

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	30/03/2020 15:03
Date Of Accident	29/03/2020 14:20
Exact Location Of Accident	HOUGANG AVE 9 TWDS HDB BLK 917
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4641M
Insured/Policyholder	
Name Of Registered Owner	LEW KIM TECK
NRIC No	SXXXX781G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86000213
Alternative Phone No	OFFICE-86000213

Vehicle Particulars

Manufacturer	YAMAHA
Model	UPITER MX (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	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	5115128049
Cover Note Number	

Driver

Name of Driver	LEW KIM TECK
NRIC No	SXXXX781G
Date Of Birth	21/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86000213
Fax Number	
Contact Number	OFFICE-86000213
EEmail Address	NOEMAIL

Address	BLK 683C EDGEDALE PLAINS #02-687
Postcode	823683
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200330/7013.

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	SKU9932K
Vehicle Make/Model/Colour	MAZDA 3
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	LEW KIM TECK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG4641M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

DECLARATION

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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:

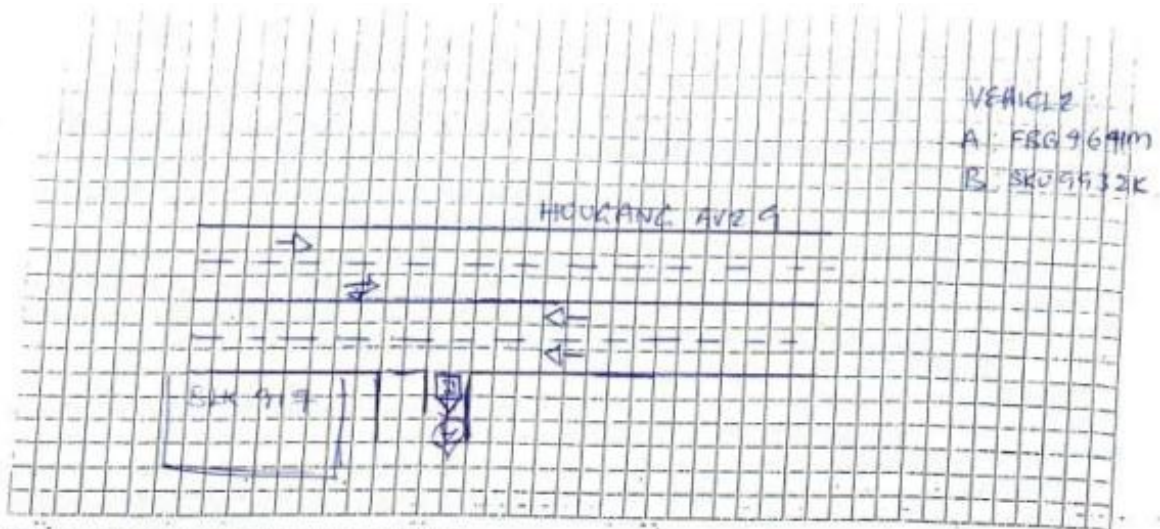
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE & TIME, I WAS TRAVELING ON
HOUGANG AVE 9 TURNING INTO BLOCK 917 HOUGANG AVE 9.
VEHICLE "B" SUDDENLY JAM BRAKE AND I HONK AND
JAM BRAKE, AFTER THAT I WENT TO CONFRONT VEHICLE "B"
IS VERY DANGEROUS NOT TO ON HIS HAZARD LIGHT BEFORE
ALIGHTING PASSENGER. HE WAS NOT HAPPY AND ASK TO
TALK ABOUT IT. SO I PROCEED IN FRONT OF HIM,
BEFORE I COULD PARK MY VEHICLE AT THE SIDE,
ALL OF A SUDDEN VEHICLE "B" ACCELERATE TOWARDS ME
AND COLLIDED INTO MY VEHICLE "A" AND I FELT ONTO
THE KERB AND MY BKE FA FELL ONTO ME. I HAD MADE
A POLICE REPORT FOR A SERIOUS CRIME ACT ON VEHICLE "B"

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:
REC/TIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200330/7013

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

1 of 3

Report No. T/20200330/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2020 14:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEW KIM TECK		Address: APT BLK 683C EDGEDALE PLAINS #02-687 SINGAPORE 823683	
ID Type / ID No.: NRIC NO / S6908781G		Contact No.: Home/Office: Mobile: 86000213	
Nationality: SINGAPORE CITIZEN		Email: John.pyj@hotmail.com	
Sex: Male	Age: 51	Date of Birth: 21/03/1969	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Foodpanda Rider		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2020 14:20	Type of Location: Straight Road
Location: HOUGANG AVENUE 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4641M	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0
SKU9932K	Car	MAZDA	MAZDA 3	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG4641M	NTUC Income Insurance Co-Operative Limited	5115128049	24/12/2019	23/12/2020

Police Report



SINGAPORE
POLICE FORCE



T/20200330/7013

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

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Report No. T/20200330/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEW KIM TECK	ID No.	S6908781G
Related Vehicle	FBG4641M (Motorcycle)	Contact No.	86000213
Hospital/Clinic	BEDOK CENTRAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/03/2020	Date Discharge	30/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I FBG4641M VEHICLE "A" WAS TRAVELING ON HOUGANG AVENUE 9 TURNING INTO BLOCK 917 HOUGANG AVENUE 9. SKU9932K VEHICLE "B" SUDDENLY MAKE A JAM BRAKE TO ALIGHT PASSENGER, I HONKED AND JAM BRAKED. AFTER THAT I WENT BESIDE TO CONFRONT VEHICLE "B" IS VERY DANGEROUS NOT TO ON HIS HAZARD LIGHT BEFORE ALIGHTING PASSENGER. HE WAS NOT HAPPY AND ASK TO TALK ABOUT IT AT THE SIDE. SO I PROCEED IN FRONT OF HIS VEHICLE, BEFORE I COULD PARK MY VEHICLE AT THE SIDE. ALL OF A SUDDEN VEHICLE "B" ACCELERATE TOWARDS ME AND COLLIDED ONTO MY VEHICLE "A" AND I FELT ONTO THE KERB AND MY BIKE FELT ONTO ME. I GOT INTO INJURY AND WENT TO CONSULT MY DOCTOR. I RECEIVED 5 DAYS MC DUE TO PAINS ON MY LEFT SIDE.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200330/7013

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

3 of 3

Report No. T/20200330/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/03/2020 14:11

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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