Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/10/2020 15:05

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 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.

ACCIDENT STATEMENT	
Date Of Report	05/10/2020 14:20
Date Of Accident	28/09/2020 11:35
Exact Location Of Accident	SEMBAWANG CRESCENT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FP5775J
Insured/Policyholder	
Name Of Registered Owner	RUSSELL LEE ZHENGHAN
NRIC No	SXXXX686I
Email Address	YONGCAISOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88667667
Alternative Phone No	OTHERS-88667667
Vehicle Particulars	
Manufacturer	HONDA
Model	ADV150
Exact Purpose for which vehicle was being used at time of accident	FOOD DELIVERY
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	5115610426
Cover Note Number	
Driver	
Name of Driver	RUSSELL LEE ZHENGHAN
NRIC No	SXXXX686I
Date Of Birth	18/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2015
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88667667
Fax Number	
Contact Number	OTHERS-88667667
EMail Address	YONGCAISOO@GMAIL.COM

Address	BLK 667 WOODLANDS RING ROAD #06-337
Postcode	730667
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?	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	WOODLANDS EAST N.P.C
Police Station Address	**ROAD**: 3 WOODLANDS DRIVE 63 , **POSTCODE:** 737890 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200928/2106

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	SLX3458A
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	RUSSELL LEE ZHENGHAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FP5775J
Were seat belts worn?	
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**.
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. 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:

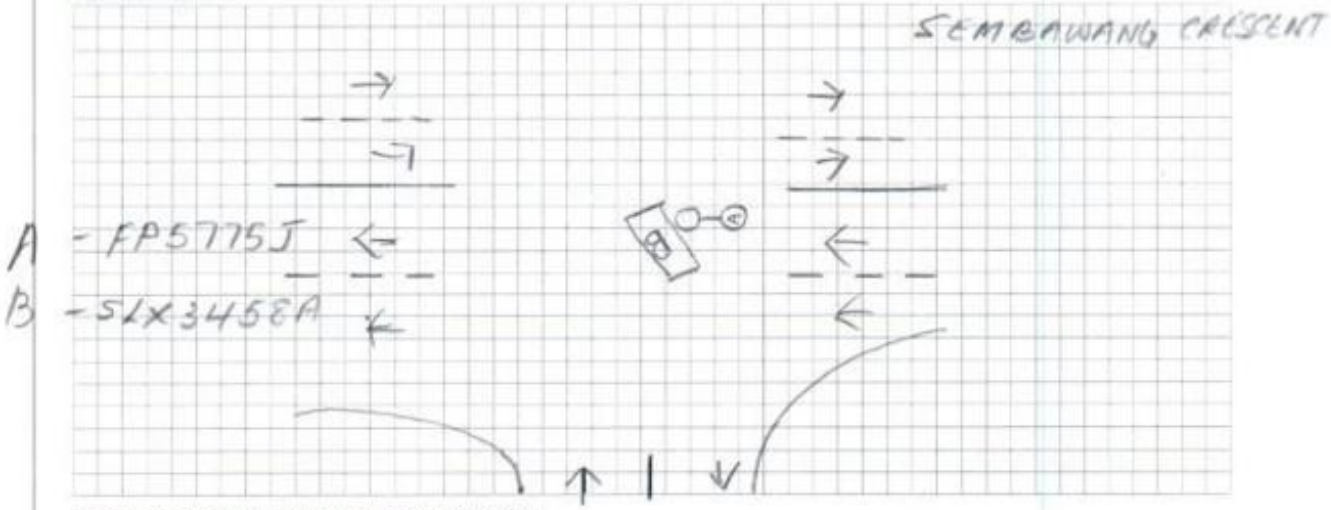
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

30/09/2020		05/10/20
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.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200928/3106

