

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	11/11/2019 15:36
Date Of Accident	25/09/2019 08:50
Exact Location Of Accident	PIE NEAR EXIT 9(EUNOS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3738Z
Insured/Policyholder	
Name Of Registered Owner	GIAN KONG RU, JOSEPH
NRIC No	S8717280E
Email Address	JOSEPHGIAN87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97497162
Alternative Phone No	OTHERS-97497162

Vehicle Particulars

Manufacturer	SYM
Model	MAXSYM+4
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084113614-03
Cover Note Number	

Driver

Name of Driver	GIAN KONG RU, JOSEPH
NRIC No	S8717280E
Date Of Birth	09/06/1987
Occupation	INDOOR
Date Of Driving Pass	06/02/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97497162
Fax Number	
Contact Number	OTHERS-97497162
Email Address	JOSEPHGIAN87@GMAIL.COM

Address	BLK 109 BUKIT PURMEI ROAD #06-133
Postcode	090109
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JOD8650 (MOTORCYCLE)
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190925/7014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	THE FILES TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JOD8650
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	GIAN KONG RU, JOSEPH
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBL3738Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

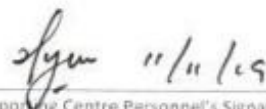
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*/11/19

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

A - FBL3738Z
B - J0ΔF650

EUNOS
EXIT 9

PIE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190925/7014

DECLARATION

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

2/11/19.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190925/7014

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

2 of 3

Report No. T/20190925/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GIAN KONG RU, JOSEPH	ID No.	S8717280E
Related Vehicle	FBL3738Z (Motorcycle)	Contact No.	97497162
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/09/2019	Date Discharge	25/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

This accident involves a collision between 2 motorcycles (FBL3738Z (white maxsym) and a Malaysian bike) on PIE at near Exit 9 Eunos.
As the accident happened too quickly, the details of the accident were unclear.

i am the owner of FBL3738Z, requesting to retrieve the video footage of the accident from my bike camera.
Hopefully this will facilitate in making a factual police report to assist in the investigations.

Understand that the bike is currently impounded by TP. Hope you can contact me at 97497162 for any follow up actions.
Thanks

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190925/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

1 of 3

Report No: T/20190925/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2019 16:01		Video Report No.: G/20190925/0084		Station Diary No.:	
Informant's Particulars					
Name of Informant: GIAN KONG RU JOSEPH			Address: APT BLK 108 BUKIT PURMEI ROAD #06-133 SINGAPORE 090109		
ID Type / ID No.: NRIC NO / S8717280E			Contact No.: Home/Office: Mobile: 97497162		
Nationality: SINGAPORE CITIZEN			Email: josephgian87@gmail.com		
Sex: Male	Age: 32	Date of Birth: 09/06/1987	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/09/2019 08:50	Type of Location: PIE Exit 9 Euros
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3738Z	Motorcycle	SYM	MAXSYM+4 001+CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3738Z	NTUC Income Insurance Co-Operative Limited	5084113614-03	16/09/2019	15/09/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190825/7014

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

2 of 3

Report No: T/20190825/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GIAN KONG RU, JOSEPH	ID No.	68717280E
Related Vehicle	FBL3738Z (Motorcycle)	Contact No.	97497162
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/09/2019	Date Discharge	25/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190925/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000

3 of 3

Report No: T/20190925/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMED HUSNUL TAUFIQ BIN MD YUSOF
Contact No.: 85476358

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/09/2019 16:01

Classification Of Case: