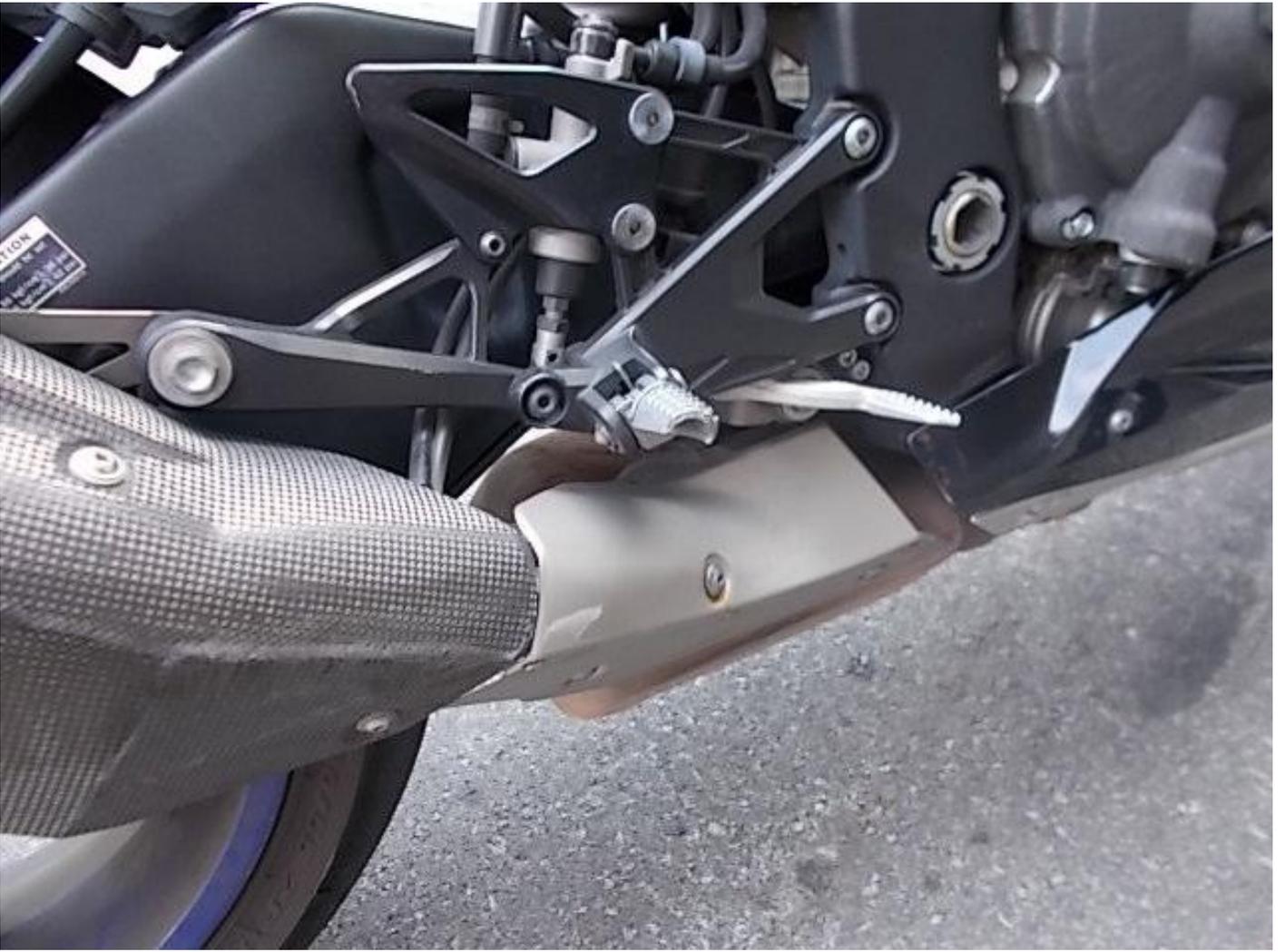
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