DECLARATION

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

30/09/2020

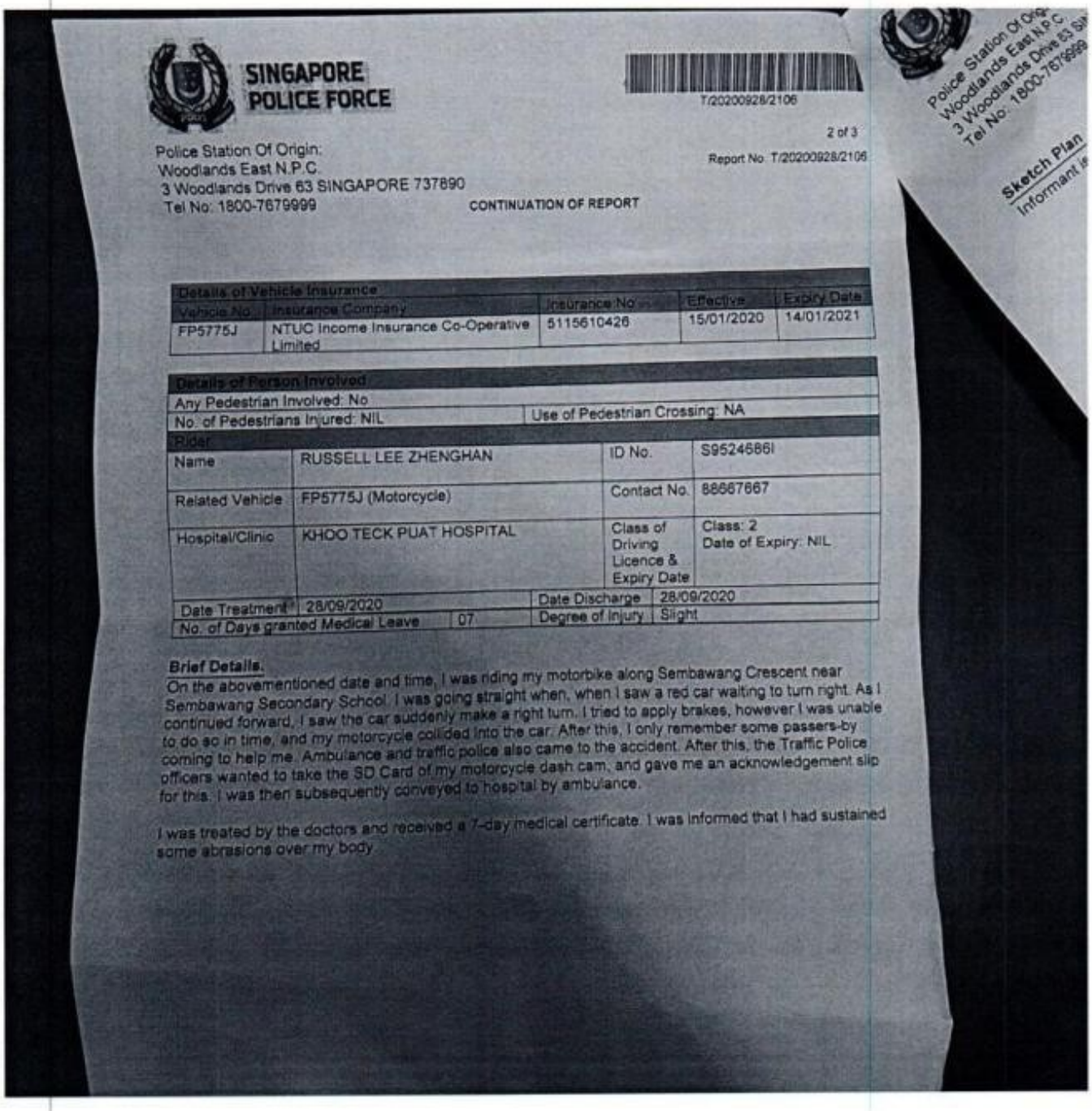
Policyholder's Signature
Date & Time:

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

05/10/20

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

GIARMC SketchPlanForm_V3



SINGAPORE POLICE FORCE

T/20200928/2106

2 of 3

Report No: T/20200928/2106

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Police Station Of Orig
Woodlands East N.P.C.
3 Woodlands Drive 63 Si
Tel No: 1800-7679999

