

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	19/08/2019 11:35
Date Of Accident	11/08/2019 17:10
Exact Location Of Accident	LAVENDER STREET / CAVAN ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF4565E
Insured/Policyholder	
Name Of Registered Owner	MAK THNG KONG
NRIC No	S9001819A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98399304
Alternative Phone No	OFFICE-98399304

Vehicle Particulars

Manufacturer	SUZUKI
Model	DR 125SMM
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	5109180793
Cover Note Number	

Driver

Name of Driver	MAK THNG KONG
NRIC No	S9001819A
Date Of Birth	11/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98399304
Fax Number	(LOCAL) +65-98399304
Contact Number	OFFICE-98399304
EMail Address	NOEMAIL

Address	APT BLK 337B TAH CHING ROAD #14-59 SINGAPORE
Postcode	612337
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	SIDE SWIPE
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW WING CHUEN RICHARD
NRIC/Passport Number	S0374240G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MAK THNG KONG
Approximate Age	
Injuries Sustain	RIGHT HAND AND LEG.
Injured person in which vehicle?	FBF4565E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

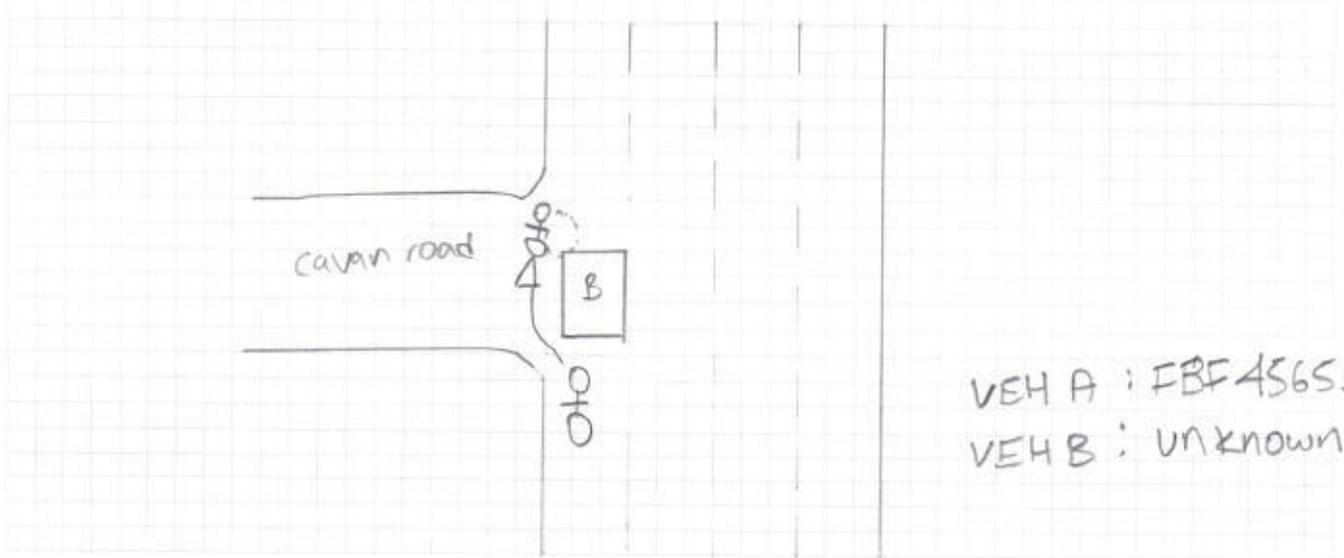


Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/08/19
11:27am



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along the left lane of Lavender St towards Balesier Rd at approximately 40kmh to 50kmh. As I was approaching Cavan rd junction, veh B was in front of me, it suddenly slowed down without any signal but still going straight ahead at very slow speed. As I was nearing him, I checked my left and right mirrors and blind spots, there are vehicles approaching on the right and no vehicles coming out from Cavan rd, looking at the car without signal and low speed, I went ahead from the left making space between me and veh B. When I was near the center of the lane before the divider line of Cavan rd, I felt something amiss on the right, so I checked, which to my shock, he turned into Cavan rd which I was in on the right side by his front left corner and to which I landed near the divider line of Cavan rd.

DECLARATION

I/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: 19/08/19


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



**SINGAPORE
POLICE FORCE**



T/20190818/2092

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20190818/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MAK THNG KONG	ID No.	S9001819A
Related Vehicle	FBF4565E (Motorcycle)	Contact No.	98399304
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/08/2019	Date Discharge	11/08/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	CHOW WING CHUEN RICHARD	ID No.	S0374240G
Related Vehicle	NIL	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	NIL

Brief Details.

