

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	03/10/2020 10:02
Date Of Accident	19/09/2020 21:05
Exact Location Of Accident	PUUNGGOL WAY INTO SLIP RD TO TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX1181G
Insured/Policyholder	
Name Of Registered Owner	NEO AH YONG
NRIC No	SXXXX109G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83569077
Alternative Phone No	OTHERS-83569077

Vehicle Particulars

Manufacturer	HONDA
Model	HONGSHI / NF125MD
Exact Purpose for which vehicle was being used at time of accident	
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	5106113950-01
Cover Note Number	

Driver

Name of Driver	NEO AH YONG
NRIC No	SXXXX109G
Date Of Birth	20/06/1946
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1969
Driving Experience	50 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83569077
Fax Number	
Contact Number	OTHERS-83569077
Email Address	NOEMAIL

Address	BLK 193 #11-797 RIVERVALE DRIVE
Postcode	540193
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200928/2103;

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	SJY7640G
Vehicle Make/Model/Colour	MITSUBISHI / LANCER 1.5EX ELEGANCE AT D/AB 2WD 4DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

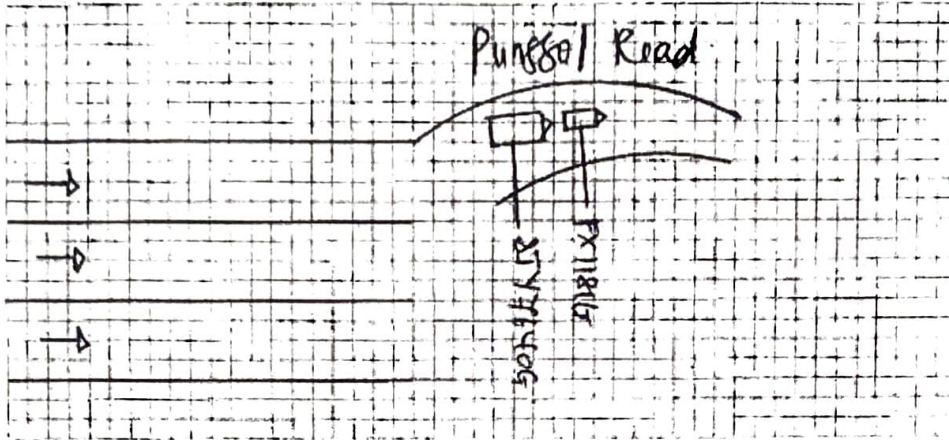
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NEO AH YONG
Approximate Age	74
Injuries Sustain	
Injured person in which vehicle?	FX1181G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 193 #11-797 RIVERVALE DRIVE
Postcode	540193

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref: To Police Report

DECLARATION

(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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: veckb@vicom.com.sg

Reporting Centre Personnel's Signature

Name:

NAIC/FIN No. 03 OCT 2020

Accident Sketch Plan

SKETCH PLAN

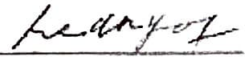
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg


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.:

03 OCT 2020



SINGAPORE
POLICE FORCE



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

1 of 4

Report No. T/20200928/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2020 19:52	Vide Report No.: F/20200919/0250	Station Diary No.:
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Informant's Particulars

Name of Informant: NEO AH YONG			Address: C/O APT BLK 193 RIVERVALE DRIVE #11-797 SINGAPORE 540193		
ID Type / ID No.: NRIC NO / S0919109G			Contact No.: Home/Office: Mobile: 83569077		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 74	Date of Birth: 20/06/1946	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/09/2020 20:05	Type of Location: SLIP ROAD
Location: PUNGGOL WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX1181G	Motorcycle	HONGSHI	NF125MD	Blue		0
SJY7640G	Car	MITSUBISHI	LANCER 1.5EX ELEGANCE AT D/AB 2WD 4DR			0



SINGAPORE
POLICE FORCE



T/20200928/2108

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

2 of 4

Report No. T/20200928/2108

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX1181G	NTUC Income Insurance Co-Operative Limited	5106113950-01	03/02/2020	02/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NEO AH YONG		ID No.	S0919109G
Related Vehicle	FX1181G (Motorcycle)		Contact No.	83569077
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/09/2020		Date Discharge	25/09/2020
No. of Days granted Medical Leave		14	Degree of Injury	NIL
Pedestrian				
Name	Unknown		ID No.	NIL
Related Vehicle	SJY7640G (Car)		Contact No.	NIL
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 Details.

ON 19/09/2020 AT ABOUT 2105HRS, I WAS TRAVELLING ALONG PUNGGOL WAY INTO SLIP ROAD TO TPE TOWARDS PIE. UPON TRAVELLING, I FELT AN IMPACT FROM THE REAR SIDE OF MY BIKE. I LOST BALANCE AND FELT DOWN ON THE ROAD. I WAS SEMI-CONSCIOUS AFTER THE IMPACT.

AFTER THE COLLISION, A LOT OF PASSERBY CAME AND GAVE ASSISTANCE. ONE OF THE PASSERBY CALLED FOR BOTH POLICE AND AMBULANCE. I WAS CONVEYED TO SKGH AFTER THE AMBULANCE ARRIVED. I SUSTAINED OPEN FRACTURE OF MY RIGHT TOE. I WAS GIVEN 14 DAYS OF MEDICAL LEAVE BY DOCTOR.

THERE WAS NO CAMERA INSTALLED IN MY BIKE. THERE WAS NO MECHANICAL FAULTS BEFORE THE ACCIDENT HAPPENED.

IO IN CHARGE: IO KEN



SINGAPORE
POLICE FORCE



[20200928/2108]

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200928/2108

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20200928/2108

4 of 4

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

Report No. T/20200928/2108

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:
TP /
ONG PENG HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/09/2020 19:52

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0919109G



Name

NEO AH YONG

梁亞良

Race

CHINESE

Date of birth

20-06-1946

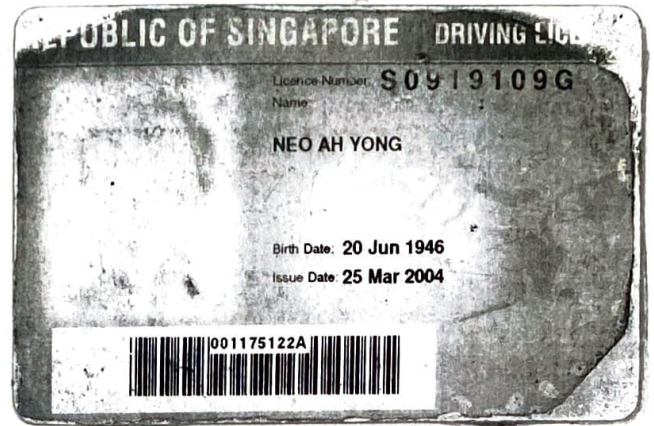
Sex

M

Country/Place of birth
SINGAPORE



S0919109G



5305522



NRIC No. S0919109G



Date of issue

15-05-2014

Address

APT BLK 193 RIVERVALE DRIVE
#11-797
SINGAPORE 540193

