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	05/08/2020 10:08
Date Of Accident	04/08/2020 14:35
Exact Location Of Accident	LOR CHUAN
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ618K
Insured/Policyholder	
Name Of Registered Owner	PAN YONG CHENG
NRIC No	SXXXX158H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96891314
Alternative Phone No	OFFICE-96891314
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM 200M
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	THIRD PARTY
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	5112227689
Cover Note Number	
Driver	
Name of Driver	PAN YONG CHENG

NRIC No SXXXX158H Date Of Birth 13/10/1995 Occupation **OUTDOOR** 23/08/2019 Date Of Driving Pass **Driving Experience** 0 YEAR AND 11 MONTH Gender MALE Mobile Number (LOCAL) +65-96891314 Fax Number **Contact Number** OFFICE-96891314

EMail Address

NOEMAIL

BLK 959 HOUGANG STREET 91 Address

#08-286

Postcode 530959

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

COLLISION - HEAD TO REAR Type Of Accident

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 YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

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

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200804/2088.

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 SHC1172U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 24

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1 PAN YONG CHENG Name Approximate Age Injuries Sustain BODY FZ618K Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by NO ambulance?

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 the purpose of the pu
 - 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 invoive 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: Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		
		Shell Station
	Age	A: FZ 618K
land die	B	A: FZ 618K B: SHC117M
brong chuan	11/11/11	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

leter to po	: (e repri -1) 2	200804 288.	
	/		

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

Police Report





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20200804/2088

DEDODT	OF A	TRACEIC	ACCIDENT
REPORT	UF A	INAFFIL	ACCIDENT

Date/Time Report Made: 04/08/2020 18:57			Vide Report No.:	Station Diary No.: 88	
Informa	nt's Partic	ulars			
Control of the second	f Informant: NG CHEN		Address: APT BLK 959 HOUGANG \$ 530959	STREET 91 #08-286 SINGAPORE	
	/ ID No.: O / S95381	58H	Contact No.: Home/Office: 96751506 Mobile: 96891314		
	Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age:	Date of Birth: 13/10/1995	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2020 14:35	Type of Location Straight Road	
		The state of the s			
Weather: Clear		Road Surface: Dry	R	Road Speed Limit:	
Olcai	Traffic Flow: Two Way		-		
Traffic Flow:		Traffic Control: Not Controlled	1000	raffic Volume: oderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ618K	Motorcycle	HONDA	PHANTOM 200M	Silver	Seriously Damaged	
SHC1172U	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ618K	NTUC Income Insurance Co-Operative Limited	5112227689	27/08/2019	05/10/2020

Police Report





Police Station Of Origin: Hougang N.P.C

Report No. T/20200804/2088

2 of 3

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Perso	n Involved	13 (4) Po	Name of the	1734	mile:	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Rider		MEN ST	te la			THE RESERVE THE PARTY OF THE PA
Name	PAN YONG CHENG			ID No	la)	S9538158H
Related Vehicle	FZ618K (Motorcycle)			Conta	ct No.	96751506
Hospital/Clinic	HALLEY MEDICAL CLINIC			Class Drivin Licend Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	04/08/2020		Date Disc	harge	04/08	3/2020
No. of Days gran	ted Medical Leave	07	Degree of	Injury	Slight	t
Driver			FIGURE 1	And the second	THE REAL PROPERTY.	中午中21日 100
Name	Ng Chwee Seng			ID No	+11	NIL
Related Vehicle	SHC1172U (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 04/08/2020 at about 1435hrs, i was travelling along Lorong Chuan towards Chuan garden. There is only one lane for my direction.

I waited opposite shell station as i wanted to turn into shell station. Out of a sudden, i flew out from my motorcycle. I realized that i was hit by a taxi (SHC1172U) from the rear. He helped me out and we exchanged particulars. I did not call for the ambulance as i feel that my injuries are minor. He sent me home after that and contacted my towing company to tow away my bike.

I washed up abit at home and went to the clinic. I was given 7 days of MC. I do not have any CCTV on my motorcycle.