On 11/08/2019 at about 1710hrs, I was travelling along Lavender Street on my motorcycle FBF4565E going towards Jalan Besar, and on my right was a dark coloured car. As there was sufficient space on his left, I then moved to the car's left and rode forwards. Suddenly, the car then immediately made a left turn into my path and collided with the right side of my bike. I then fell and sustained some abrasions on my right arm and right leg and we then exchanged particulars at the scene. I then called for police vide A/20190811/0089. When police arrived, they recorded our particulars. I then waited for the tow truck and took a Grab to SGH. I was then discharged with 6 days of MC. I cannot recall the vehicle number of the car at this point of time. I wish to state that the car did not give a left signal indicator before turning into my path.



**SINGAPORE
POLICE FORCE**



T/20190818/2092

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20190818/2092

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:
A /
Sr Staff Sgt MUHAMMAD ANDI SUFIAN BIN
MOHD SHAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/08/2019 19:01

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1058408

Policy No.	5109180793	Vehicle No.	FBF4565E	GST Registration No.	
Certificate No.					
Policyholder Name	MAK THNG KONG			Policyholder NRIC	S9001819A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98399304	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	19/08/2019 18:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/08/2019	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	LAVENDER STREET / CAVAN ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00
		Driver is Covered?	Not Covered

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 337B #14-59	Address 2	TAH CHING ROAD	Address 3	SINGAPORE 612337
Address 4		Address Type	Singapore address	Post Code	612337
Unit No.	14-59	Related Policy Number	5109180793		

Q1 Driver Info

Driver Name	MAK THNG KONG	Driver Type	Main Driver	Driver DOB	11/01/1990
Unnamed driver Name		Driver NRIC	S9001819A	Driving Experience	0
Register Date of Driver License	01/01/2019	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 612337
Address 1	BLK 337B #14-59	Address 2	TAH CHING ROAD	Post Code	612337
Address 4		Address Type	Singapore address		
Unit No.	14-59				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBF4565E	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 **New**

Claim Type * OD-MX

Contact No.(Mobile) 98399304

Email Address MAKTHNGKONG@GMAIL.COM

Claim Description FBF4565E / UNKNOWN CAR ON 11 Aug 2019

Preferred Workshop Insured Liability **Not at Fault**

Workshop Contact No. Preferred Repair Option

Date Registered 19/08/2019 18:30

Report Taken By ROSLI WAHAB

Claim Close Date **Date Received** 19/08/2019 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1058408	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/08/2019 18:32

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Aug 2019 18:32	Photos	Normal	Photos 2019-8-19	A
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Aug 2019 18:32	Photos	Normal	Photos 2019-8-19	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:32	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:32	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:32	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:31	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:31	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:31	Photos	Normal	Photos 2019-8-19
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:30	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:30	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 18:30	SAS	Normal	SAS 2019-8-19

Video List

Uploaded By/Date	Folder	Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 08 / 2019) (DD/MM/YYYY), TIME: (17 : 10) (HH:MM)

LOCATION: LAVENDER ST / CAVAN RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 4565 E
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5109180793
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: DR 125 SM
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: MAK THNG KONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 39001819A CONTACT: 98399304
c) ADDRESS: B1K 337B TAH CHING RD 610337

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (11 / 01 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10/03/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TIOMG BAHRU NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: CHOW WING CHUEN RICHARD
c) NRIC/FIN/PASSPORT: S0374240G CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email =

VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9001819A
 Name: MAK THNG KONG
 Birth Date: 11 Jan 1990
 Issue Date: 10 Mar 2019

002910075J

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9001819A



Name: MAK THNG KONG

麥騰光

Race: CHINESE
 Date of birth: 11-01-1990
 Sex: M
 Country of birth: SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Effective Date
Class 2B Motorcycles <= 200 cc	10 Mar 2019

Licence No: S9001819A

NP 426A

For LKK/NAC Use Only



4125928

NRIC No: S9001819A



Date of issue: 17-10-2007

APT BLK 337B TAH CHING ROAD #14-59
 SINGAPORE 612337

NRIC No: S9001819A

Date: 25/04/2008

No: 5976791

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/08/2019 11:41"/>
Vehicle No.(For Motor)	<input type="text" value="FBF4565E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109180793		MAK THNG KONG	S9001819A	GMC	Third Party	FBF4565E	FBF4565E	29/04/2019	28/04/2020