

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	06/05/2020 16:56
Date Of Accident	01/05/2020 12:00
Exact Location Of Accident	17 GEYLANG RD TWDS SIMS DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY8690C
Insured/Policyholder	
Name Of Registered Owner	CHEAH KIAN TIONG
NRIC No	SXXXX111E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87386551
Alternative Phone No	OFFICE-87386551

Vehicle Particulars

Manufacturer	DAELIM
Model	VL 125
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	REPORTING ONLY
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	5108936326-01
Cover Note Number	

Driver

Name of Driver	CHEAH KIAN TIONG
NRIC No	SXXXX111E
Date Of Birth	24/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1987
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-87386551
Fax Number	
Contact Number	OFFICE-87386551
Email Address	NOEMAIL

Address	BLK 527 HOUGANG AVENUE 6 #09-209
Postcode	530527
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SKH7658J
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)	1

Accident Sketch Plan

SKETCH PLAN


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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.

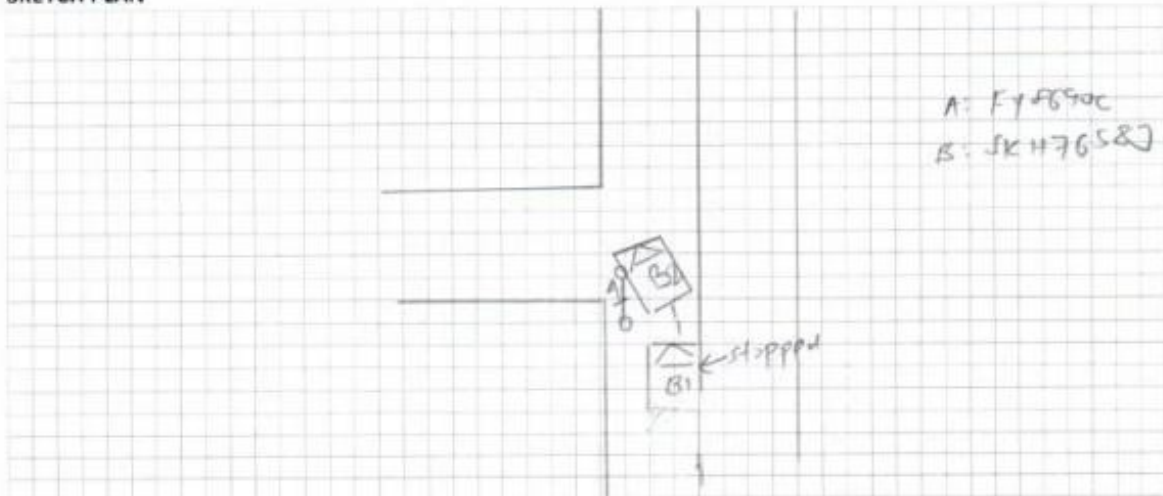

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was traveling along the stated venue. I noticed that vehicle B stopped along the road. Suddenly vehicle B turn on his vehicle indicator light and make a left turn. While B front left portion hit against my vehicle front portion.

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.:

ANNEX E

NOTICE OF COMPLIANCE

This is to confirm that CHEAH KIAN TIONG HP: 87386551 NRIC no. S1433111E, has reported to the Police on a non-injury traffic accident which occurred along LORONG 17 GEYLANG ROAD TOWARDS SIMS DRIVE on 01/05/2020 at about 1200hrs involving the following vehicles: FY8690C (Informant's vehicle) & SKH7658J belonging to CHEW SOON HENG S2611291E.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.



CHEAH KIAN TIONG

Date: 01/05/2020

S/D: 33

Police Post/Unit: Hougang NPC


Name of Issuing Officer: SGT 3 T140453 ASHLEY TOH

HOUGANG NPC
60 HOUGANG AVE #1
SINGAPORE 538775
TEL: (65) 63999999

Original - to be issued to informant
Duplicate - to be retained at police post or unit

