

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	04/10/2019 17:31
Date Of Accident	18/09/2019 14:00
Exact Location Of Accident	BT BATOK EAST AVE 6 TOWARDS UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX6979P
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	CONTACT@ALORIDE.COM
Mobile Phone No	(LOCAL) +65-93255641
Alternative Phone No	OFFICE-93255641

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5085645204-02
Cover Note Number	

Driver

Name of Driver	LING JEE LOONG
NRIC No	S8466699H
Date Of Birth	02/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93255641
Fax Number	
Contact Number	OTHERS-93255641
Email Address	CONTACT@ALORIDE.COM

Address	BLK 417 BUKIT BATOK WEST AVENUE 4 #11-280
Postcode	650417
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 TO REAR
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190923/2020

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	SDU6861J
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	LING JEE LOONG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FX6979P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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)**

(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:

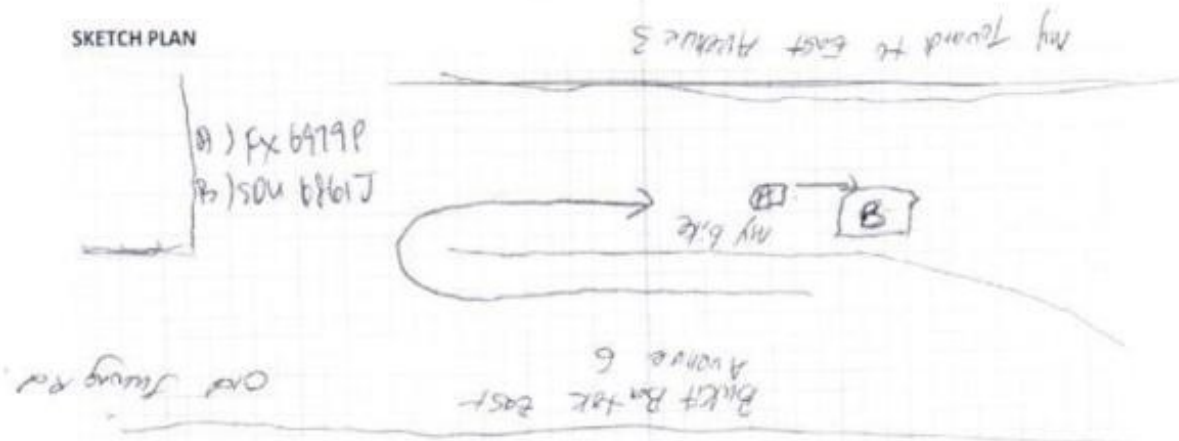
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



Reporting Centre Personnel Signature
Name: Rosa Wong
NRIC/FIN No.: 9201 1234 5678

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
1/20/2023/2020

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:

04/10/2019

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

04/10/2019
Rosa Hanan

POLICE REPORT



**SINGAPORE
POLICE FORCE**



1/20190923/2020

1 of 3

FINAL

8888-1

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6859999

Report No: 1/20190923/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2019 10:23		Vide Report No:		Station Diary No: 33
Informant's Particulars				
Name of Informant: LING JEE LOONG		Address: APT BLK 417 BUKIT BATOK WEST AVENUE 4 #11-280 SINGAPORE 650417		
ID Type / ID No: NRIC NO / S8466699H		Contact No: Home/Office:		Mobile: 93255641
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 35	Date of Birth: 02/09/1984	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/09/2019 14:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK EAST AVENUE 6 UPPER BUKIT TIMAH ROAD ALONG BUKIT BATOK EAST AVENUE 6 TOWARDS UPPER BUKIT TIMAH ROAD				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
X6979P	Motorcycle				Slightly Damaged	0
DU6861J	Car				Slightly Damaged	2

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20190923/2020

2 of 3



Report No. T/20190923/2020

CONTINUATION OF REPORT

Brief Details.

On the 18/09/2019 at about 1400hrs, I was riding my motorbike bearing the registration number FX6979P along Bukit Batok East Avenue 6 towards Bukit Batok Street 25. I was on the most-right lane of three lanes and made a u-turn back into Bukit Batok East Avenue 6 towards Upper Bukit Timah Road. Shortly after I made the u-turn, I collided into a white vehicle bearing the registration number SDU6861J that was in front of me. The vehicle had slowed down as it was intending to enter a slip road to the right. I was unable to stop in time and collided into the left side of the vehicle. I sustained injuries of multiple left rib fractures and abrasions on both fore arms. I am unsure of the damages my bike had sustained. I was then sent to Ng Teng Fong general hospital and has a Hospitalisation leave of 18/9/2019 to 4/10/2019. The Traffic Police was also at scene. There is no camera on my bike.

POLICE REPORT

 SINGAPORE POLICE FORCE		 T/20190923/2020
Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999		3 of 3 Report No: T/20190923/2020
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: J/ Sgt 2 NG CHOR MUI		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 23/09/2019 10:23
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No: 65476216		Classification Of Case:
Authentication Stamp NP156		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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