

## 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	16/07/2020 14:55
Date Of Accident	15/07/2020 19:40
Exact Location Of Accident	JUNCTION - BKE WOODLANDS AVE 3 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU4942L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NORM TRADING
Co Reg No	53352852J
Email Address	JEFF@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-84481122
Alternative Phone No	OFFICE-84481122

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117321600
Cover Note Number	

### Driver

Name of Driver	NG ZHI QIANG
NRIC No	S8708820J
Date Of Birth	30/03/1987
Occupation	INDOOR
Date Of Driving Pass	19/02/2010
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84481122
Fax Number	
Contact Number	
Email Address	JEFF@OUTLOOK.SG

Address	5 FERNVALE CLOSE #06-10
Postcode	797487
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	DRIZZLING
Road Surface	WET

#### 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?	NO
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	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT RECEIVED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL7406E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAY
NRIC/Passport Number	
Contact Number	96221057
Address	
Postcode	

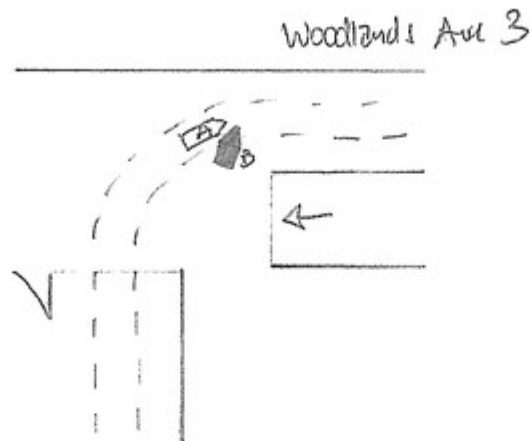
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG ZHI QIANG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGU4942L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

# Sketch Plan

SKETCH PLAN



A- 80U4942L

B- FBL7406E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report as attached.

## DECLARATION

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

Policyholder's Signature

Date & Time:

16 Jul 2020  
1423 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

16 Jul 2020  
1423 hrs

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

## 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.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16 Jul 14 23 14



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



**SINGAPORE  
POLICE FORCE**



T/20200716/2056

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3

Report No. T/20200716/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/07/2020 13:59		Vide Report No.:		Station Diary No.: 23	
<b>Informant's Particulars</b>					
Name of Informant: NG ZHI QIANG			Address: 5 FERNVALE CLOSE #06-10 SINGAPORE 797487		
ID Type / ID No.: NRIC NO / S8708820J			Contact No.: Home/Office: Mobile: 84481122		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 30/03/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATIONS EXECUTIVE			Driving Licence Information: Class: 3A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2020 19:40	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY WOODLANDS AVENUE 3 BKE, Woodlands Ave 3 exit, Junction				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7406E	Motorcycle				Slightly Damaged	0
SGU4942L	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200716/2056

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 3

Report No. T/20200716/2056

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	TAY	ID No.	NIL
Related Vehicle	FBL7406E (Motorcycle)	Contact No.	96221057
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
<b>Driver</b>			
Name	NG ZHI QIANG	ID No.	S8708820J
Related Vehicle	SGU4942L (Car)	Contact No.	84481122
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	16/07/2020	Date Discharge	16/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 15/07/2020 at about 1940hrs, I was driving my vehicle (SGU4942L) along BKE via Woodlands Ave 3. I was on lane 2 of 3 lanes. I had followed the lane accordingly while turning right. There was a motorcycle (FBL7406E) on lane 1. All of a sudden, the motorcycle swerved into my lane causing it to collide onto the front right portion of my vehicle. I wish to add that he did not make any signals before switching lanes.

After the collision, I alighted from my vehicle and made a check on the rider. He insisted that I had changed lane and collided into him. The rider pointed out that his pedal and rear portion of his vehicle were damaged. I observed that there were no damages to the rear portion of his vehicle. He mentioned that the cost of repair for the damages would be between SGD60,000 to SGD70,000. I had only managed to get his surname and phone number. We then went on our separate ways.

I have an in car camera and a footage of the incident was recorded. Due to the incident, I felt pain on the back of my neck and upper back (Shoulders). As such, on 16/07/2020, I went to consult a doctor and was given 05 days of medical leave. I am lodging this report for Insurance Claims purposes. I wish to add that after the incident, the rider insisted that I send him an apology message in which I did. But after reviewing the footage, I informed him that he had swerved into my lane and caused the collision.



**SINGAPORE  
POLICE FORCE**



T/20200716/2056

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 3

Report No. T/20200716/2056

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:  
E /  
Sgt 2 QAMARUL FITRI BIN JEFFREY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/07/2020 13:59

Classification Of Case:

SN 070

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

