

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	15/08/2019 16:53
Date Of Accident	15/08/2019 09:15
Exact Location Of Accident	CTW TWD CITY AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ7979H
Insured/Policyholder	
Name Of Registered Owner	CHIN TONG SENG
NRIC No	S2551624I
Email Address	CHINTONGSENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91386676
Alternative Phone No	OFFICE-91386676

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098098246-01
Cover Note Number	

Driver

Name of Driver	CHIN TONG SENG
NRIC No	S2551624I
Date Of Birth	23/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1982
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91386676
Fax Number	
Contact Number	OFFICE-91386676
Email Address	CHINTONGSENG@GMAIL.COM

Address	BLK 299A COMPASSVALE ST #13-148
Postcode	541299
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 - 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?	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)	2
Passenger 1	NAME: : TAN WEI KIN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SERANGOON NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACHED POLICE REPORT NO : T/20190815/2055

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP1308Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KWONG XIANG YAO
NRIC/Passport Number	S8815506H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KWONG XIANG YAO

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBP1308Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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: 15/8/19
4:45pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

[illegible]

A: SGQ7979H
B: FBP1308Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached Police Report No: T/20190815/2055.

DECLARATION

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

Policyholder's Signature: 
Date & Time: 15/8/19
445pm

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

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



SINGAPORE
POLICE FORCE



T/20190815/2055

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190815/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2019 12:50	Vide Report No.: E/20190815/0052	Station Diary No.: 11
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Informant's Particulars

Name of Informant: CHIN TONG SENG			Address: APT BLK 299A COMPASSVALE STREET #13-148 SINGAPORE 541299		
ID Type / ID No.: NRIC NO / S25516241			Contact No.: Home/Office: Mobile: 91386676		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 23/12/1947	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2019 09:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY towards City after braddell road exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

List of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
FBP1308Z	Motorcycle	HUSQVARNA	SVARTPILE N 401		No Damage	0
SGQ7979H	Car	HONDA	SHUTTLE 1.5 HYBRID AT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	1

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190815/2055

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190815/2055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ7979H	NTUC Income Insurance Co-Operative Limited	5098098246-01	14/02/2019	13/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Motorist				
Name	KWONG XIANG YAO		ID No.	S8815506H
Related Vehicle	FBP1308Z (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	CHIN TONG SENG		ID No.	S2551624I
Related Vehicle	SGQ7979H (Car)		Contact No.	91386676
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	TAN WEI KIN		ID No.	S0657686I
Related Vehicle	SGQ7979H (Car)		Contact No.	91441613
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20190815/2055

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1300-2849999

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Report No. T/20190815/2055

CONTINUATION OF REPORT

Brief Details:

On 15/08/2019 at 0913hrs, I am driving my vehicle SGQ7979H along Central Expressway towards City side. The weather was clear, road was dry and traffic was heavy due to peak hour.

I was driving at the first lane at a very slow speed due to the heavy traffic. After I pass through the braddell exit, suddenly there was a strong impact coming from the rear of my vehicle. I made a check and discovered that one motorcyclist riding the motorcycle FBP1308Z had hit onto the rear right of my vehicle.

I stop my vehicle and went out to make a check, the rider the was bleeding. As such, I called for ambulance and traffic police for assistance. The rider informed that earlier he was trying a lorry as such he hit onto my vehicle. The ambulance came and he was conveyed to hospital. My rear bumper was damaged due to the incident.

The traffic police came vide E/20190815/0052 and I had informed the traffic police regards to this issue. The traffic police officer had taken my in car camera memory card to retrieve the incident footage. I was not injured prior to this incident however my wife was feeling dizzy after the accident however did not need any immediate medical attention.



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Report No. T/20190815/2055

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:
F/
Sgt 2 LAM CHEW KIT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/08/2019 12:50

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No: 65476219

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force