Sketch Plan
Informant

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FP5775J	NTUC Income Insurance Co-Operative Limited	5115610426	15/01/2020	14/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RUSSELL LEE ZHENGHAN		ID No.	S9524686I
Related Vehicle	FP5775J (Motorcycle)		Contact No.	88667667
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	28/09/2020		Date Discharge	28/09/2020
No. of Days granted Medical Leave	07		Degree of Injury	Slight

Brief Details.
On the abovementioned date and time, I was riding my motorbike along Sembawang Crescent near Sembawang Secondary School. I was going straight when, when I saw a red car waiting to turn right. As I continued forward, I saw the car suddenly make a right turn. I tried to apply brakes, however I was unable to do so in time, and my motorcycle collided into the car. After this, I only remember some passers-by coming to help me. Ambulance and traffic police also came to the accident. After this, the Traffic Police officers wanted to take the SD Card of my motorcycle dash cam, and gave me an acknowledgement slip for this. I was then subsequently conveyed to hospital by ambulance.

I was treated by the doctors and received a 7-day medical certificate. I was informed that I had sustained some abrasions over my body.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Police Report

SINGAPORE POLICE FORCE

Police Station Of Origin
Woodlands East N.P.C
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7879999

1 of 3
Report No. [illegible]

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No.:	Station Diary No.:
28/06/2020 19:44	L/20200628/0062	119

Informant's Particulars

Name of Informant: RUSSELL LEE ZHENGHAN	Address: APT BLK 687 WOODLANDS RING ROAD #08-387 SINGAPORE 730687
ID Type / ID No.: NRIC NO / S9524598I	Contact No.: Home/Office: Mobile: 88887667
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male / Age: 25 / Date of Birth: 18/07/1995	Type of Informant: Rider
Race: Chinese	Language: English / Institution / School Name:
Occupation: DISPATCH RIDER	Driving Licence Information: Class: 2 / Date of Expiry:

[illegible]

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/06/2020 11:35	Type of Location: Straight Road

Location:

SEMBAWANG CRESCENT

Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: Yes

[illegible]

FF5776J	Motorcycle	HONDA	ADV150 CBS CVT	Black	Seriously Damaged	0
SLX3458A	Car	MAZDA	MAZDA3 SEDAN 1.5 AT STANDARD [illegible]	Red	Slightly Damaged	0

Police Report

SINGAPORE POLICE FORCE

T/20200908/2108

2 of 3

Police Station Of Origin:
Woodlands East N.P.C
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7870999

Report No: T/20200908/2108

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP5775J	NTUC Income Insurance Co-Operative Limited	5116610420	15/01/2020	14/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RUSSELL LEE ZHENGHAN	ID No	S9624586I
Related Vehicle	FP5775J (Motorcycle)	Contact No.	88867667
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	20/09/2020	Date Discharge	26/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

