

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	21/08/2019 15:40
Date Of Accident	10/08/2019 18:30
Exact Location Of Accident	JUNCTION OF BEDOK NORTH AVE 3/BEDOK NORTH ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8158B
Insured/Policyholder	
Name Of Registered Owner	INFINITY DRIVE PTE LTD
Co Reg No	201707437R
Email Address	KELVINSEE.INFINITYDRIVE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96238126
Alternative Phone No	OFFICE-93555292

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBX125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5110284168
Cover Note Number	

Driver

Name of Driver	CHONG ZHEN MING
Passport No/FIN	G2525851M
Date Of Birth	06/09/1996
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96238126
Fax Number	
Contact Number	OTHERS-93555292
EEmail Address	KELVINSEE.INFINITYDRIVE@GMAIL.COM

Address	BLK 33 BEDOK SOUTH AVENUE 2 #02-329
Postcode	460033
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 ON COLLISION
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)	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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190815/2038

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	SJM7653H
Vehicle Make/Model/Colour	
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	CHONG ZHEN MING
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE8158B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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 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: 20/8/19 11:34am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/8/2019 11:34am

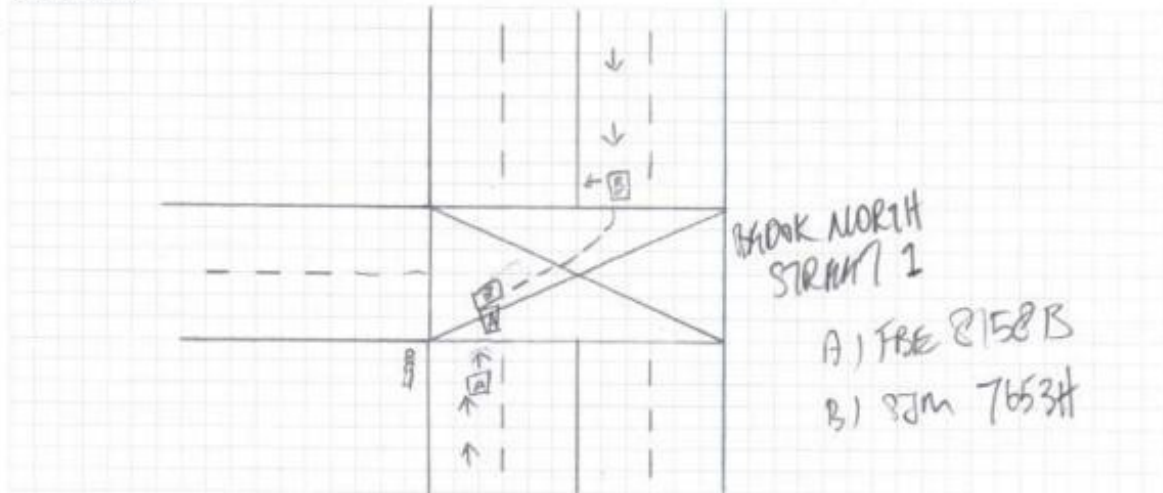
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section: "PUS REFERR TO POLICE REPORT 7/201908K/2038"

DECLARATION

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

Policyholder's Signature

Date & Time: 21/8/19 16:34pm

© 2018 MFC Insurance Ltd. All rights reserved.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/8/2019 11:34AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**

T/20190815/2038

1 of 3

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

Report No. T/20190815/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2019 11:20	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: CHONG ZHEN MING			Address: APT BLK 33 BEDOK SOUTH AVENUE 2 #02-329 SINGAPORE 460033	
ID Type / ID No.: FIN NO / G2525851M			Contact No.: Home/Office:	Mobile: 93555292
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 22	Date of Birth: 06/09/1996	Type of Informant: Rider	
Race:			Language:	Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,3,3C Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/08/2019 18:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH AVENUE 3 BEDOK NORTH STREET 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8158B	Motorcycle	YAMAHA		Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



POLICE FORCE



T/20190815/2038

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20190815/2038

CONTINUATION OF REPORT

Rider			
Name	CHONG ZHEN MING	ID No.	G2525851M
Related Vehicle	FBE8158B (Motorcycle)	Contact No.	93555292
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,3C Date of Expiry: NIL
Date Treatment	10/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

I WAS RIDING MY MOTORCYCLE, FBE8158B ON THE LEFT OF 2 LANES ALONG BEDOK NORTH AVENUE 3 TOWARDS BEDOK RESERVOIR APPROACHING THE SIGNALISED T-JUNCTION OF BEDOK NORTH STREET 1. THE TRAFFIC LIGHT WAS SHOWING GREEN FOR ME AND I ENTERED STRAIGHT INTO THE JUNCTION WHEN A CAR (SJM7653H) TURNED RIGHT FROM THE OPPOSITE DIRECTION. I WAS NOT ABLE TO BRAKE OR AVOID THE CAR IN TIME AND MY MOTORCYCLE COLLIDED INTO THE LEFT SIDE OF THE CAR. I FELT PAIN ON MY GROIN AREA AND WAS CONVEYED TO THE HOSPITAL.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190815/2038

3 of 3

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

Report No. T/20190815/2038

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:
TP /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/08/2019 11:20

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

