

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	12/09/2019 10:12
Date Of Accident	11/09/2019 12:30
Exact Location Of Accident	JUNCTION BETWEEN TIONG BAHRU AND ZION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9283P
Insured/Policyholder	
Name Of Registered Owner	WONG WAI KIN
NRIC No	G7564734X
Email Address	JWWK86@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82684836
Alternative Phone No	OTHERS-82684836

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5069344417-04
Cover Note Number	

Driver

Name of Driver	WONG WAI KIN
NRIC No	G7564734X
Date Of Birth	08/04/1986
Occupation	INDOOR
Date Of Driving Pass	30/04/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82684836
Fax Number	
Contact Number	OTHERS-82684836
EEmail Address	JWWK86@YAHOO.COM.SG

Address	BLK 249 JURONG EAST STREET 24 #02-104
Postcode	600249
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 - CROSS JUNCTION
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

PLEASE REFER TO POLICE REPORT T/20190911/2138

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	FBQ1941P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	YEOW QUEE SOON
NRIC/Passport Number	S1649649I
Contact Number	83281709
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

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.

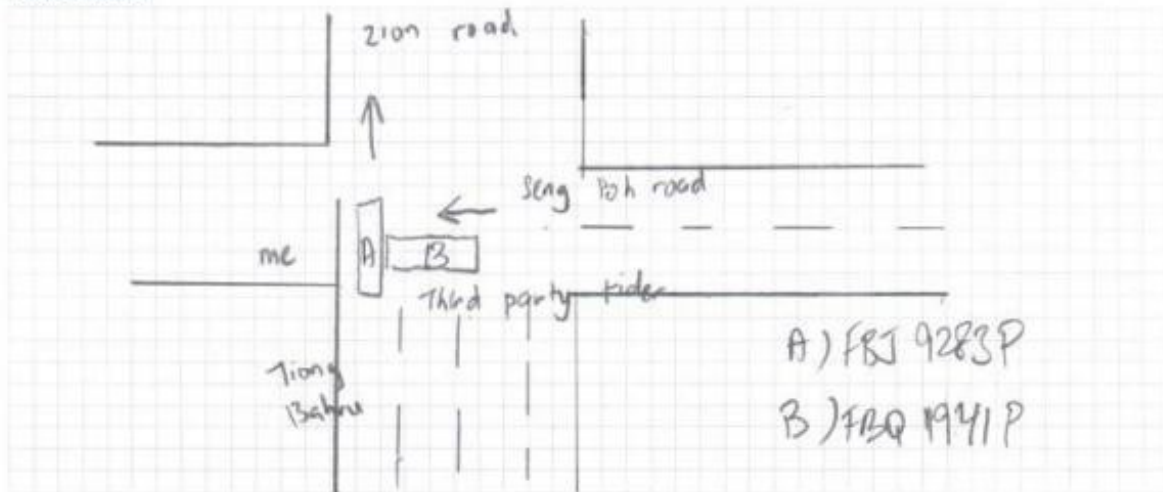

Policyholder's Signature
Date & Time:
12/09/2019

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Referral to Police Report
7/20/2019/2138

DECLARATION

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

Meng Hui Lin
 Policyholder's Signature

Date & Time:
 12/09/2019

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

18/09/2019
Kah Wai
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190911/2138

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

1 of 3

Report No. T/20190911/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2019 17:25	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: WONG WAI KIN	Address: APT BLK 35 LORONG 5 TOA PAYOH #05-331 SINGAPORE 310035		
ID Type / ID No.: FIN NO / G7564734X	Contact No.: Home/Office: Mobile: 82684836		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 33	Date of Birth: 08/04/1986	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: Chef	Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/09/2019 12:30	Type of Location: Traffic Light Junction
Location: Junction of Road 1 and Road 2 TIONG BAHRU ROAD ZION ROAD Junction between Tiong Bahru Road and Zion Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		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
FBJ9283P	Motorcycle	YAMAHA	FZ 16 MANUAL	Blue	Slightly Damaged	0
FBQ1941P	Motorcycle					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ9283P	NTUC Income Insurance Co-Operative Limited	5069344417-04	24/12/2018	23/12/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190911/2138

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

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Report No. T/20190911/2138

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG WAI KIN	ID No.	G7564734X
Related Vehicle	FBJ9283P (Motorcycle)	Contact No.	82684836
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	11/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Rider			
Name	YEOW QUEE SOON	ID No.	S1649649I
Related Vehicle	FBQ1941P (Motorcycle)	Contact No.	83281709
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 11/9/2019 at about 1230 hours, while I was riding straight along Tiong Bahru Road towards Zion Road with the traffic light in my favour, another motorcycle collided into my right side. I suffered an abrasion on my right leg and a burn mark on my left ankle. An ambulance attended to my injuries but I was not conveyed to the hospital. Traffic police subsequently arrived at the scene and got our particulars. I am lodging this report for my insurance company. I received an MC of total 7 days after going to the clinic.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190911/2138

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

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Report No. T/20190911/2138

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 /
Sgt 2 MUHAMMAD HIDAYAT BIN NORAZMAN

Muhammad

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Signature Of Informant:

Menghaidin

Date/Time:
11/09/2019 17:25

Classification Of Case:

Authentication Stamp

NP168



Muhammad

Signature

Singapore Police Force

MC

TIONG BAHRU MEDICAL CENTRE

10 KIM TIAN ROAD, KAI FOOK MANSION, SINGAPORE 169248

Tel: 62727966 Fax: 62767216

Medical Certificate

Date : 11 Sep 2019

MC No. : 0000038263

This is to certify that :

Name : WONG WAI KIN

NRIC : G7564734X

is Unfit for Duty for 7 days

from 11/09/2019 to 17/09/2019 inclusive.

Remarks : MULTIPLE ABRASIONS ON RIGHT LOWER LEG

DR RICHARD TOH

DR RICHARD TOH
MBBS (SINGAPORE) D.F.

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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