

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	03/08/2020 15:26
Date Of Accident	06/07/2020 13:35
Exact Location Of Accident	ENTRANCE OF CARPARK BLK 622 BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1689Z
Insured/Policyholder	
Name Of Registered Owner	AW CHOON TECK
NRIC No	SXXXX831E
Email Address	CAW9148@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94453013
Alternative Phone No	OTHERS-94453013

Vehicle Particulars

Manufacturer	HONDA
Model	RR150
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107649931-01
Cover Note Number	

Driver

Name of Driver	AW CHOON TECK
NRIC No	SXXXX831E
Date Of Birth	14/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94453013
Fax Number	
Contact Number	OTHERS-94453013
EEmail Address	CAW9148@GMAIL.COM

Address	BLK 412 BUKIT BATOK WEST AVENUE 4 #10-312
Postcode	650412
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 ON COLLISION
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200714/2043

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	FZ3777P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 AW CHOON TECK

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBP1689Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:



GIACC Form 1 - PlanForm v2

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

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

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200714/2043

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3
Report No. T/20200714/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2020 13:31	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars			
Name of Informant: AW CHOON TECK		Address: APT BLK 412 BUKIT BATOK WEST AVENUE 4 #10-312 SINGAPORE 650412	
ID Type / ID No.: NRIC NO / S1343831E		Contact No.: Home/Office: 9846 0539 Mobile: 9445 3013	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 14/12/1959	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB FOOD DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2020 13:35	Type of Location:
Location: Along Road 1 BUKIT BATOK CENTRAL entrance of carpark B/622 Bt Batok Central area				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1689Z	Motorcycle	HONDA	RR150 MANUAL	Grey		0
FZ3777P	Motorcycle					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1689Z	NTUC Income Insurance Co-Operative Limited	5107649931-01	19/02/2020	18/02/2021

POLICE REPORT



SINGAPORE
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T/20200714/2043

Police Station Of Origin:
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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20200714/2043

CONTINUATION OF REPORT

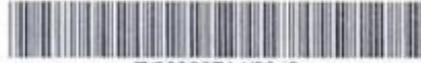
Brief Details.

On 06-07-2020 at about 1:39 pm, I was riding my motor-cycle, FBP 1689 Z, along Bukit Batok Central, near to the entrance of car-park B/622 Bukit Batok Central; I was going straight towards the traffic light area. Suddenly, another motor-cycle, later established to be FZ 3777 P (I received a Traffic Police letter marked TP/IP/28729/2020, stating the other motor-cycle's registration number involved), perhaps coming out from the said car-park, just dashed through. I was not sure what happened then, but I fell on to the road, hurt. Eventually, I was conveyed to hospital by the ambulance.
In the Traffic Police letter, I was told to make a police report for the accident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200714/2043

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3 of 3

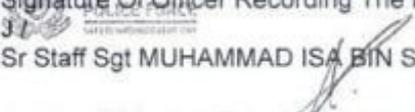
Report No. T/20200714/2043

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.

<p>Signature Of Officer Recording The Report:  Sr Staff Sgt MUHAMMAD ISA BIN SULAIMAN</p>	<p>Signature Of Informant: </p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 14/07/2020 13:31</p>
<p>Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390</p>	<p>Classification Of Case:</p>

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

