

## 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	11/08/2020 17:11
Date Of Accident	09/08/2020 20:55
Exact Location Of Accident	TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6338A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW WEE SIANG (ZHOU WEIXIANG)
NRIC No	SXXXX225F
Email Address	ANSONCHEW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94783087
Alternative Phone No	OTHERS-94783087

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5087657435-03
Cover Note Number	

### Driver

Name of Driver	CHEW WEE SIANG (ZHOU WEIXIANG)
NRIC No	SXXXX225F
Date Of Birth	02/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1999
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94783087
Fax Number	
Contact Number	OTHERS-94783087
E-Mail Address	ANSONCHEW@HOTMAIL.COM

Address	BLK 85 TELOK BLANGAH HEIGHTS #13-387
Postcode	100085
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 TO REAR
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?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200809/7009

#### 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	SKD6730K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KKK
NRIC/Passport Number	
Contact Number	97337688
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHEW WEE SIANG (ZHOU WEIXIANG)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBL6338A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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: 11/6/20  
5:12 pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

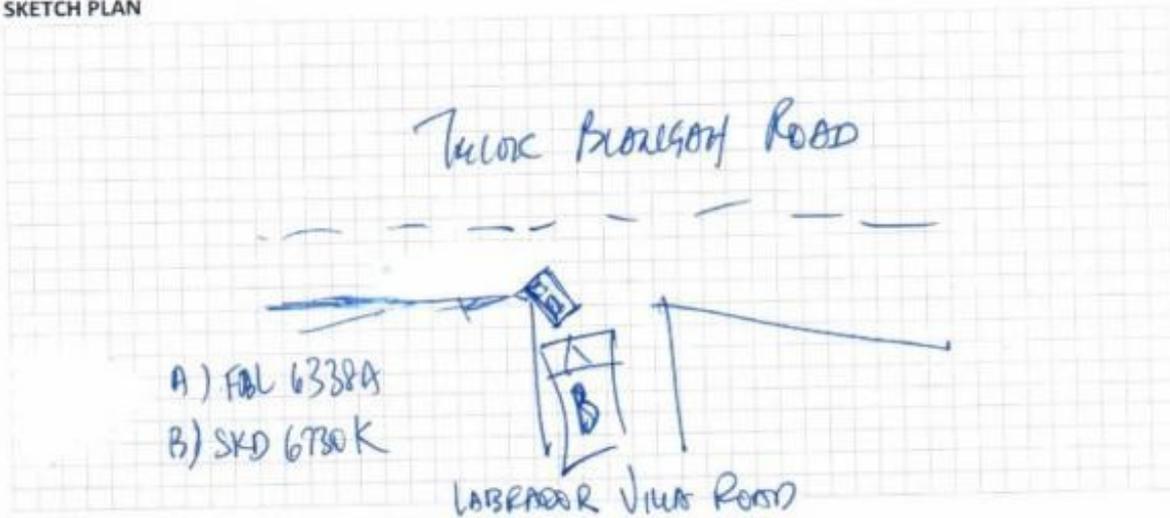
11/08/2020  
Resdi

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from Labrador Villa Road turning left into Telok Anson Rd. At the junction I stop to allow the car on my right to pass when a vehicle (SKD 6730K) hit my bike (FBK 6338A) from the back. As the lighting condition was dark and there were traffic from the back.

I exchange number with the driver (15kk, 9733 7686) and said I want go to a bike shop to assess the damage before he would see if he want to claim from his insurance or private settlement.

When I reach home, I felt there was no damage on my right wrist

Police Report 7/20200809/7009

DECLARATION

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

Policyholder's Signature

Date & Time: 11/9/20

5:12pm

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200809/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20200809/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/08/2020 23:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEW WEE SIANG			Address: 85 TELOK BLANGAH HEIGHTS #13-387 SINGAPORE 100085		
ID Type / ID No.: NRIC NO / S7938225F			Contact No.:		Mobile: 94783087
Nationality: SINGAPORE CITIZEN			Email: ANSONCHEW@HOTMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 02/12/1979	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: IT service manager		Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2020 20:55	Type of Location: Filter Road
Location:  TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving vehicle against Stationary vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBL6338A	Motorcycle		HONDA	Red		0
SKD6730K	Car			Yellow		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200809/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200809/7009

CONTINUATION OF REPORT

Vehicle Owner			
Name	CHEW WEE SIANG	ID No.	S7938225F
Related Vehicle	FBL6338A (Motorcycle)	Contact No.	94783087
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was travelling from Labrador Villa Road turning left into Telok Blangah Road. At the junction I stop to allow the car on my right to pass when a vehicle ( SKD6730K ) hit my bike (FBL6338A) from the back. As the lighting condition was dark and there were traffic from the back, I exchange Phone Number with the driver (Name KKK, 9733 7688) and saying I would go to a bike shop to check the damage before he would see if he want to claim from his insurance or private settlement .

When I reach home, I felt there is a numbness on my right waist.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200809/7009

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Report No. T/20200809/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436
Authentication Stamp NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 09/08/2020 23:16
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

