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	06/01/2020 18:21
Date Of Accident	03/01/2020 07:40
Exact Location Of Accident	ALONG VANDA ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ1537K
Insured/Policyholder	
Name Of Registered Owner	CHAN SIANG JU PHILIP (ZENG XIANGYU)
NRIC No	SXXXX762B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83235007
Alternative Phone No	OTHERS-83235007
Vehicle Particulars	
Manufacturer	SYM
Model	GTS 200-172CC
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	5113523895
Cover Note Number	
Driver	
Name of Driver	CHAN SIANG JU PHILIP (ZENG XIANGYU)
NRIC No	SXXXX762B

NRIC No SXXXX762B

Date Of Birth 28/03/1985

Occupation INDOOR

Date Of Driving Pass 09/06/2016

Driving Experience 3 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83235007

Fax Number

Contact Number OTHERS-83235007

EMail Address NOEMAIL

Address BLK 418 FAJAR ROAD

#08-439

Postcode 670418

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 Vehicle

-

Insurance Company of Driver's Own Vehicle

-

2

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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 NO

ambulance?

Was any other material or property damaged? YES

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

NO

1

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/20200104/7002

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD4631P

Vehicle Make/Model/Colour HONDA SHUTTLE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NUR'AMIRAH BINTE ALI

NRIC/Passport Number SXXXX269B

Contact Number

Address Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name CHAN SIANG JU PHILIP (ZENG XIANGYU)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBJ1537K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

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 Association of Singapore (GIA) for exchiving and that copies of this report will for a fee he made available upon application by interested parties.
- By the ladgment of this report to the husurers, 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 see 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' inwyors/law firms, the Mossetary 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 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' iswyers/law firms, may/are permitted to collect, usa, 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 agants(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 end/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:

Oriver's Signature (if driver is not the policyholder) Date & Time:

0112

Accident Sketch Plan

.1 *	A: FBJ 1537K
SKETCH PLAN	BISLD4631P Dunearn Rd.
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DESCRIBE CIRCUMS	TANCES OF THE ACCIDENT
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DECLARATION	
	ticulars are true in avery respect.
Make	
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Policyholder's Signature Date & Time:	Driver's Signature Reporting Control Co
Count & INTHE!	(Widther is not the policyholder) Date & Time: Opticized Maria:

POLICE REPORT





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

1 of 3 Report No. T/20200104/7002

REPORT OF A TRAFFIC ACCIDENT

04/01/2	ne Report I 020 03:22	Made:	Vide Report No.: Station Di	
Informa	nt's Partic	ulars	CHARLES CHARLES	
Name o	f Informant: IANG JU P		Address: 418 FAJAR ROAD #08-439 S	
ID Type NRIC N	/ ID No.; O / \$85087	62B	Contact No.: Home/Office:	Mobile: 83235007
National SINGAP	ity: ORE CITIZ	EN	Email: siangjoo85@gmail.com	Wilder GOLOGOT
Sex: Male	Age: 34	Date of Birth: 28/03/1985	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupat Crane/H	on: oist operato	or (general)	Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:		Type of Location Straight Road
Location:		No.	03/01/2020 07	7:40	3
VANDA ROA					
VANDA KOA	U				
Weather					
		Road Surface:		Roa	d Speed Limit:
Weather: Clear	1	Dry		Roa 50 K	d Speed Limit: m/h
Clear Traffic Flow: Two Way				50 K	m/h ic Volume:
Clear Traffic Flow: Two Way Type of Collisi	ion; ing Vehicles - Head	Dry Traffic Control: Not Controlled		Traff Heav	m/h ic Volume:

Co. March Co. Williams Co., St. Co.	ehicle lhvolve	Control of the Contro	ACLER COME	STATE OF THE PARTY OF	阿斯拉尔克尔尔里 斯	Grand Swift State
Vehicletho		Make	Model 10	Copy	Condidant	No of Passenge
FBJ1537K	Motorcycle	SYM	GTS200	White	Slightly Damaged	0
SLD4631P	Car	HONDA	SHUTTLE	Grey	Slightly Damaged	0

Detailstof V	ehicle insurance	A THE RESIDENCE OF THE PARTY OF	STATE OF STREET	POST CHEST A
THE PERSON NAMED IN COLUMN TWO	NTUC Income Insurance Co-Operative Limited	THE STREET WAS	21/10/2019	Expiry Date

POLICE REPORT



T/20200104/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200104/7002

CONTINUATION OF REPORT

No. of Pedestrian	ns Injured: NIL		Use of P	edestria	Cross	ing: NA
Rider	A SVASS-REEL	100	AND ASSESSED.	CONTRACTOR OF THE PARTY OF THE	V Mary	Sheet of the Fig. 1 dec.
Name	CHAN SIANG JU PH	HLIP		ID No).	S8508762B
Related Vehicle	FBJ1537K (Motorcyc	ole)		Conta	ect No.	83235007
Hospital/Clinic	NATIONAL UNIVER	SITY HOS	PITAL	Class Drivin Licen Expir	g	Class: 2B Date of Expiry: NIL
Date Treatment	04/01/2020		Date Dis	chama	04/01	/2020
	ted Medical Leave	03	Degree			

Brief Details.

I was travelling along Vanda road towards Dunearn road. There was an Esso petrol station on my left. Traffic was heavy and there were cars queueing up to exit by turning left to Dunearn road.

There was no yellow box at the exit of the petrol station. I was riding beside the cars on their right side when suddenly the driver, Nur 'Amirah Binte Ali, NRIC S8724269B of vehicle Honda Shuttle, SLD4631P suddenly exited the petrol station at a speed of 20+km/h. I saw it approaching so I immediately e-braked, yet the car still hit the front left side of my motorcycle. The impact caused my motorcycle to fall together with me and landed on the right side of the road.

I suffered abrasions and bruises on my neck, right arm and hand, right foot and both knees. My left shoulder muscle was strained due to applying e-brake and suffering the impact of the collision. The right side of my body is aching as I am typing this report.

Afterwards, I exchanged particulars with the other party. Then I left the accident scene.

POLICE REPORT





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

3 of 3 Report No. T/20200104/7002

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

required.
Date/Time: 04/01/2020 03:22
Classification Of Case:





















































