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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.

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

- 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	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
EAVATA AVAILUOTESATE	THE PARTY OF THE P

BITZ08JP@YAHOO.COM.SG

Address

BLK 139 PETIR ROAD

#03-444

Postcode

670139

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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. Number of Passengers (Including Driver)

NO

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

BUKIT PANJANG

Police Station Address

ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200520/2045

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

UNKNOWN

Vehicle Make/Model/Colour

Vehicle Category

Details Of Properties

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 26

DETAILS OF INJURED PERSON 1

Name

ANG KIAN PENG

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBD616D

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.:

NRIC/FIN No.:

Date & Time:

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 05 / 2010 (DD/MM/YY	YY), TIME: 12 : 45 J/HH:MM
LOCATION: ALDRES JANON BUKIT	MARAY.
DETAILS OF VEHICLE ON VEHICLE NUMBER: FBD 616 D DINSURANCE COMPANY: NTUC	
GIPOLICY NUMBER: 5110934332 GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTIES) B) MAKE & MODEL: Yamaha TMax S FITYPE: (SALOON / COUPE / MPV /VAN / LORI G) VEHICLE CATEGORY: (PRIVATE / COMMERCATION OF USING AT ACCIDENT TIME: F) ARE YOU CLAIMING UNDER YOUR OWN INSI	RY / MOTORCYCLE / OTHERS) CIAL / MOTORCYCLE) CIAL / MOTORCYCLE) URANCE AFE(NO)
IF NO. PLEASE STATE [HIRD PARTY CLAIMY R 2. INSURED / POLICY HOLDER A)NAME: Ang Kian Peng b]NRIC/FIN/PASSPORT: S 8339246 J c]ADDRESS: BIK 139 Petir Road #03	(MALE /-FEMALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HO Cludding driver) CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO Cludding driver) CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CINCLUST OF CONTINUE TO 3.d IF DRIVER ALSO POLICY HO CONTINUE TO 3.d IF DRIVER ALSO P	(MALE / FEMALE)
c)ADDRESS:	CONTACT:
*d)DATE OF BIRTH: 24/ 11 / 1983)(DD/) e)OCCUPATION: (INDOOR / OUTDOOR) f)DITE OF DRIVING PASS 11 Sep 2 4. WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH 5. G)WEATHER CONDITION: (CLEAR / RAINING / C	ED'S COMPANY? (VEST NO)
b)ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. D)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION;	BUKit Pangang
He of passenger a) VEHICLE NUMBER: UNKnown Car Induding driver) b) DRIVER'S NAME:	9 0
9. THIRD PARTY VEHICLE	_CONTACT:
VEHICLE NUMBER: VEHICLE NUMBER: DRIVER'S NAME: DRIVER'S NAME: NRIC/FIN/PASSPORT: DRIVER'S NAME: NRIC/FIN/PASSPORT: DRIVER'S NAME: NRIC/FIN/PASSPORT: DRIVER'S NAME: NRIC/FIN/PASSPORT: DRIVER'S NAME: DRIVER'S NAME: NRIC/FIN/PASSPORT: DRIVER'S NAME:	_MODEL:
() NRIC/FIN/PASSPORT:	_CONTACT;:-

email = Bitz08jp@yahoo.com.sg





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	ılars		
	Informant: AN PENG		Address: APT BLK 139 PETIR ROAD #	03-444 SINGAPORE 670139
	/ ID No.: 0 / S833924	46J	Contact No.: Home/Office:	Mobile: 98199754
National	ity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 36	Date of Birth: 24/11/1983	Type of Informant: Rider	
Race: Chinese		-1	Language: English	Institution / School Name:
Occupa FOOD I	tion: DELIVERY	MAN	Driving Licence Information: Class: 2B.2A.2.3.4.5	Date of Expiry:

Type of Accident:	Injury Conveyed By Amb	Injury Conveyed By Ambulance		Date/Time of Accident: 16/05/2020 12:45	Type of Location Straight Road
Location: Along Road 1 JALAN BUKI Weather: Clear	T MERAH	Road	Surface:		Road Speed Limit:
Traffic Flow: Traffic		fic Control: fic Light - Working		Traffic Volume: Moderate	
Traffic Flow:		Traffi	C Light - vvc	11.7511.154	ivioderate

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 Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

2 of 3 Report No. T/20200520/2045

Any Pedestrian I						
No. of Pedestria	ns Injured: NIL		I los es F	V		
Rider			Use of P	edestria	n Cross	sing: NA
Name	ANG KIAN PENG			ID No).	S8339246J
Related Vehicle	FBD616D (Motorcycle)			Conta	act No.	98199754
Hospital/Clinic	SINGAPORE GENERAL HOSP		PITAL	Class Drivin Licent	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	16/05/2020		Data Dia		The second second	
No. of Days gran	ted Medical Leave	21	Date Dis		19/05 Slight	

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 Jin Bt Merah.