Police Report





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPO 3 of 3

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 Report No. T/20200804/2088

CONTINUATION OF REPORT

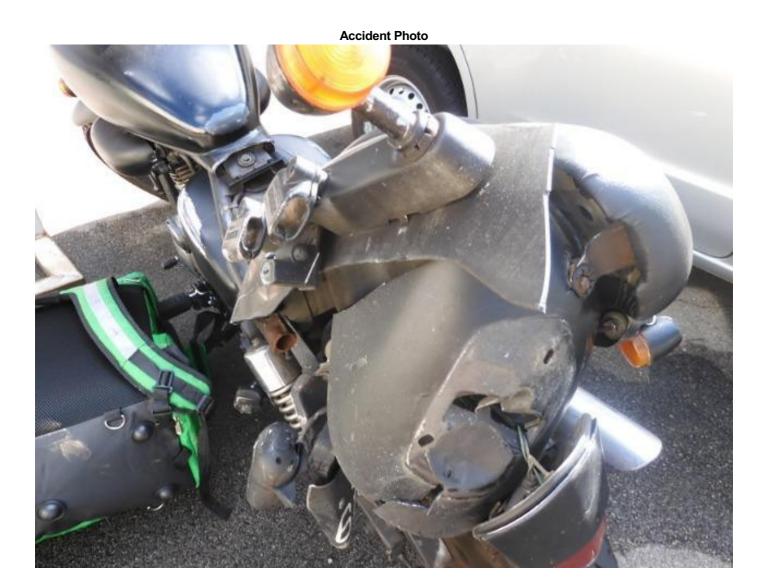
Sketch Plan

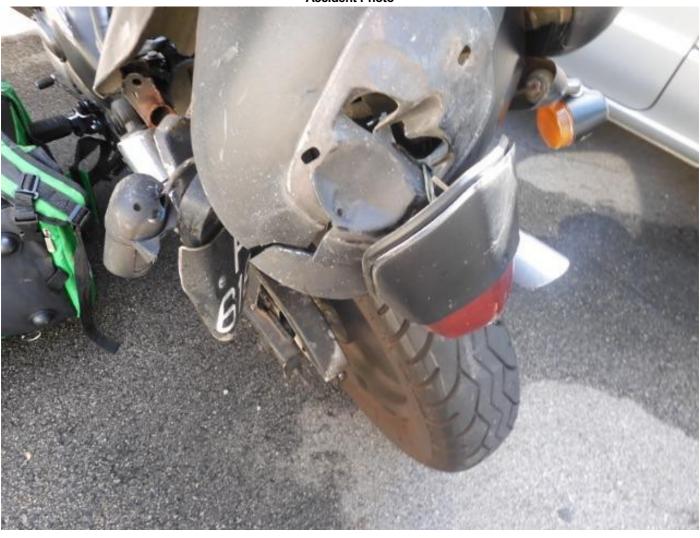
Informant is not able to provide sketch plan

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.

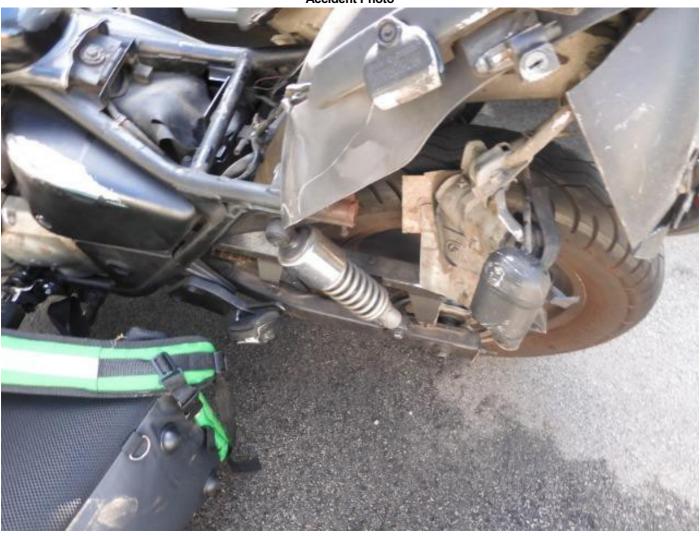
Signature Of Officer Recording The Report: F / Sgt 3 LOW CAI XING	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	04/08/2020 18:57
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt ONG YONG HOCK	
Contact No.: 65476436	7
Authentication Stamp	

