

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	28/05/2020 09:49
Date Of Accident	21/03/2020 10:00
Exact Location Of Accident	ALONG BENDEMEER RD/LAVENDER ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD7614M
Insured/Policyholder	
Name Of Registered Owner	KWONG KIN KEONG
NRIC No	SXXXX471F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98169319
Alternative Phone No	OTHERS-98169319

Vehicle Particulars

Manufacturer	YAMAHA
Model	X1R
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	5109204985
Cover Note Number	

Driver

Name of Driver	KWONG KIN KEONG
NRIC No	SXXXX471F
Date Of Birth	01/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/03/1984
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98169319
Fax Number	
Contact Number	OTHERS-98169319
Email Address	NOEMAIL

Address	BLK 3D UPP BOON KENG RD #23-650
Postcode	384003
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?	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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200523/2026

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	SLM612Z
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	KWONG KIN KEONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD7614M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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. The 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 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.

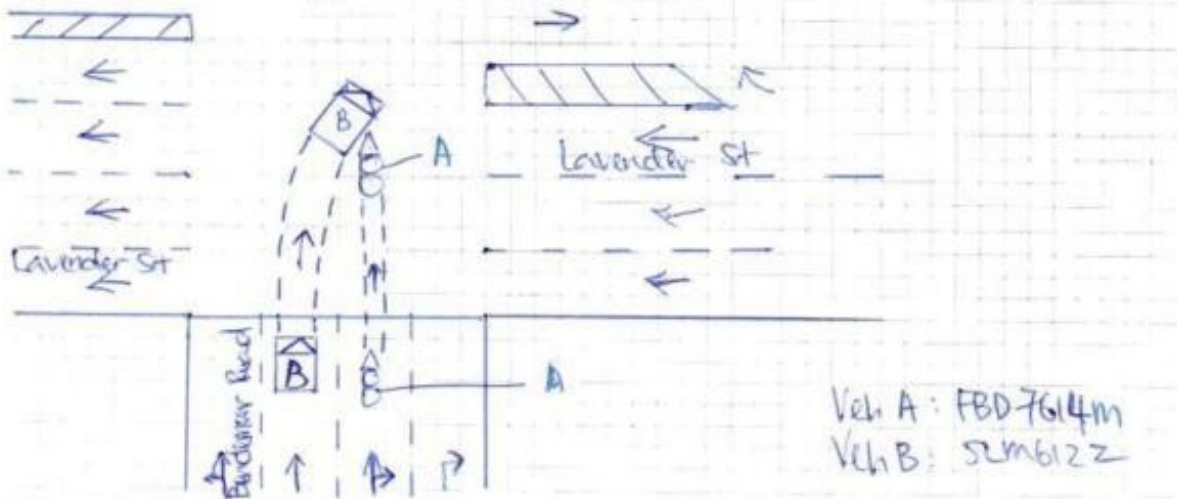
X
Policyholder's Signature
Date & Time:

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

Refer to police report

Report NO: T/20200523 / 2026

DECLARATION

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

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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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200523/2026

2 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20200523/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KWONG KIN KEONG	ID No.	S2580471F
Related Vehicle	FBD7614M (Motorcycle)	Contact No.	98169319
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLM612Z (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 21/03/2020 at 1000hrs, I was riding on my motor vehicle along Bendemeer Road at first lane and a car on the second lane is right beside me but a little ahead. It was a straight road but there is a turning lane as well to Lavender Street. I then proceed to go straight but the car beside me is ahead of me, the car then turn right and I got collided onto the car as I thought she was going straight.

My motor vehicle hit onto the car right rear passenger door. The car got slightly damaged due to the knock. My motor vehicle front wheel also got slight damaged due to the knock. My motor vehicle is (FBD7614M Yamaha, red colour) and the car driver is a indian woman and her vehicle number is (SLM612Z unsure which model). The car owner did not suffer any injury. The car owner then drive to the side of the road and checked whether am I okay.

