

MHH120045543 / Hui Hong Pte Ltd - Sungai Kadut
ENTRY DATE & TIME: 11/05/2020 11:27
SUBMITTED BY: Jiatan Tang Chu Ying

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 11/05/2020 11:27
Date Of Accident 08/05/2020 11:00
Exact Location Of Accident JUNCTION OF JOO CHIAT PLACE & TEMBLING RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number BFB1979P
Insured/Policyholder
Name Of Registered Owner CHNG CHANG JIN, JASON (ZHUANG CHANGJIN, JASON)
NRIC No SXXXX247G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-88689897
Alternative Phone No OFFICE-88689897

Vehicle Particulars

Manufacturer BAJAJ
Model PULSAR 200 DTS-I

Exact Purpose for which vehicle was being used at time of accident

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 5116782243

Cover Note Number

Driver

Name of Driver CHNG CHANG JIN, JASON (ZHUANG CHANGJIN, JASON)
NRIC No SXXXX247G
Date Of Birth 28/04/1983
Occupation OUTDOOR
Date Of Driving Pass 10/07/2003
Driving Experience 16 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-88689897
Fax Number
Contact Number OFFICE-88689897
Email Address NOEMAIL

Address APT BLK 2 TANJONG PAGAR PLAZA #13-44
Postcode 082002
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 - CROSS JUNCTION
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? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident**REFER SKETCH PLAN****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 SHC1513U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver YAK HOK SENG
NRIC/Passport Number SXXXX913F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHNG CHANG JIN, JASON (ZHUANG CHANGJIN, JASON)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBF1979P

Were seat belts worn?

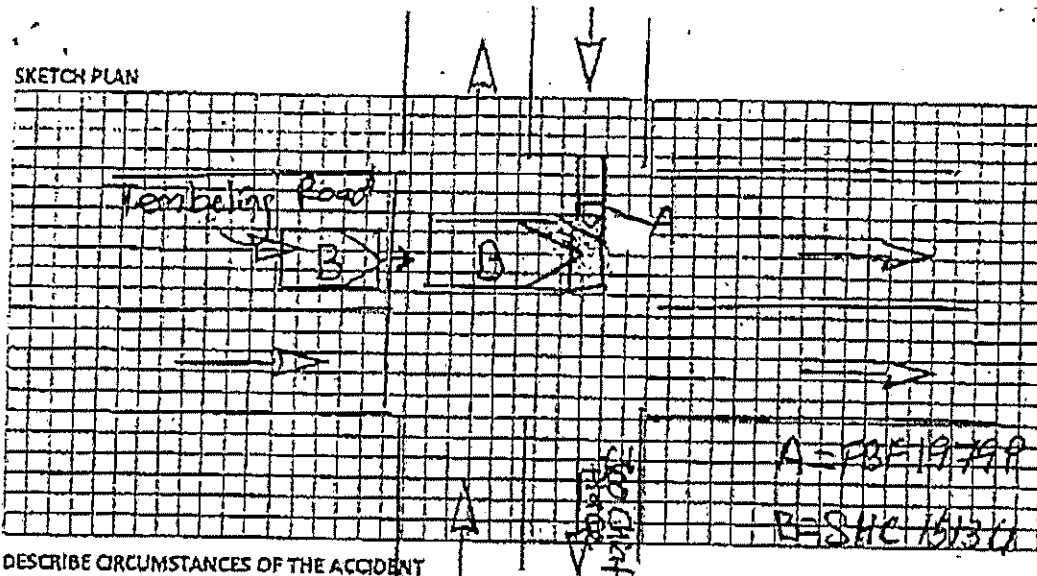
Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 8/5/2020 at about 11am, I was riding my motorcycle FBF1979P along Tan Chai Place. Upon reaching the junction with Tembeling Road, I continue my journey as I have the right of way. Out of sudden, a blue taxi SHC1513U dashed out from my left without stopping at the "stop" line along Tembeling Road and hence, causing my motorcycle to collide with the taxi.


The impact caused me to fall and injure myself - my motorcycle also seriously damaged. I am making this report to claim against the driver Yak Hok Sang and his taxi's insurance for causing the accident.

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 Person's Signature
Name:
NR17/PD11/11/11

Accident Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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:
NIC/PIN No.: