

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	24/09/2019 11:29
Date Of Accident	17/09/2019 14:30
Exact Location Of Accident	KALLANG WAY TOWARDS MACPHERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6158P
Insured/Policyholder	
Name Of Registered Owner	CHONG SWEE LOONG
NRIC No	S7366684H
Email Address	CAMRY9089.XC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96224479
Alternative Phone No	OFFICE-96224479

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
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	5110114796
Cover Note Number	

Driver

Name of Driver	CHONG SWEE LOONG
NRIC No	S7366684H
Date Of Birth	29/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96224479
Fax Number	
Contact Number	OFFICE-96224479
Email Address	CAMRY9089.XC@GMAIL.COM

Address	APT BLK 273A PUNGGOL PLACE #05-860 SINGAPORE
Postcode	821273
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?	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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	GU9394K
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 SWEE LOONG
Approximate Age	45
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	FBE6158P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	APT BLK 273A PUNGGOL PLACE #05-860 SINGAPORE
Postcode	821273

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

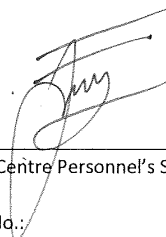
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.



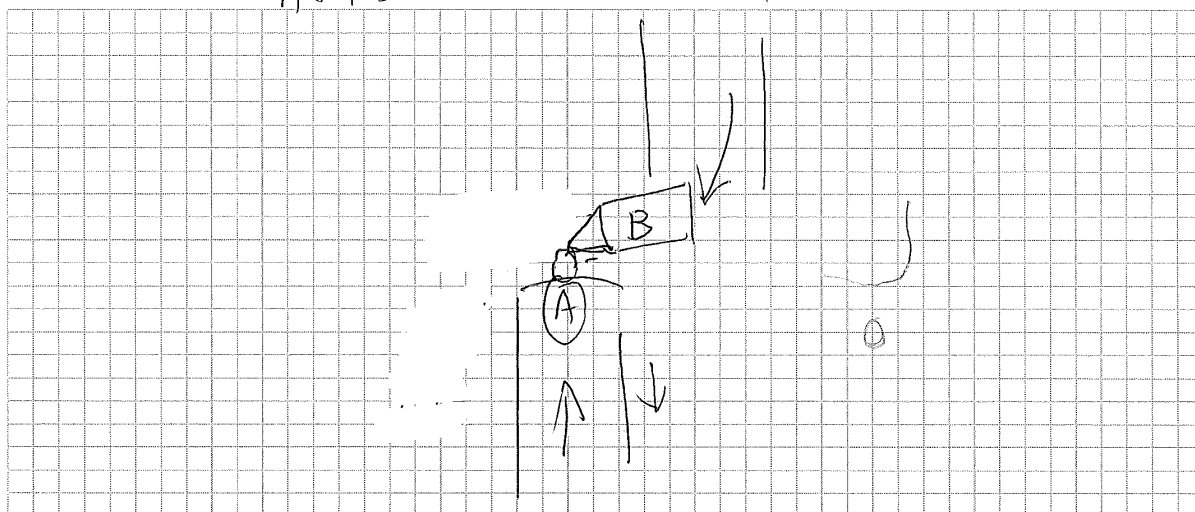
Policyholder's Signature
Date & Time:



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



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



Refer to Police Report T/20190918/2139

Refer to Police Report T/20190918/2139

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

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

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190918/2139

1 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20190918/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 16:29	Vide Report No.:	Station Diary No.: 62
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Informant's Particulars

Name of Informant: CHONG SWEE LOONG			Address: APT BLK 273A PUNGGOL PLACE #05-860 SINGAPORE 821273		
ID Type / ID No.: NRIC NO / S7366684H			Contact No.: Home/Office: Mobile: 96224479		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 29/11/1973	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: FOOD DELIVERY			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/09/2019 14:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG WAY				
Along kallang way heading towards Macpherson rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBE6158P	Motorcycle	YAMAHA	T135	White	Slightly Damaged	0
GU9394K	Van	TOYOTA		White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6158P	NTUC Income Insurance Co-Operative Limited	5110114796	03/06/2019	07/06/2020

Common Statement Pg. 1



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T/20190918/2139

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Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3
Report No. T/20190918/2139

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHONG SWEE LOONG	ID No.	S7366684H
Related Vehicle	FBE6158P (Motorcycle)	Contact No.	96224479
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/09/2019	Date Discharge	18/09/2019
No. of Days granted Medical Leave	08	Degree of Injury	Serious

Brief Details.

On the above mentioned date, time and location, I was riding my motorcycle bearing licence plate number FBE6158P along kallang way towards Macpherson Road. While I was travelling along the straight road, a van bearing car plate GU9394K made a right turn. I was unable to stop in time and as a result, I got into an accident with the said van. I was then conveyed and admitted to Raffles Hospital on 17/09/2019 and was discharged on the 18/09/2019. I was also given 8 days MC and will be undergoing surgery on 24/09/2019.

I wish to inform I do not clearly remember the exact location where the accident happened.



**SINGAPORE
POLICE FORCE**



T/20190918/2139

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3


Report No. T/20190918/2139

CONTINUATION OF REPORT

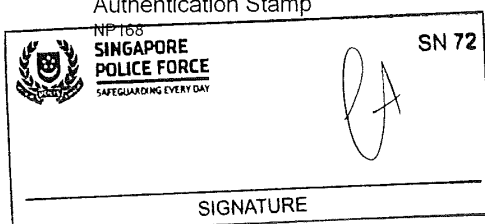
Sketch Plan

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: E / Sgt 2 EDMUND CHAN MAN NAM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2019 16:29
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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