After the collision a friend of mine is grab rider drove infront of me and asked me am I okay. I then told him my left thigh hurts badly. My friend then push my bike to the side of the road and called for ambulance. After an hour, the ambulance came and bring me to Singapore General Hospital. I am unsure whether if the tow truck came.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



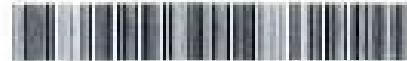


Accident Photo



Police Report

**SINGAPORE
POLICE FORCE**



T/20200523/2028

Police Station Of Origin:
Anchor N.P.C.
11 Kampong Kapur Road SINGAPORE
208878
Tel No: 1800-2949999

1 of 4

Report No: T/20200523/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2020 17:06	Video Report No.:	Station Diary No.: 67
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Informant's Particulars

Name of Informant: KWONG KIN KEONG	Address: APT BLK 3D UPPER BOON KENG ROAD #23-650 SINGAPORE 384003		
ID Type / ID No.: NRIC NO / S2580471F	Contact No.: Home/Office: Mobile: 98189319		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 62	Date of Birth: 01/03/1958	Type of Informant: Rider
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: GrabFood Rider	Driving Licence Information: Class: 2B, 2A, 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/03/2020 10:00	Type of Location: Bend
Location: Junction of Road 1 and Road 2 BENDEMEER ROAD LAVENDER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 10 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBD7614M	Motorcycle	YAMAHA	X-1R	Black	Slightly Damaged	0
SLM612Z	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD7614M	NTUC Income Insurance Co-Operative Limited	5108204985	29/04/2019	09/07/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200523/2028

2 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20200523/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KWONG KIN KEONG	ID No.	S2580471F
Related Vehicle	FBD7614M (Motorcycle)	Contact No.	98169319
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLM612Z (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.

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After the collision a friend of mine is grab rider drove in front of me and asked me am I okay. I then told him my left thigh hurts badly. My friend then push my bike to the side of the road and called for ambulance. After an hour, the ambulance came and bring me to Singapore General Hospital. I am unsure whether if the tow truck came.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200523/2025

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapar Road SINGAPORE
208678
Tel No: 1800-2948999

Report No. T/20200523/2025

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200523/2028

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949699

Report No: T/20200523/2028

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:

A /

Sgt 1 ONG JIAN QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/05/2020-17:06

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Statement of Kooing Kim Kiong, S2580471F

Question: What do you know about the facts of this case?

I am Kooing Kim Kiong. I was the rider of motorcycle FBD760-0M at the time of accident. I am comfortable to have my statement recorded in English.

1. On 21 March 2020 at about 10:15 a.m., I was riding in a carpooling at Kallang Bahru when I received a grabfood order at Balestier. As such, I proceeded to ride my motorcycle towards Balestier to collect the food.

2. While travelling along the Avenue Road on the second lane from the right, I approached the regulated traffic junction of Lavender Street and Jalan Besar which was indicating green light for my direction. The lane which I was travelling on was a sharing lane for vehicles making a right turn into Balestier Road or go straight towards Jalan Besar. As I wanted to go to Balestier, I proceeded to make a right turn when suddenly a car made a sharp right turn from my left side and into my path. I was unable to avoid and collided into the right passenger door of the car before falling down onto the road.

3. After the collision, the car stopped by the side of the road and an Indian lady alighted to check on me. An ambulance came after a while and brought me to Singapore General Hospital.

4. At the material time of accident, the weather was fine, road surface was dry, traffic flow was moderate and visibility was clear.

5. The following questions were posed to me by the recording officer:

Q1: This is the NPIC report which was lodged by you at NPIC on 21 May 2020.

May I know why the facts in the report differs from what you have informed me?

A1: I am illiterate in English and the report was read to me in Mandarin by the recording officer which I had described to him. I am not aware that the facts recorded in English are different from what I had described.

Kooing Kim Kiong, S2580471F

Daniel Tan, SWCT

All statements and to this statement are to be read and dated. Witnesses will be so named immediately prior to the recording of further statements. Statements and to this statement will be signed by the Recording Officer or witnesses. Statements of witnesses must be signed by witness or get the 25th and 27th of 2020.

NP/20/1/110

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: S66500206 / 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 : MNA120048248 Vehicle Registration No: FBD7614M
Name(as shown in NRIC) : KWONG KIN KEONG NRIC/FIN/Passport No : SXXXX471F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 3D UPP BOON KENG RD #23-650 Singapore(384003)
Contact (Tel) : _____ Mobile No.: 98169319
Email Address : _____
Date of Accident : 21/05/2020 Time of Accident : 10:00
Place of Accident : ALONG BENDEMEER RD/LAVENDER ST
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 MONTH OF THE ACCIDENT SHOULD BE 21/03/2020

Policyholder / Driver's Signature
Date:

 28/05/2020

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