

## 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	30/09/2019 19:10
Date Of Accident	28/09/2019 09:30
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC6779H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN SHENG XIANG
NRIC No	S8401878C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82880481
Alternative Phone No	OFFICE-82880481

### Vehicle Particulars

Manufacturer	HONDA
Model	CB4008JM
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	5111993317
Cover Note Number	

### Driver

Name of Driver	CHEN SHENG XIANG
NRIC No	S8401878C
Date Of Birth	30/01/1984
Occupation	INDOOR
Date Of Driving Pass	03/09/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82880481
Fax Number	
Contact Number	OFFICE-82880481
EEmail Address	NOEMAIL

Address	APT BLK 692 JURONG WEST CENTRAL 1 #08-73
Postcode	640692
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQT2246 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	4
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
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
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA8057L
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JQT2246  
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJL3906K  
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)

#### DETAILS OF INJURED PERSON 1

Name CHEN SHENG XIANG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBC6779H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address APT BLK 692 JURONG WEST CENTRAL 1 #08-73  
Postcode 640692

## Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

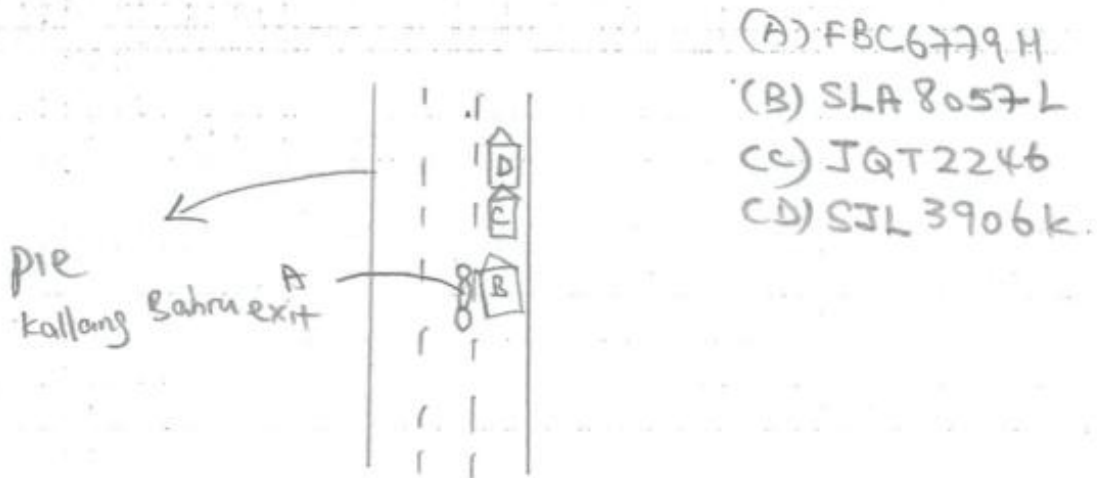
  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

30/9/19

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

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

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190928/2096

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20190928/2096

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2019 14:48	Vide Report No.:	Station Diary No.: 111
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**Informant's Particulars**

Name of Informant: CHEN SHENG XIANG, MACGREGOR			Address: APT BLK 692 JURONG WEST CENTRAL 1 #08-73 SINGAPORE 640692		
ID Type / ID No.: NRIC NO / S8401878C			Contact No.: Home/Office: Mobile: 82880481		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 30/01/1984	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/09/2019 09:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Near Aljunied Flyover (Kallang Bahru exit)				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision: Chain Collision	Anyone conveyed by ambulance: Yes			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC6779H	Motorcycle	HONDA	CB4008J M	Black	Seriously Damaged	0
JQT2246	Car	HYUNDAI		White	Seriously Damaged	4
SJL3906K	Car	MAZDA	MAZDA 2	Grey	Seriously Damaged	1
SLA8057L	Car	NISSAN		Brown	Seriously Damaged	1

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190928/2096

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20190928/2096

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC6779H	NTUC Income Insurance Co-Operative Limited	5111993317	22/08/2019	21/08/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	CHEN SHENG XIANG, MACGREGOR		ID No.	S8401878C
Related Vehicle	FBC6779H (Motorcycle)		Contact No.	82880481
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	28/09/2019		Date Discharge	28/09/2019
No. of Days granted Medical Leave	07		Degree of Injury	NIL
Driver				
Name	HOO BOON KEE		ID No.	NIL
Related Vehicle	JQT2246 (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN HENG LIN		ID No.	S7715773E
Related Vehicle	SJL3906K (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190928/2096

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20190928/2096

CONTINUATION OF REPORT

Driver			
Name	LIEW LEE YEW	ID No.	S1204617J
Related Vehicle	SLA8057L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 28/09/2019 at about 0930hrs, I was riding my motorcycle V1) FBC6779H along PIE towards Tuas. I was riding on either the 1st or 2nd lane. Upon crossing Kallang Bahru flyover, I heard braking sound coming from the front. Suddenly V2) SLA8057L swerved out from the 1st lane into the 2nd without signaling to avoid a collision that happened ahead involving V3) JQT2246 and V4) SJL3906K. However, V2 was unable to avoid the collision and collided into V3. I was unable to avoid the collision and collided into V2's left body.

I skidded off my motorcycle and sustained injuries to all my limbs. Subsequently Traffic police and ambulance were at scene. I was then conveyed to Tan Tock Seng Hospital for my injuries. I was given a 7-day medical leave starting from 28/09/2019. I wish to state that I have CCTV footage of this incident. I am unsure of the damages of my motorcycle as it has been towed away.





**SINGAPORE  
POLICE FORCE**



T/20190928/2096

Police Station Of Origin:  
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70 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20190928/2096

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 THOMAS JOSEPH THONG WAI MAN

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

28/09/2019 14:48

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

SN 126

Classification Of Case:

Authentication Stamp

NP168

Signature: *[Handwritten Signature]*

Singapore Police Force

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

