

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	12/12/2019 13:05
Date Of Accident	11/12/2019 18:30
Exact Location Of Accident	B2 CARPARK OF CAPRI BY FRASER CHINA SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ7747U
Insured/Policyholder	
Name Of Registered Owner	EDWIN CHENG SHENG HAO
NRIC No	S9211812F
Email Address	EDWIN.CHENG@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-83237090
Alternative Phone No	OTHERS-83237090

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5114760561
Cover Note Number	

Driver

Name of Driver	EDWIN CHENG SHENG HAO
NRIC No	S9211812F
Date Of Birth	18/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83237090
Fax Number	
Contact Number	OTHERS-83237090
Email Address	EDWIN.CHENG@OUTLOOK.COM

Address	BLK 618 BEDOK RESERVOIR RD #03-1316
Postcode	470618
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?	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?	NO
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	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191212/2054

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	SLJ1569A
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	EDWIN CHENG SHENG HAO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBQ7747U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. 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.
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)


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:

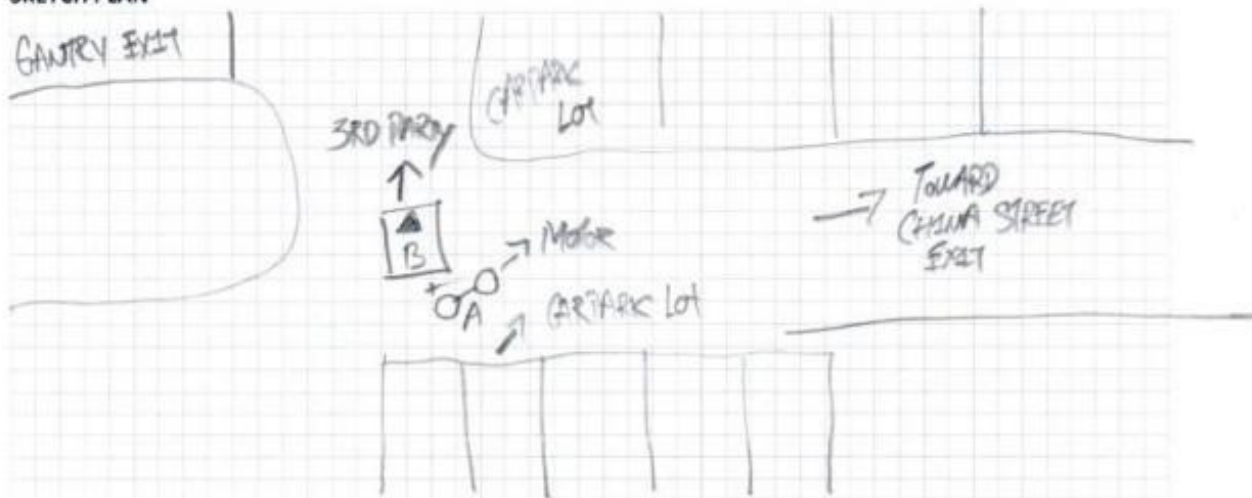
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 12/12/19

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20191212/2054

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:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191212/2054

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20191212/2054

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	EDWIN CHENG SHENG HAO	ID No.	S9211812F
Related Vehicle	FBQ7747U (Motorcycle)	Contact No.	83237090
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 11/12/2019 between 1830hrs to 1900hrs, I was riding my motorcycle FBQ7747U at the carpark located at B2 of Capri hotel. As I was proceeding to exit the carpark, I saw one vehicle SLJ1569A stationary. As I drove behind the vehicle, it suddenly reversed and collided into my motorcycle. I used my leg and managed to stop my motorcycle from falling, however injured my leg in the process. The female driver of the vehicle alighted and assisted me, and offered to sent me to the hospital to check on my injuries.

She sent me to Singapore General Hospital and I was given a medical certificate of 7 days for my injuries.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/2019/12/2054

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470626
Tel No: 1800 443 999

1 of 3

Report No: T/2019/12/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2019 12:26	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: EDWIN CHENG SHENG HAO		Address: APT BLK 518 BEDOK RESERVOIR ROAD #03-1316 SINGAPORE 470618	
ID Type / ID No.: NRIC NO / S9211812F		Contact No.: Home/Office: Mobile: 83237090	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 18/03/1992	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Singapore Armed Forces personnel		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2019 18:30	Type of Location: Car Park
Location: Along Road 1 SOUTH BRIDGE ROAD B2 Carpark of Capri by Fraser China Square				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ7747U	Motorcycle	YAMAHA	GDR155A (AEROX)	Black	Slightly Damaged	0
SLJ1569A	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expire Date
FBQ7747U	NTUC Income Insurance Co-Operative Limited	5114760561	09/12/2019	08/12/2020

Police Report



**SINGAPORE
POLICE FORCE**



1/20191212/2054

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No: 1/20191212/2054

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	EDWIN CHENG SHENG HAO	ID No.	S9211812F
Related Vehicle	FBQ7747U (Motorcycle)	Contact No.	83237090
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 11/12/2019 between 1830hrs to 1900hrs, I was riding my motorcycle FBQ7747U at the carpark located at B2 of Capri hotel. As I was proceeding to exit the carpark, I saw one vehicle SLJ1568A stationary. As I drove behind the vehicle, it suddenly reversed and collided into my motorcycle. I used my leg and managed to stop my motorcycle from falling, however injured my leg in the process. The female driver of the vehicle alighted and assisted me, and offered to sent me to the hospital to check on my injuries.

She sent me to Singapore General Hospital and I was given a medical certificate of 7 days for my injuries.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191212/2054

Police Station Of Origin:
Eunos NPP
829 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4438999

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Report No: T/20191212/2054

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 3 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/12/2019 12:26

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65478438

Classification Of Case:

Authentication Stamp
NP183