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 witholding 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	02/10/2019 17:23
Date Of Accident	01/10/2019 16:35
Exact Location Of Accident	JUNCTION OF LOYANG WAY AND LOYANG LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL1444J
Insured/Policyholder	
Name Of Registered Owner	LU JUNCHENG
NRIC No	S8315175G
Email Address	ALEXLUJC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91126914
Alternative Phone No	OTHERS-91126914
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING SHOPPING AT LOYANG POINT SHOPPING CENTRE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNMC2018-00002367-01
Cover Note Number	
Driver	

Name of Driver LU JUNCHENG NRIC No S8315175G Date Of Birth 01/05/1983 Occupation **INDOOR Date Of Driving Pass** 31/05/2005

Driving Experience 14 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91126914

Fax Number

Contact Number OTHERS-91126914

EMail Address ALEXLUJC@GMAIL.COM Address BLK 505 JELAPANG ROAD

#12-438

Postcode 670505

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO

YES

Was any other material or property damaged?

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

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE TO ATTACHMENT AND POLICE REPORT T/20191001/7042

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SG6105E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

Postcode

Name LU JUNCHENG Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? FBL1444J Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 insurers) 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:
 - 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")
- 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:
 - 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:

021019 1619415

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN		
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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		11/01/
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10	4	
	/	
DECLARATION	estad Propins and a case for entire and a factor	
I/We declare the foregoing par	ticulars are true in every respect.	an 02/10/2019
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Persogne Signature (1977)
021019 16191/15	Date & Time:	NRIC/FIN No.:

Statement of account

- The accident happen on the 1° Oct 2019 at about 1633hrs.
- I am traveling along Loyang way and stop at the junction of Loyang way and Loyang lane (my front was Loyang Tua Pek Kong temple) as the traffic light is not in flavour for me to proceed straight.
- . The traffic light is in flavour to left turn vehicle with a green left turning arrow.
- My position is at the right side of the lane (still within the lane).
- First car made the left turn
- "Go Ahead" bus number 6 with the Licence plate of SG 6105E, follow on with the left turn. Almost coming to complete the turn, the rear right of the bus knock onto my left handlebar. The large impact causes me to loss my balance and fall to my right-hand side.
- . The bus did not stop to render any assistance.
- + After recovering my bike with an uncle, I move forward and check my bike.
- . My front brake hose was leaking oil and the brake wasn't responsive.
- The other visual damage was the left and right-side of my hand guard and scratches on exhaust pipe.
- As the bus captain did not stop, there was nothing I can do expect to contact the bus company to check on how I can go about to make the claim and then contacted my bike shop to tow my bike to his workshop for repair.
- Currently as I made this report, there is not serious injury but some gain to my right hand and right knee. Which could be due to the impact during the fall.

god sellohas



Accident Sketch Plan



Video shot of the bus with licence plate



Visual Damages







graph lander



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

1 of 4 Report No. T/20191001/7042

REPORT	OF A TRAFFI	C ACCIDENT				
Date/Time Report Made: 01/10/2019 23:40			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	wines Silver contains Silver			
Name of LU JUN	Informant: CHENG		Address: APT BLK 505 JELAPANG RC 670505	OAD #12-438 SINGAPORE		
ID Type / ID No.: NRIC NO / S8315175G			Contact No.: Home/Office:	Mobile: 91126914		
Nationality: SINGAPORE CITIZEN		EN	Email: ALEXLUJC@GMAIL.COM			
Sex: Age: Date of Birth: Male 36 01/05/1983			Type of Informant: Rider			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Singapore Armed Forces personnel		orces personnel	Driving Licence Information: Class: 2A,3A,2B	Date of Expiry:		

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/10/2019 16:30	Type of Location T-Junction
Location: LOYANG WA	Y	Danid Curfoss		
Weather: Road Surface: Dry			Road Speed Limit: 50 Km/h	
Clear		Diy		DU KIII/II
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate

Details of Vehicle Involved						
	Туре	Make	Model	Color	Condition	No of Passenger
FBL1444J	Motorcycle	HONDA	400X MANUAL	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1444J	FWD Singapore Pte. Ltd	PNMC2018- 00002367-01	28/06/2019	27/06/2020



T/20191001/7042

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

2 of 4 Report No. T/20191001/7042

CONTINUATION OF REPORT

Details of Perso	n Involved				100	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Rider	MEDICAL STREET	District to the last of			0.000	mig. 177
Name	LU JUNCHENG		ID No		S8315175G	
Related Vehicle	FBL1444J (Motorcycle)		Conta	ct No.	91126914	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 2A,3A,2B Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	

Brief Details.

The accident happen on the 1st Oct 2019 at about 1633hrs.

I am travelling along Loyang way and stop at the junction of Loyang way and Loyang lane (my front was Loyang Tua Pek Kong temple) as the traffic light is not in flavour for me to proceed straight.

The traffic light is in flavour to left turn vehicle with a green left turning arrow.

My position is at the right side of the lane (still within the lane).

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The bus did not stop to render any assistance.

After recovering my bike with an uncle, I move forward and check my bike.

My front brake hose was leaking oil and the brake wasn't responsive.

The other visual damage was the left and right-side of my hand guard and scratches on exhaust pipe.

As the bus captain did not stop, there was nothing I can do expect to contact the bus company to check on how I can go about to make the claim and then contacted my bike shop to tow my bike to his workshop for repair.

Currently, as I made this report, there is not serious injury but some pain to my right hand and right knee. Which could be due to the impact during the fall.

(I have a video for this accident)



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



3 of 4 Report No. T/20191001/7042

CONTINUATION OF REPORT





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

Informant is not able to provide sketch plan

Sketch Plan

NP168

4 of 4 Report No. T/20191001/7042

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2019 23:40
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case;













