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	16/11/2020 16:14
Date Of Accident	14/11/2020 23:05
Exact Location Of Accident	ESSO PETROL STATION AT JALAN BUKIT MERAH PUMP 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ6571R
Insured/Policyholder	
Name Of Registered Owner	TEN HOCK SIONG
NRIC No	SXXXX484H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96664298
Alternative Phone No	OTHERS-96664298
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER 115 Z1-114CC
Exact Purpose for which vehicle was being used at time of accident	PUMP PETROL
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	5114402788
Cover Note Number	
Driver	
Name of Driver	TEN HOCK SIONG
NRIC No	SXXXX484H
Date Of Birth	23/04/1963
Occupation	INDOOR
Date Of Driving Pass	07/11/1984
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96664298
Fax Number	
Contact Number	OTHERS-96664298
EMail Address	NOEMAIL

Address	BLK 318 UBI AVENUE 1 #11-481
Postcode	400318
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	BUKIT MERAH WEST NPC
Police Station Address	**ROAD**: 500 BUKIT MERAH VIEW #01-01 , **POSTCODE:** 159682 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201116/2039

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	SGV5947L
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN EE CHONG
NRIC/Passport Number	SXXXX166B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TEN HOCK SIONG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBQ6571R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

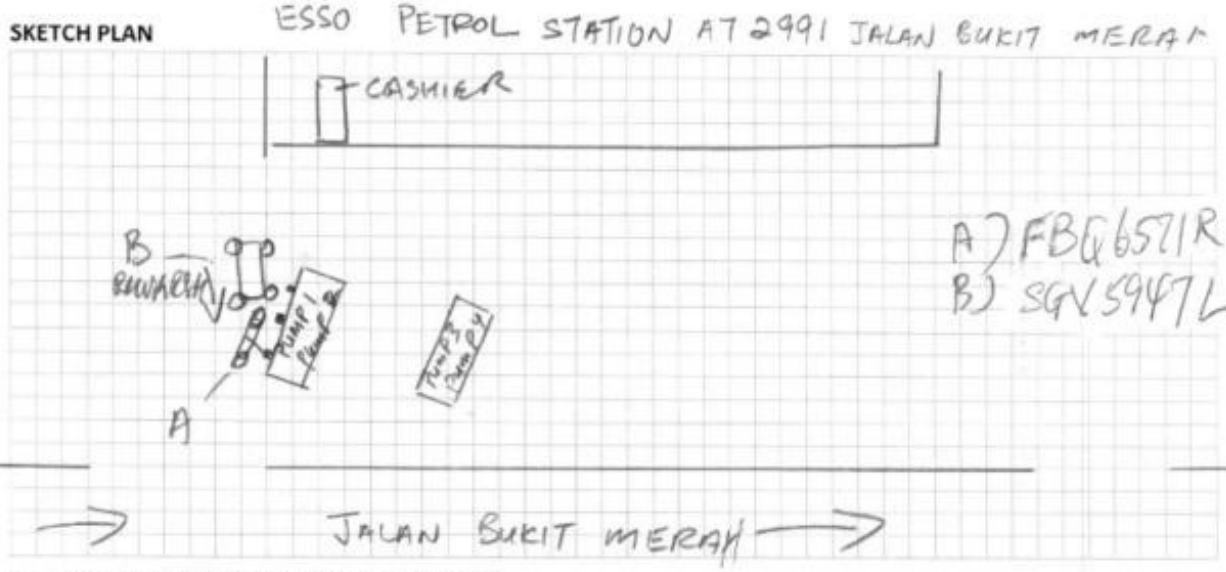
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Policyholder's Signature Date & Time: 16/11/2020 1235pm	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/7020111E/2009

DECLARATION

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

16/11/2020
1235pm

16/11/2020

POLICE REPORT

SINGAPORE POLICE FORCE

T/20201116/2039

Report No. T/20201116/2039

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
16/11/2020 12:01		20

Informant's Particulars

Name of Informant: TEN HOCK SIONG			Address: APT BLK 318 UBI AVENUE 1 #11-481 SINGAPORE 400318	
ID Type / ID No.: NRIC NO / S1587484H			Contact No.: Home/Office:	Mobile: 96664298
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 23/04/1963	Type of Informant: Rider	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: FOOD DELIVERY MAN			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2020 23:05	Type of Location: ESSO JALAN BUKIT MERAH
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6571R	Motorcycle	YAMAHA	JUPITER 115 Z1	Blue	Slightly Damaged	0
SGV5947L	Car	NISSAN		Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6571R	NTUC Income Insurance Co-Operative Limited	5114402788	26/11/2019	25/11/2020

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SINGAPORE POLICE FORCE

T/20201116/2039

Report No. T/20201116/2039

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	TEN HOCK SIONG			ID No.	S1587484H
Related Vehicle	FBQ6571R (Motorcycle)			Contact No.	96664298
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/11/2020		Date Discharge	15/11/2020	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Driver					
Name	TAN EE CHONG			ID No.	S7619166B
Related Vehicle	SGV5947L (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 the 14/11/2020 at about 2305hrs. I was at Esso Petrol Station Jalan Bukit Merah Pump 1 to refilling my motorbike fuel. While I was refilling fuel a car suddenly reverse and collide onto my motorbike.

My right hand was still holding on to the petrol pump and my left hand grab onto my motorbike handler. I fall backwards and my left hand hit on to the pump station while the petrol spill all over the ground.

I stood up and scolded the driver and the pump station assistant helped me push my motorbike to the side. I exchanged particulars with the driver and he offered to send me to seek medical treatment. The said driver then drove me to SGH A&E and I was given 3 days MC. SGH X-ray shows that I had a mild fracture on my left pinky finger.

SINGAPORE POLICE FORCE

T/20201116/2039

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE 159682
Tel No: 1800-3779999

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: D / Sgt 1 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2020 12:01
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp
NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo