## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/07/2020 09:24
Date Of Accident	16/05/2020 12:45
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD616D
Insured/Policyholder	
Name Of Registered Owner	ANG KIAN PENG
NRIC No	SXXXX246J
Email Address	BITZ08JP@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98199754
Alternative Phone No	OTHERS-98199754
Vehicle Particulars	
Manufacturer	YAMAHA
Model	TMAX530-530CC (DX)
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	REPORTING ONLY
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 5110934332

Cover Note Number

Driver

Name of Driver

ANG KIAN PENG

NRIC No

SXXXX246J

Date Of Birth

24/11/1983

Occupation

OUTDOOR

Date Of Driving Pass

22/09/2007

Driving Experience 12 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98199754

Fax Number

Contact Number OTHERS-98199754

EMail Address BITZ08JP@YAHOO.COM.SG

**BLK 139 PETIR ROAD** Address

#03-444

Postcode 670139

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**

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

## Other Information

ambulance?

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

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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 **BUKIT PANJANG** 

Police Station Address ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

TEL NO: 1800-8929999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **Circumstances of Accident**

### PLEASE REFER TO POLICE REPORT T/20200520/2045

## Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

UNKNOWN Vehicle Registration Number

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

## **DETAILS OF INJURED PERSON 1**

Name ANG KIAN PENG

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? FBD616D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### Accident Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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)
  - (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
- 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.
- 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:

## **Accident Sketch Plan**

ETCH PLAN		YELWW BOY	
		-	JOHON BUKIT MARAH
	(183 MB)	K	
	При-	]-/-   	BIL
494		181	A ) FBO 616D
SPC			BUNKNOWN CAR
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	HOHILL CLOSE	
	Police Report		0/2045
	X-	0	, )
CLARATION			1
The state of the s	ticulars are true in every resp	ect.	/11
7 07 2020 161	B Driver's Signature		Reporting Centre Personnel's Signature
te & Time:	(If driver is not the p Date & Time:	olicyholder)	Name: RESL WOY

## **Police Report**





1 of 3

Report No. T/20200520/2045

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 120 15:45	lade:	Vide Report No.:	Station Diary No. 46		
Informa	nt's Particu	ulars				
	Informant: AN PENG		Address: APT BLK 139 PETIR ROAD #03-444 SINGAPORE 670139			
ID Type / ID No.: NRIC NO / \$8339246J			Contact No.: Home/Office:			
National	ity: PORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 36 24/11/1983			Type of Informant: Rider			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: FOOD DELIVERY MAN			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 16/05/2020 12:45		Type of Location Straight Road
Location: Along Road 1 JALAN BUKI						
Control Contro			Road Surface: Dry			d Speed Limit:
		Dry				
		Traffic	c Control:	rking	1000000	fic Volume: lerate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD616D	Motorcycle	YAMAHA	TMAX 530 CVT	White		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBD616D	NTUC Income Insurance Co-Operative Limited	5110934332	04/07/2019	28/10/2020		

## **Police Report**





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 3 Report No. T/20200520/2045

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					THE VALUE OF SECTION AND ADDRESS.	
No. of Pedestria	ns Injured: NII		11.				
Rider			Use of I	Pedestria	n Cross	sing: NA	
Name	ANG KIAN PENG						
THE MINITERS				ID No.		S8339246J	
Related Vehicle FBD616D (Motorcycle)		ala)				100000000000000000000000000000000000000	
3,000	, DDG TOD (Widtorcy)	SDO TOD (WOTOrcycle)			act No.	98199754	
Hospital/Clinic	SINGADORE OFNE						
	SINGAPORE GENERAL HOSPITAL			Class Drivin Licent	g ce &	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	16/05/2020 Date 5				Date		
	ted Medical Leave	704	Date Dis	scharge	19/05	/2020	
No. of Days granted Medical Leave 21			Degree	Degree of Injury			

## Brief Details.

On 16th May 2020, I was travelling along Jln Bt Merah towards Henderson Rd on my White Yamaha T-Max motorcycle, FBD616D. It was a 3 lane road and I was on the 3rd lane. Somewhere near to junction of Jln Bt Merah and Redhill Close before the SPC petrol kiosk, I saw a dark colour car at Redhill Close which was about to exit into Jln Bt Merah. I remembered there was a stop line at Redhill Close however the car did not stop and quickly exit into Jln Bt Merah.

The car entered Jln Bt Merah in between the 2nd and 3rd lane(which I was in). As the car exited into Jln Bt Merah in high speed, I tried my best to avoid it by keeping to the left most of the 3rd lane.

I ended up in between the car and the pavement on the left as I was avoiding the car. Suddenly, without signaling, the car made a left turn into the SPC petrol kiosk. This caused the front left side of the car to hit the right side of my motorcycle. The collision caused me to be thrown off my motorcycle.

I could not remember much after that. I only remembered some passerby talking to me, Traffic Police arriving and taking my handphone number and the ambulance coming and sending me to hospital. Also, as the accident happened so fast, I could not remember some details like the car's make model and plate number.

When I was at the hospital, I was fortunate that I only suffered soft tissue bruising on my right arm, some abrasions on my right arm, slight fracture on my ribs and a cut on my right kidney.

On 18th May 2020, I received a call from Traffic Police stating that my motorcycle was with TP and advised me to lodge a traffic accident report as soon as I can. On 19th May 2020 I was discharged as my condition got better. I then proceeded to the police station on 20th May 2020 to lodge a Traffic Accident Report.

## **Police Report**





3 of 3

Report No. T/20200520/2045

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

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 <u>report number</u> as reference.

Signature Of Officer Recording J / Staff Sgt AHMAD AIDIL BIN JU	-N1//	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 20/05/2020 15:45		
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311		Classification Of Case:		
		Till the state of		
Authentication Stamp NP168		SHI-BAZURÉ		



