The car entered Jin Bt Merah in between the 2nd and 3rd lane(which I was in). As the car exited into Jin 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 klosk. 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

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





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 report number as reference.

Signature Of Officer Recording The Rep J / Staff Sgt AHMAD AIDIL BIN JUMARI	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	Classification Of Case:
Contact No.: 65476311	N CONSARVIS
Authentication Stamp NP168	

SURFATURE

Claim Handling

Accident MT/1097190										
Policy No.	911000 (TT)	Vehicle fin.		PROVING			ST Regio	stration No.		
Certificate No.										
Pistophasser Name	ANG KIAN PENG						silicyhaid	or house		30029290
		1984		Committee (and the first				100 .100.00		
Product Code	MISSISSICACIE CREMANACE	Coetr Type		T107@ 99(0)			paring	125 02		31
Contact No (Munie)	99109734	Comet No.(is (Home)		
Pirned Address		Special Rema	179				Code			No. or
KFK	No. Yes	TCA		No. Yes			Code #e	eson		
NCD Protection	150	NCD Entitlent	sent(%)	0.0			nvate Hi	ru.		740
 Accident Details 										
Report Date	25/01/2020/02/20	Accident Rep	ort Within 24 hrs	700			codent.	Type		Side Swipe
Date of Accident	he was your	Time of Acos	tent hh: mm	10.45		- 2	buntry o	f Accident		Singepore
Reporting Centre		Change Force					CW No.			
Acodem Lacator	AUDING TALAH BUNCT HERAM					0.0				
	STORIG STANDARD STANDARD									
- Total Excess Applicable										
Excess Type	Per Accident	Windscreen I	Excess							
Mariano di Antonio di Mariano		Carrier August Market								
CO Standard Excess	11.0				2012					
NIEB QD Excess	11.0	VIED TO ENG	164		0.047		hover is t	Covered?		Not Cayers
Additional Excess										
Total OD Excess Applicable	0.0	Total TP Exis	es Applicable		0.88					
 Benefits 										
GST Registered Informa	tian									
GST Registered	No			GST Revo	wirebon Date					
GST Registration No.					us Verified			No.		
Hodification History										
Policyholder Mailing Add	tress									
Address 1	E4 13 (02-40)	Accress 2		PETIA ROKU		5	ddraw 3			STREAMS
Address 4	22-21-312-411	Address Type		Singapore address			birt Corte			
						- 5	our Cons			870130
Unit No.		Amming Patro	y huroper	510095813170						
- OI Driver Info										
Driver Name	ANG KIAN PENG	Striver Type		Harr Driver						
Linnamed driver frame		Driver NHIC		5#3300(90)		0	WYEL DO	B		24/11/11/
Augustur Date of Driver License	22/67/2003	Driver Age		1.86			lerung Ex	срименное		3.0
Contact No.(Mobile)	Mr. 199 (54)	Contact No.0	Office)			1	antact N	n.(Home)		
Address 1	Bac 116 etc. 446	Address 2		PETIS WINES		A	difress 2			BENGARO
Address 4		Address Typs	1	Singapore address			ust Code			920129
Unit No.		34222222444								2000
	- U.S. W.D.	200	2230			1	0.27	20		
Does he own a Singapore Rayistened car?	ves Ns	Driver Venice	e No.	FROMING			Nover Ins	untr Compi	ing	4500
Destandien										
Breathwiyser or Blood Test.										
Brading?	Ø mg	Any injury?		Yes No						
Modification History										
100										
Claim 001 New										
Claim Type *					op-Hx:		Insured	ANG KIAN	sews.	In
SECOND PROPERTY.					1947.000		Name Contact	(P-12-711-7)		N C
Contact No.(Mobile)					98199754		Nu.	6767888		140
							(Hame)			10
Empli Address					SITZERIPONAHUO.C	DM SG	Vahide.	PHD6160		N/
					11		Number			No.
Claim Directoption					FBD618D / UNKNOW	N CAR ON :	6 May 2	020		- 81
Preferred										W
Section Control of the Control of th	Preference		THE PARTY OF THE P		71					
Consider No. 1975 Finalization	✓ Reper Preferre Option	g Workshop, Name unknown	report Received				Claim			
Date Registered	20/7/25				18/07/2020 10:04		Close Date			D:
Report Taken By					ROSLI WANKE		and the			
					MISSE ON DOME					
Print AK letter										
				Participal Participal						
**************************************				Save Submit						
Attachment										
y										
Accident No.	9072409871708		Claim No.		June:					
Last Doc. Received	* yes No		Upload Date		(8065-5856.10.00					
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Video List

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Certificate Number

Policyholder Name ANG KIAN PENG

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