

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	08/07/2020 15:07
Date Of Accident	07/07/2020 16:55
Exact Location Of Accident	ALONG KJE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9028G
Insured/Policyholder	
Name Of Registered Owner	KAT BOON HEE (QUE WENXI)
NRIC No	SXXXX026J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90481790
Alternative Phone No	OTHERS-90481790

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5096912734-02
Cover Note Number	

Driver

Name of Driver	KAT BOON HEE (QUE WENXI)
NRIC No	SXXXX026J
Date Of Birth	13/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90481790
Fax Number	
Contact Number	OTHERS-90481790
EEmail Address	NOEMAIL

Address	BLK 811A CHOA CHU KANG AVE 7 #18-653
Postcode	881811
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
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

PLS REFER TO THE POLICE REPORT: T/20200708/7009

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	SLS3498K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HIN IT KIONG
NRIC/Passport Number	SXXXX014G
Contact Number	96369005
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KAT BOON HEE (QUE WENXI)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBF9028G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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.

8

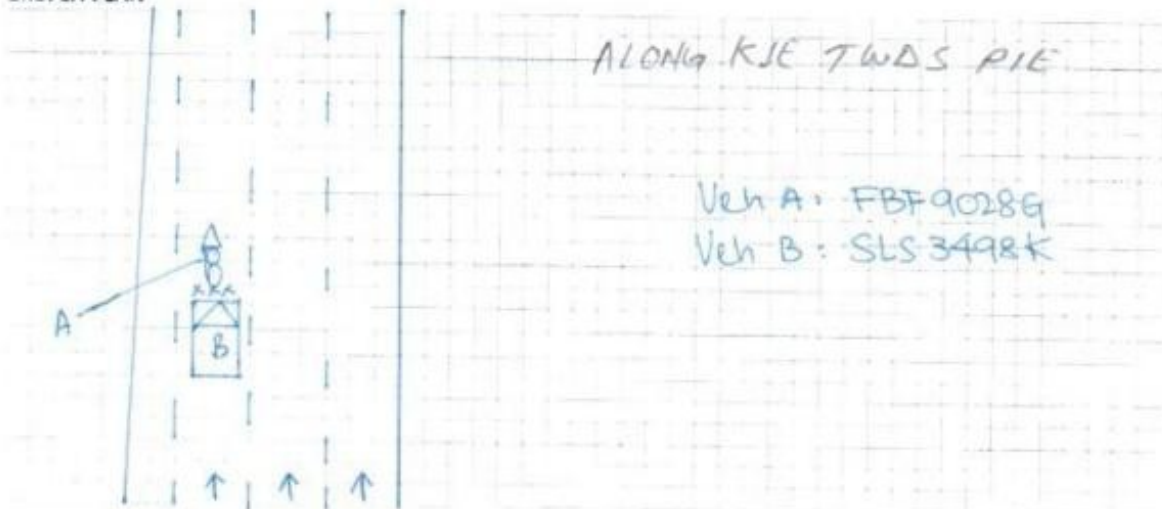
Policyholder's Signature
Date & Time:

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/20200708 / 7009

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:

 08/07/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200708/7009

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

2 of 3

Report No. T/20200708/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAT BOON HEE	ID No.	S8024026J
Related Vehicle	FBF9028G (Motorcycle)	Contact No.	90481790
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	07/07/2020	Date Discharge	07/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	HIN IT KIONG	ID No.	S1198014G
Related Vehicle	SLS3498K (Car)	Contact No.	96369005
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.

The accident happened on 7 July 2020 at 4.55pm, I am on my way home riding my motorcycle (FBF9028G) from my parent house in Yishun to Choa Chu Kang. When I entered Kranji Expressway (KJE) from Mandai road and riding for a short while on the left most lane, there is a big truck entering from the filter lane from Woodlands road and cut into the lane in front of me. But then at this timing, a car knocked down my bike from the rear. Along with my bike, I skidded on the road near to lamp post 95F. The driver (Hin It Kiong, NRIC S1198014G) from the car involved, SLS3498K came to me and another road user came to help me stand up and move my motorcycle to the side of the road. The driver (Hin It Kiong) came towards me claiming that he is the person who knocked me down. He claimed that he has car camera and has recorded the incident too. We exchange name and contact numbers. I fell and it injured my back, butt and I sustain a few abrasions on my hand, arm and leg. My motorcycle was damaged badly and the engine failed to start. I called for a vendor to bring my motorcycle to workshop and my wife brought me to Ng Teng Fong General Hospital for a check up, X-ray and seek treatment. I was given a 4 days Hospitalisation leave (MC). Now I am currently at home resting and making this police report. I am a full-time Foodpanda delivery man hence this incident caused me to lose my income as I am unable to work.

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20200708/7009

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

1 of 3

Report No: T/20200708/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2020 12:05	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: KAT BOON HEE		Address: APT BLK 811A CHOA CHU KANG AVENUE 7 #18-653 SINGAPORE 681811	
ID Type / ID No.: NRIC NO / S8024026J		Contact No.: Home/Office: Mobile: 90481790	
Nationality: SINGAPORE CITIZEN		Email: wishes80@yahoo.com	
Sex: Male	Age: 39	Date of Birth: 13/08/1980	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Food delivery rider		Driving Licence Information: Class: 2B,3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2020 16:55	Type of Location: Flyover
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBF9028G	Motorcycle	YAMAHA	FZ 16	Red	Seriously Damaged	0
SLS3498K	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF9028G	NTUC Income Insurance Co-Operative Limited	5096912734-02	14/01/2020	13/01/2021

Police Report



**SINGAPORE
POLICE FORCE**



T/20200708/7009

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

2 of 3

Report No. T/20200708/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAT BOON HEE	ID No.	S8024026J
Related Vehicle	FBF9028G (Motorcycle)	Contact No.	90481790
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	07/07/2020	Date Discharge	07/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	HIN IT KIONG	ID No.	S1198014G
Related Vehicle	SLS3498K (Car)	Contact No.	96369005
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

The accident happened on 7 July 2020 at 4.55pm. I am on my way home riding my motorcycle (FBF9028G) from my parent house in Yishun to Choa Chu Kang. When I entered Kranji Expressway (KJE) from Mandai road and riding for a short while on the left most lane, there is a big truck entering from the filter lane from Woodlands road and cut into the lane in front of me. But then at this timing, a car knocked down my bike from the rear. Along with my bike, I skidded on the road near to lamp post 95F. The driver (Hin It Kiong, NRIC S1198014G) from the car involved, SLS3498K came to me and another road user came to help me stand up and move my motorcycle to the side of the road. The driver (Hin It Kiong) came towards me claiming that he is the person who knocked me down. He claimed that he has car camera and has recorded the incident too. We exchange name and contact numbers. I fell and it injured my back, butt and I sustain a few abrasions on my hand, arm and leg. My motorcycle was damaged badly and the engine failed to start. I called for a vendor to bring my motorcycle to workshop and my wife brought me to Ng Teng Fong General Hospital for a check up, X-ray and seek treatment. I was given a 4 days Hospitalisation leave (MC). Now I am currently at home resting and making this police report. I am a full-time Foodpanda delivery man hence this incident caused me to lose my income as I am unable to work.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200708/7009

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

3 of 3

Report No. T/20200708/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
08/07/2020 12:05

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168