

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 willful 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	15/10/2019 18:40
Date Of Accident	11/10/2019 19:40
Exact Location Of Accident	JUNCTION OF RD1 & RD2 KALLANG RD LAVENDER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3382K
Insured/Policyholder	
Name Of Registered Owner	NG GAN POH
NRIC No	S9111718E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87179591
Alternative Phone No	OFFICE-87179591

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA / CB400X MANUAL
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00544369/01
Cover Note Number	

Driver

Name of Driver	NG GAN POH
NRIC No	S9111718E
Date Of Birth	05/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87179591
Fax Number	
Contact Number	OFFICE-87179591
Email Address	NOEMAIL

Address	BLK 841 TAMPINES STREET 83 #09-102
Postcode	520841
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 - U-TURN
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT NO: T/20191012/2127

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	SHD3569R
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT
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	NG GAN POH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM3382K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 841 TAMPINES STREET 83 #09-102
Postcode	520841

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

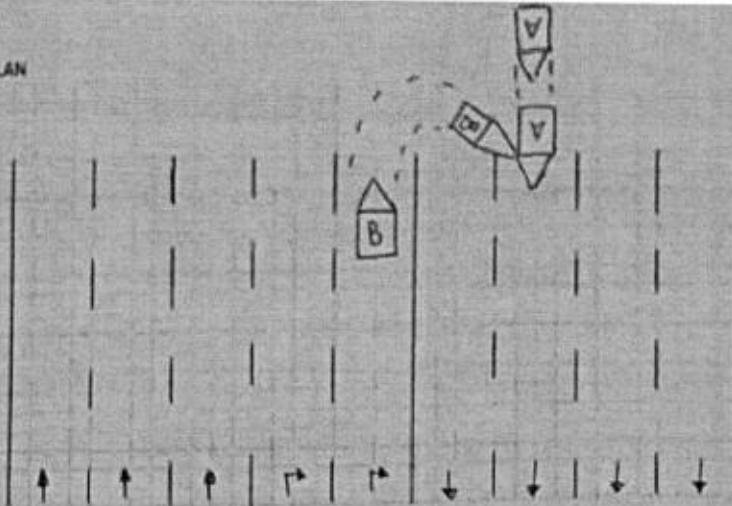
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



A: FBM 3382 K

B: SHD3569 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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:

Reporting Centre Personnel's Signature

Name: *Karen Ag.*

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191012/127

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3
Report No: T/20191012/127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2019 23:45		Video Report No.:		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: NG GAN POH			Address: APT BLK 841 TAMPINES STREET 83 #09-102 SINGAPORE 520841		
ID Type / ID No.: NRIC NO / S9111718E			Contact No.: Home/Office:		Mobile: 87179591
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 05/04/1991	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB RIDER			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: 11/10/2019 19:40	Type of Location:
Location: Junction of Road 1 and Road 2 KALLANG ROAD LAVENDER STREET				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3382K	Motorcycle	HONDA	CB400X MANUAL	White		0
SHD3569R	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3382K	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00544369/01	10/10/2018	09/10/2020

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 520602
Tel No: 1800-5871999



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Report No: 7/20191012/2127

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG GAN POH	ID No.	S9111718E
Related Vehicle	FBM3382K (Motorcycle)	Contact No.	87179591
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	CHAN MOH KWONG	ID No.	S0174089Z
Related Vehicle	SHD3566R (Car)	Contact No.	97534576
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

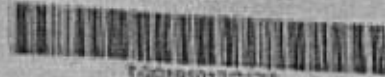
Brief Details.

On the above mentioned date, time and location I was involved in a car accident. I was riding along second lane of kallang road and once I almost finish crossing the junction and the lights just turned red, the other vehicle was at the other side of kallang road made a U-turn and I could not react in time and hit the left side of the vehicle. I was then conveyed to Tan Tock Seng hospital and discharged with 7 days MC.

Police Report



SINGAPORE
POLICE FORCE



T/20191012/2127

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529582
Tel No: 1800-5671999

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Report No: T/20191012/2127

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:
G /
Sgt 2 GAN JIAN CAI, DARREN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/10/2019 23:45

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



Classification Of Case:

Authentication Stamp
NP/04