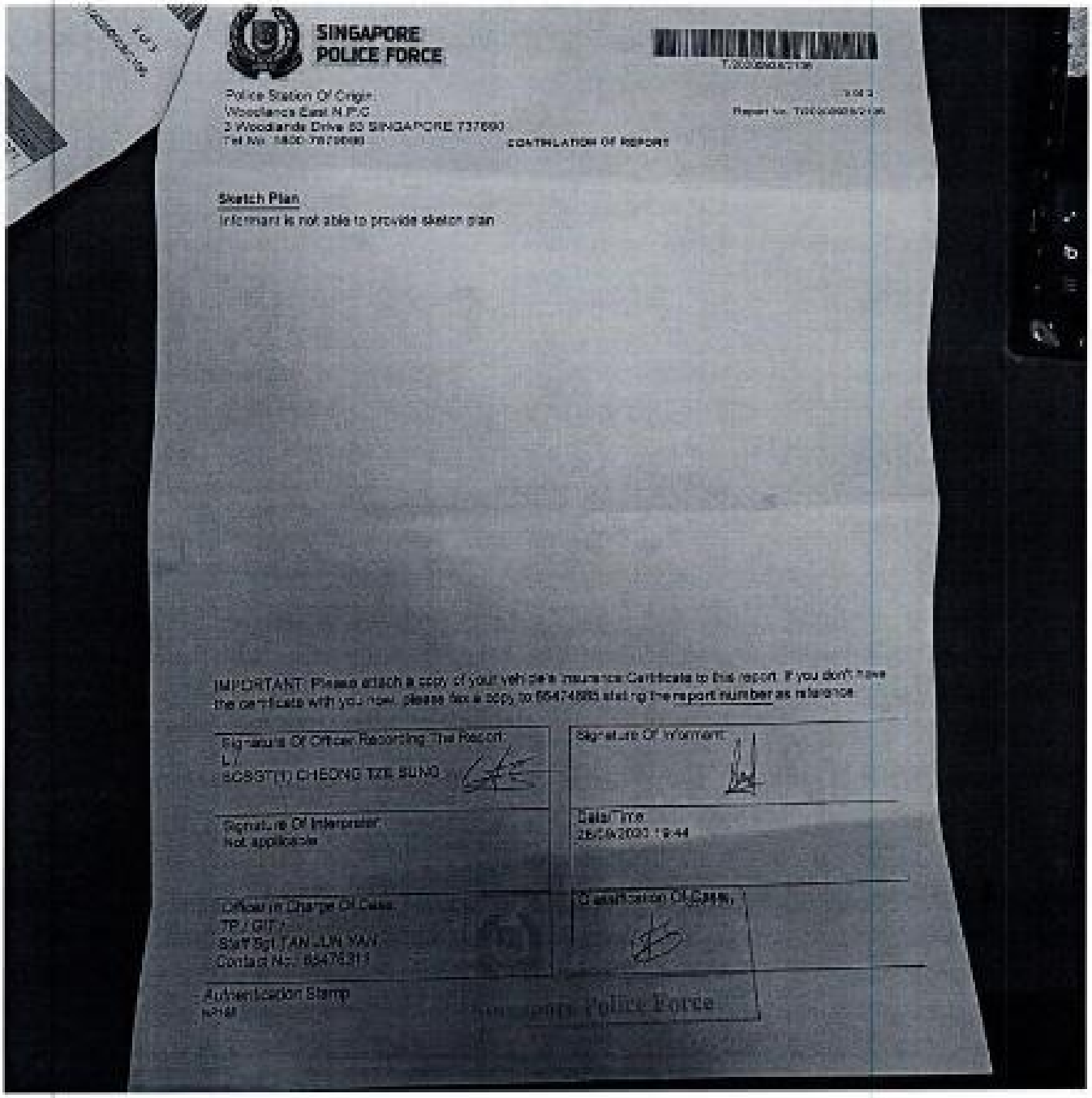
Brief Details:

On the abovementioned date and time, I was riding my motorbike along Sembawang Crescent near Sembawang Secondary School. I was going straight when, when I saw a red car waiting to turn right. As I continued forward, I saw the car suddenly make a right turn. I tried to apply brakes, however I was unable to do so in time, and my motorcycle collided into the car. After this, I only remember some passers-by coming to help me. Ambulance and traffic police also came to the accident. After this, the Traffic Police officers wanted to take the SD Card of my motorcycle dash cam, and gave me an acknowledgement slip for this. I was then subsequently conveyed to hospital by ambulance.

I was treated by the doctors and received a 7-day medical certificate. I was informed that I had sustained some abrasions over my body.

Police Station Of Orig...
Woodlands East N.P.C
3 Woodlands Drive 63 S...
Tel No: 1800-787099...

Sketch Plan
Informant i...



SINGAPORE POLICE FORCE

Police Station Of Origin:
Woodlands East N.P.C
2 Woodlands Drive 80 SINGAPORE 737980
Tel No: 6800 7979999

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 65474699 stating the report number as reference.

Signature Of Officer Recording The Report:
L/
SGSST(1) CHEONG TZE SUNG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/04/2003 19:44

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN LIN YAN
Contact No.: 65475311

Classification Of Case(s):

Authentication Stamp:
NRIC

Police Force