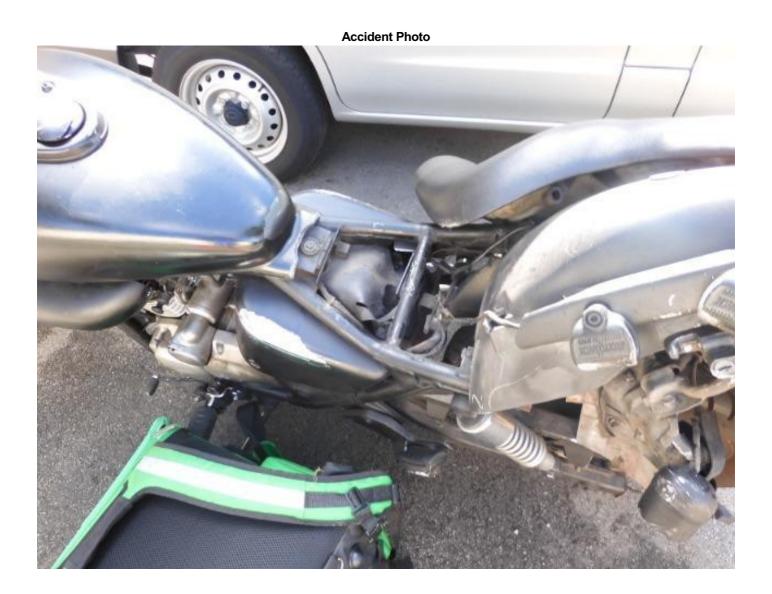






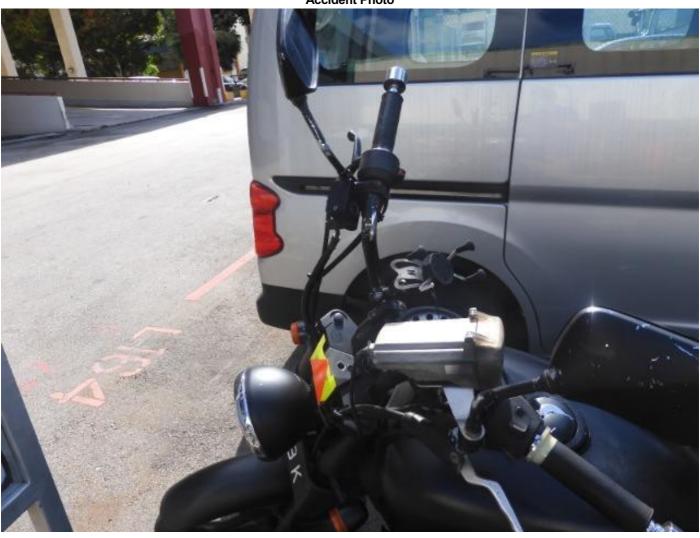






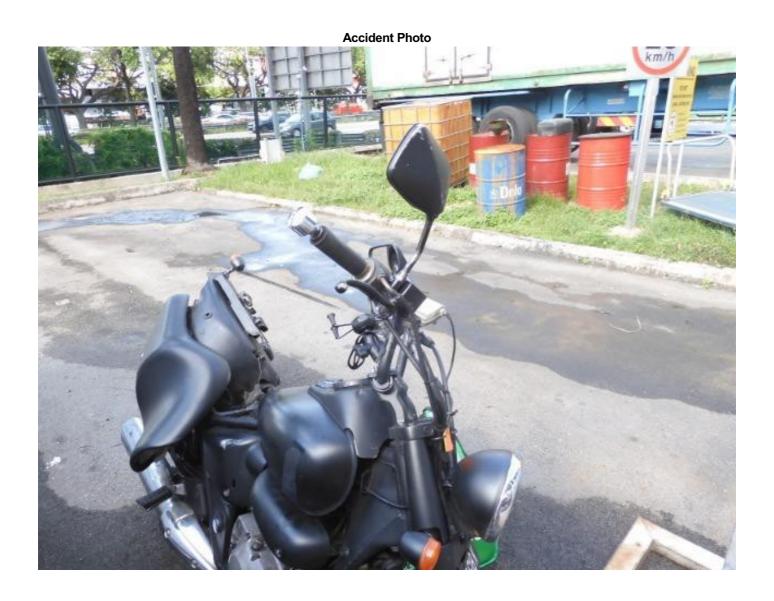


















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 566550206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA120065940 Vehicle Registration No: FZ618K Name(as shown in NRIC): PAN YONG CHENG _NRIC/FIN/Passport No : SXXXX158H (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address Mobile No. : 96891314 Contact (Tel) Email Address _Time of Accident: 14:35 . 04/08/2020 Date of Accident Place of Accident : LOR CHUAN Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Add in injuries Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No .:

Date: