

## 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	30/12/2019 15:25
Date Of Accident	26/12/2019 18:10
Exact Location Of Accident	ALONG COMMONWEALTH AVE TWDS QUEENSTOWN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8733Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG BOON KUET
NRIC No	SXXXX444C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86934978
Alternative Phone No	OFFICE-86934978

### Vehicle Particulars

Manufacturer	HONDA
Model	RS150R MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5100556353-01
Cover Note Number	

### Driver

Name of Driver	NG BOON KUET
NRIC No	SXXXX444C
Date Of Birth	23/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86934978
Fax Number	
Contact Number	OFFICE-86934978
Email Address	NOEMAIL

Address	56 JLN HARMONIUM 22/12 TMN DESA TEBRAU 81800 JB MALAYSIA
Postcode	
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 - 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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191226/2167.

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 BOON KUET

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBM8733Z

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:


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 = FBM 8733 Z  
B = Unknown  
CSBS Bus)


Commonwealth Ave twds Greentown

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report T/20191226/2167

## 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191226/2167

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20191226/2167

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2019 23:26		Vide Report No.: D/20191226/0091		Station Diary No.: 257	
<b>Informant's Particulars</b>					
Name of Informant: NG BOON KUET			Address: 56 JLN HARMONIUM 22/12 TMN DESA TEBRAU 81800 JB MALAYSIA		
ID Type / ID No.: NRIC NO / S7268444C			Contact No.: Home/Office: Mobile: 86934978		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 23/06/1972	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Food Panda Delivery Service			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: 26/12/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH AVENUE  Along Commonwealth Avenue towards Queenstown				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8733Z	Motorcycle	HONDA	RS150R MANUAL	Blue	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8733Z	NTUC Income Insurance Co-Operative Limited	5100556353-01	07/05/2019	06/05/2020



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**SINGAPORE  
POLICE FORCE**



T/20191226/2167

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20191226/2167

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG BOON KUET	ID No.	S7268444C
Related Vehicle	FBM8733Z (Motorcycle)	Contact No.	86934978
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 26/12/2019 at about 1810hrs, I was riding my motorcycle (FBM8733Z) along Commonwealth Avenue towards Queenstown at the most left lane. At the point of time, I was doing Food Panda delivery service.

I observed in front of mine, there was a SBS bus travelling at the bus lane (same lane as me). However, I could not stop in time and knocked onto the SBS bus. I then fell from my motorcycle and sat on the ground. At the point of time, I was semi-conscious. I only know that ambulance and police came and asked me some questions.

Subsequently, I was conveyed to National University Hospital by ambulance. I suffered minor injuries on both of my knee area. I also felt pain on my neck area. The doctor from NUH checked on me and gave me 5 days medical leave from 26/12/2019 to 30/12/2019.

I like to state that I do not know what is the SBS bus registration plate number as after the accident I was semi-conscious.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191226/2167

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20191226/2167

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:

D /  
Sgt 2 WU HAIHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/12/2019 23:26

Officer In Charge Of Case:  
TP / GIT /  
SI ONG CHEE HIEN  
Contact No.: 65476437

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

