

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 28/02/2020 16:53

# 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 Authorized 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	28/02/2020 16:38
Date Of Accident	22/02/2020 05:10
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBC3748S
Insured/Policyholder	
Name Of Registered Owner	KEE ZI QIANG
NRIC No	TXXX661J 751C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94553525
Alternative Phone No	OFFICE-94553525
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	ZS150
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
Fleet Policy	NO
Policy Number	5115953202
Cover Note Number	
Driver	
Name of Driver	KEE ZI QIANG
NRIC No	TXXX661J
Date Of Birth	26/10/2001
Occupation	INDOOR
Date Of Driving Pass	04/02/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94553525
Fax Number	
Contact Number	OFFICE-94553525
E-Mail Address	NOEMAIL

Address	APT BLK 715 CLEMENTI WEST ST 2 #14-65
Postcode	120715
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	RAINING
Road Surface	WET

## 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)	2
Passenger 1	NAME : SOFYA GENDER : FEMALE

## Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

## Circumstances of Accident

REFER TO ATTACHED

## Attachment(s)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP2657J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SHAHRIL BIN DENIYAL
NRIC/Passport Number	SXXX962D
Contact Number	91126023
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SOFIYA  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBC3748S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KEE ZI QIANG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBC3748S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address APT BLK 715 CLEMENTI WEST ST 2 #14-65  
Postcode 120715

#### Sketch Plan #2 Pg. 1

#### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I would like to inform the reason for late reporting is because my motorbike was towed by Traffic Police to TP Compound, and I managed to meet my TP IO on the 25 Feb. I went to TP Compound on the 27 Feb afternoon to take my motorbike and then went to reporting centre to submit this report.  
Please excuse for late insurance reporting.  
Please refer to the attached Police Report.

#### DECLARATION

(/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.:



**SINGAPORE  
POLICE FORCE**



T/20200222/2117

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

1 of 3

Report No: T/20200222/2117

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/02/2020 17:48		Vide Report No.:	Station Diary No.: 139
<b>Informant's Particulars</b>			
Name of Informant: KEE ZI QIANG		Address: APT BLK 715 CLEMENTI WEST STREET 2 #14-65 SINGAPORE 120715	
ID Type / ID No.: NRIC NO / T0133661J	Contact No.: Home/Office:	Mobile: 94553525	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 18	Date of Birth: 26/10/2001	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/02/2020 05:10	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY TUAS ROAD AYE TOWARDS TUAS				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBC3748S	Motorcycle				Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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POLICE FORCE**



T/20200222/2117

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

2 of 3

Report No: T/20200222/2117

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name:	KEE ZI QIANG	ID No.:	T0133661J
Related Vehicle:	NIL	Contact No.:	94553525
Hospital/Clinic:	NIL	Class of Driving Licence & Expiry Date:	Class: 2B Date of Expiry: NIL
Date Treatment:	NIL	Date Discharge:	NIL
No. of Days granted Medical Leave:	NIL	Degree of Injury:	NIL

**Brief Details.**

On 21/02/2020 at about 0500hrs, I riding my motorcycle (FBC3748S) at the most left lane along AYE towards Tuas heading home. My girlfriend namely Sophia Lee (HP: 84982779) who was my pillion at that point of time. I wish to state that it was heavily raining and the road was wet. The traffic was not congested.

Upon riding, a vehicle hit on the rear side of my motorcycle which caused me to skid onto the ground. I was conscious at that point of time and I quickly went to check on my girlfriend who sustain injuries on her leg. I quickly called for ambulance assistance and conveyed to National University Hospital with her. I did not took down the vehicle registration no. who hit me from the rear however I took down his particulars. I sustained abrasions on my left arm and pain in the back of my body.

**Particulars as follow:-**

1) Muhammad Shahril Bin Deniyai  
S9028962D  
Blk 346 Clementi Ave 5 #02-28  
DOB: 15-08-1990  
HP: 91126023

This is the first time it had happened to me. My motorcycle was being towed by EMAS.