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



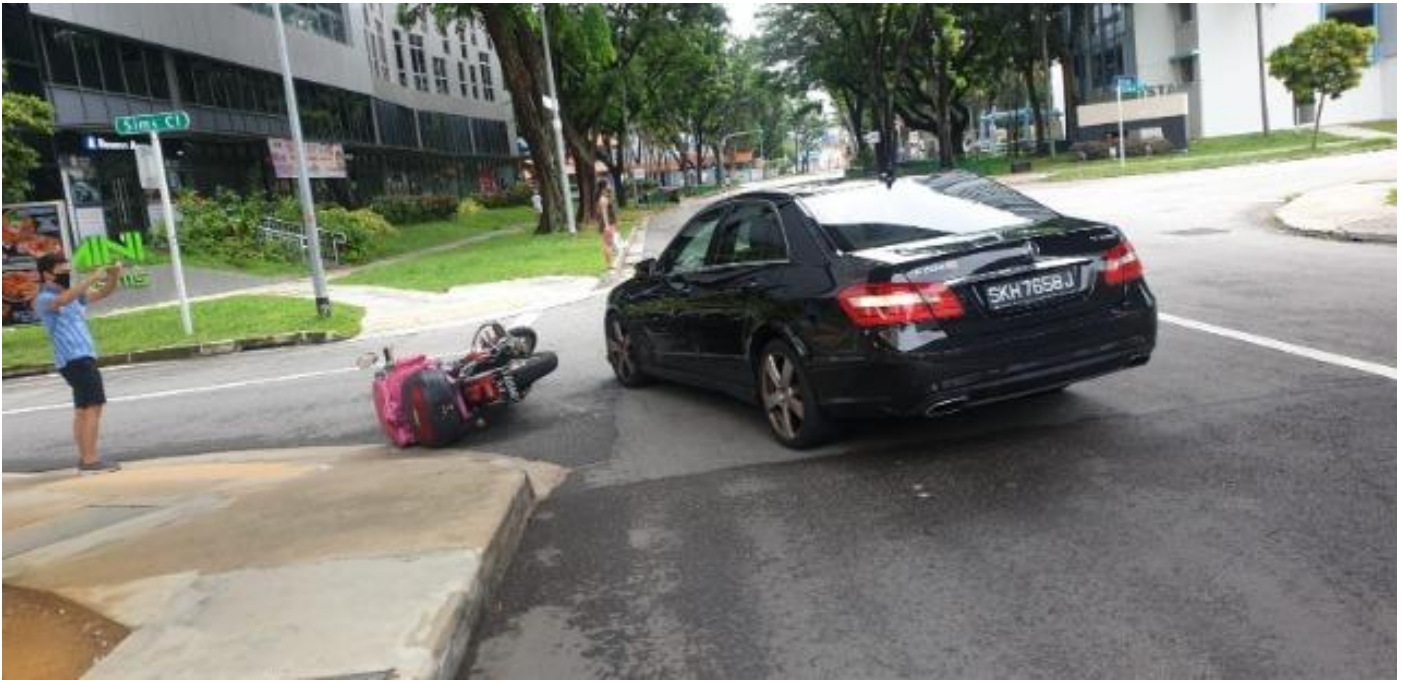
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 1200 45146 Vehicle Registration No: FY 8690C
Name (as shown in NRIC) : Cheah Kian Tiong NRIC/FIN/Passport No : SXXXX 111 E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 8738 6551
Email Address : _____
Date of Accident : 11/5/20 Time of Accident : 12:00
Place of Accident : 17 Geylang Rd twds Sims Dr
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- * Add In Scene Photo.
- * Amend Circumstances of Accident
Veh B stop at the right side of the road
with no signap, when I pass thru Veh B on
the left, suddenly Veh B turn on left signap and
start to turn, I sound the horn and do
emergency brake. Due to the turn of the Veh, He hit
onto my bike right hand side. and I fall down.

[Signature]
Policyholder / Driver's Signature
Date:

14-05-2020

GAIRMC addendumform_V3

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 14/5/20

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400617735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWA 1200 45146 -01 Vehicle Registration No: FY 8690C
Name (as shown in NRIC) : cheah kian Tieng NRIC/FIN/Passport No : SXXXXX111E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 87386551
Email Address : _____
Date of Accident : 1/5/20 Time of Accident : 12:00
Place of Accident : 17 Geylang Rd twds Sims Dr.
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Statement: I wish to add in
When I saw Veh B stopped at the ^{right side of the} road ~~side~~. I
approach Veh B from the left as I want to turn
left into the Sims close. Suddenly Veh B turn on
left signal and without checking blind spot make a
sharp left turn into Sims close. I sounded my horn and
brake my bike, but Veh B still hit onto my bike right
side and I falls down. As I was no evidence and
video to show Veh B was stop at the side. I only can
add in scene photo

Policyholder / Driver's Signature
Date:

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

15-05-2020