

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	24/09/2020 12:03
Date Of Accident	23/09/2020 18:15
Exact Location Of Accident	TAI SENG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9980U
Insured/Policyholder	
Name Of Registered Owner	CHEE SENG KOON
NRIC No	S2701857B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91161063
Alternative Phone No	OTHERS-91161063

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101359929-02
Cover Note Number	11/06/2020 - 10/06/2021

Driver

Name of Driver	CHEE SENG KOON
NRIC No	S2701857B
Date Of Birth	25/02/1964
Occupation	INDOOR
Date Of Driving Pass	30/04/1982
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91161063
Fax Number	
Contact Number	OTHERS-91161063
Email Address	NOEMAIL

Address	BLK 122 #09-2905 PAYA LEBAR WAY
Postcode	381122
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	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?	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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SHD3521C
Vehicle Make/Model/Colour	HYUNDAI BLUE COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAY TUCK NGAR
NRIC/Passport Number	
Contact Number	82221308
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	CHEE SENG KOON
Approximate Age	56
Injuries Sustain	LEFT & RIGHT LEG ABRASIONS AND STITCHES ON LEFT TOE
Injured person in which vehicle?	FBM9980U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 122 #09-2905 PAYA LEBAR WAY
Postcode	381122

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 24-09-2020 / 12:18

Report No: MTT: _____ D.O.A: 23/09/2020
Time: 18:15 hrs

Vehicle No: FBM19980U Reporting Type: _____

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.

24/09/20 / 12:18

Policyholder's Signature / Date & Time

THOMAS CHEN (S098890)
Customer Care Executive
Motor Service Centre

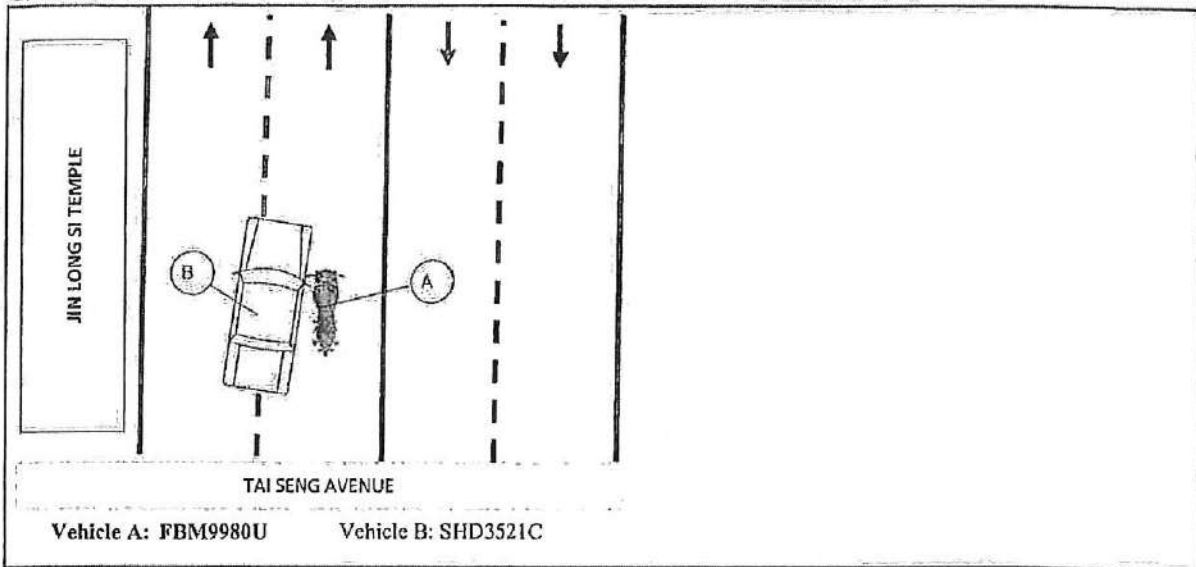
24/09/20 / 12:18

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

Witnessed by Reporting Centre Personel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

Declaration

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

Chen

24/09/20 / 12:18

Policyholder's Signature / Date & Time

24/09/20 / 12:18

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

THOMAS CHEN (8098896)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel



T/20200929/2117

1 of 3

Report No. T/20200929/2117

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20200929/2117

Vide Report Number T/20200924/2025

Date/Time of Report Made 29/09/2020 19:37

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant CHEE SENG KOON

ID Type / ID No. NRIC NO / S2701857B

Home/Office

Mobile 91161063

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 23/09/2020 18:15

Accident Location TAI SENG AVENUE

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBM9980U	Motorcycle	YAMAHA	SNIPER T150	Black	Slightly Damaged	0
SHD3521C	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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Report No. T/20200929/2117

Continuation of CSF For NP168

Rider			
Name	CHEE SENG KOON	ID No.	S2701857B
Related Vehicle	FBM9980U (Motorcycle)	Contact No.	91161063
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2020	Date Discharge	23/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LAY TUCK NGAR	ID No.	NIL
Related Vehicle	NIL	Contact No.	82221308
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

I had lodged a traffic report vide T/20200924/2025 and I wish to make some amendment to the report. On 23/09/2020 at about 1815hrs, I was riding my bike, FBM9980U along Tai Seng Ave toward Airport Road direction. I was riding on the right side of the two lane road. When I was near to Jin Long Si Temple, a blue taxi which was on my left suddenly swerved into my lane while making a illegal U-turn. I was unable to stop in time and collided into the ride side mirror of the taxi. The impact caused me to fall off my bike and the taxi driver came out and assisted me. Due to the impact, the front and side portions of my bike was damaged. No ambulance or police at scene. We exchange details and the location. I suffered slight injury on the left side of my foot, bruises on left thigh, left knee and right hand. I went to Tan Tock Seng Hospital for check up and was given 3 days of medical leave. On 28/09/2020, I felt pain on my body due to the accident and went to Heartland Health clinic located at B/88 Circuit Road #01-965. I was given additional 3 days of medical leave.

T/20200929/2117

929/2117



T/20200929/2117

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Report No. T/20200929/2117

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / JUREMAH BINTE AHMAD
Classification of Case	1) INJURY / OTHERS