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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/11/2019 13:47
Date Of Accident	07/11/2019 20:00
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ942E
Insured/Policyholder	
Name Of Registered Owner	VINCENT NEO KOK HONG
NRIC No	S8311750H
Email Address	VINCENT.NEOKH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98332296
Alternative Phone No	OTHERS-98332296
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071015396-04
Cover Note Number	
Driver	

Name of Driver VINCENT NEO KOK HONG

 NRIC No
 \$8311750H

 Date Of Birth
 04/05/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 08/05/2006

Driving Experience 13 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98332296

Fax Number

Contact Number OTHERS-98332296

EMail Address VINCENT.NEOKH@YAHOO.COM

BLK 289G BUKIT BATOK STREET 26 Address

#03-112

Postcode 656289

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

COLLISION - HEAD TO REAR Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES

ambulance?

YES

NO

1

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 REFER TO POLICE REPORT T/20191109/7005

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 13

DETAILS OF INJURED PERSON 1

Name VINCENT NEO KOK HONG

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBJ942E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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 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:
 - 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 invoive 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: 1506

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No

Accident Sketch Plan

KETCH PLAN	PIR	POWARDS TURB
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A) FB3 9	42E	1 [6]
B) unknown	J CAR	
ESCRIBE CIRCUMST	TANCES OF	THE PROPERTY OF THE PROPERTY O
Travelly by	GILLS.	PIE from mak about 8 pm
Riding or		t most line. One bile behind me huntely so
	right.	stup in the ten crosh into the your of
cor-	Canner	sup in the ten cream in the second
K	0	
Pol	104 K	Cupoen 1/2019/109/7005
-		
DECLARATION I/We declare the foreg	oing particul	lars are true in every respect.
(R		12/4/2018
Policyholder's Signature		Driver's Signature Reporting Centre Personnel's Signature
Date & Time: 1506		(If driver is not the policyholder) Date & Time: NRIC/FIN No. Wall
SHAME SHOW I MAN	101	4

POLICE REPORT





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

Type of Collision: Between Moving Vehicles - Head To Rear

1 of 3 Report No. T/20191109/7005

Anyone conveyed by ambulance:

Yes

PERCET	OFA	TDACEIO	ACCIDENT

Date/Time Report Made: 09/11/2019 11:06		Vide Report No.:			Station Diary No.:	
Informa	nt's Partic	culars				
	Informan T NEO KO	t: OK HONG	Address: APT BLK 289G SINGAPORE 65	BUKIT BATO	K STREET 2	5 #03-112
ID Type NRIC N	/ ID No.: 0 / \$8311	750H	Contact No.: Home/Office:	Contact No.:		
National SINGAP	ity: ORE CITI	ZEN	Email: stay_in_lab@ya	hoo.com		
Sex: Male	Age: 36	Date of Birth: 04/05/1983	Type of Informant: Rider			
Race: Chinese		Language: English		Institution	titution / School Name:	
Occupation: Accountant		Driving Licence Information: Class: 2B,3 Date			of Expiry:	
Seneral	Informati	on of the Accident				
Type of Acciden	t:	Injury Attended by Police	Drink Drive: No	Date/Tin Accident 07/11/20	100	Type of Location Straight Road
Location PAN ISI	The residence of the state	PRESSWAY				
			1010-6		De	ad Speed Limit:
Weathe Clear	C.		Road Surface: Dry			Km/h

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBJ942E	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ942E	NTUC Income Insurance Co-Operative Limited	5071015396-04	30/06/2019	29/06/2020

POLICE REPORT





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

2 of 3 Report No. T/20191109/7005

CONTINUATION OF REPORT

Details of Perso	on Involved					
Any Pedestrian I	nvolved: No				-	
No. of Pedestria	ns Injured: NIL		Use of Pe	dantsia	- 0	- 111
Rider			030 01 10	uestria	n Gross	sing: NA
Name	VINCENT NEO KO	K HONG		1 (0) 11		
	THEO NO	KHONG		ID No	0.	S8311750H
Related Vehicle	ED IOAOE (MA					
related verificie	FBJ942E (Motorcycle)			Contact No.		98332296
Hannital/Ottat	711122		and the second			
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/11/2019		Date Dies			
No. of Days gran	ted Medical Leave	05	Date Disc		Section of the last of the las	/2019
, 0	TOUT LOUVE	00	Degree of	injury	Serio	US

Brief Details.

Traveling back on PIE from work about 8pm
Riding on right most lane. One bike was behind me, honking, so I keep right to let him pass. Then the car in front stop and I cannot stop in time then crash into rear of car

POLICE 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

Authentication Stamp

NP168

3 of 3 Report No. T/20191109/7005

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: 09/11/2019 11:06
Officer In Charge Of Case: TP / TPHQ / TAN JUN YAN Contact No.: 65476311	Classification Of Case:









