MVA220084671 / VAC - Sin Ming
ENTRY DATE & TIME: 29/09/2020 09:40
SUBMITTED BY: CHRISTINA ONG Mui Lan

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	29/09/2020 09:40
Date Of Accident	28/09/2020 11:55
Exact Location Of Accident	32 SIN MING DRIVE #01-323
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9271M

Insured/Policyholder

Name Of Registered Owner	PAS AUTO PTE LTD
Co Reg No	2XXXXX120M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64590882

Vehicle Particulars

Manufacturer	YAMAHA
Model	TRICITY 155 ABS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5091101277-03 (TPFT)
Cover Note Number	

Driver

Name of Driver	FONG SOON YONG
NRIC No	GXXXX956P
Date Of Birth	15/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2012
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83322344
Fax Number	
Contact Number	OTHERS 83322344

Address	C/O BLK 32 #01-325 SIN MING DRIVE
Postcode	575706
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 25 SIN MING ROAD , **POSTCODE:** 570025 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4529999 - **FAX NO**: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO NOTICE OF REPORTING ATTACHED.

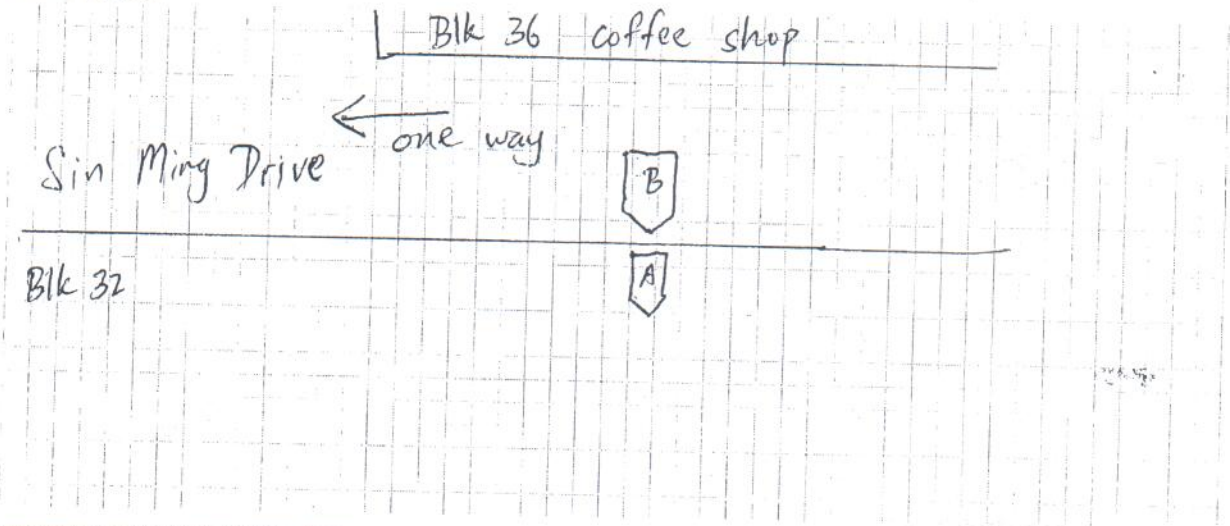
Attachment(s)

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	YN6754Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

PAS AUTO PTE LTD
Blk 32, Sin Ming Drive
#01-325 Singapore 575706
Tel 6452 3938 Fax: 6452 7936

Policyholder's Signature
Date & Time: 29 SEP 2020

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

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

Annex
D

NOTICE OF REPORTING

This is to confirm that **Fong Soon Yong** H/P: **83322344,** NRIC/FIN: **G6632956P** has reported to the Police a non-injury traffic accident which occurred along **32 Sin ming Drive #01-323** on **28/09/2020** at **1155hrs** involving the following vehicles:

A) FBL9271M – Complainant's Motorbike
B) YN6754Z – Other party vehicle

On the 28/09/2020 at 1155hrs, my company motorbike (FBL9271M) was parked along 32 Sin Ming Drive infront of unit #01-323. Suddenly, I saw one lorry (YN6754Z) reversing and colliding into my company's motorbike which caused it to fall to the ground. The damages to the motorbike is the front, left and rear portion damaged. There is a box mounted on the rear of the motorbike which was damaged during the collsion. There was no damages seen on the lorry. We decided on insurance claim and left the accident location. I am lodging report for insurance claim.

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

THOMSON NPP
BLK 25 SIN MING ROAD
#01-80
SINGAPORE 570025
TEL: 1800-4529999

Rank/Name of Issuing Officer: SGT Cassidy Tan
Date: 28/09/2020
Time: 1735hrs
S/D Ref: eSD 36
Police Post/Unit: THOMSON NPP

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police