

# 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 Submission ..... 02/12/2020 15:47 (SGT)  
Date of Accident ..... 01/12/2020 23:55 (SGT)  
Exact Location of Accident ..... Hougang Ave 4, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG1164T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SOH ZIJIE NICHOLAS  
NRIC No ..... SXXXX107H  
Email Address ..... nick\_cozz@hotmail.com  
Mobile Phone No ..... (Phone) +65-83892980  
Alternative Phone No ..... +65-83892980

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz16  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5120025260  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SOH ZIJIE NICHOLAS  
NRIC No ..... SXXXX107H  
Date Of Birth ..... 09/05/1995  
Occupation ..... Outdoor

Date Of Driving Pass .....	12/11/2020
Driving experience .....	1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-83892980
Alt. Phone Number .....	+65-83892980
Email Address .....	nick_cozz@hotmail.com
Address .....	BLK 225A COMPASSVALE WALK
Address complement .....	#02-335
Postcode .....	541225
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201202/7004.

#### 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 .....	SMC1246G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -


## INJURED PERSONS DETAILS

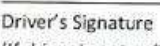
### INJURED 1

Name of injured person ..... SOH ZIJIE NICHOLAS  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... FBG1164T  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN****IMPORTANT NOTICE**

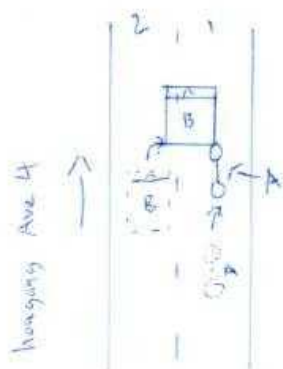
- 1) Please report **correctly** the details of the accident to speed up the claims process.
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- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
    - ii. For complying with the requirements under any regulations, law or court orders.

  
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



Veh A : FB9116VT  
Veh B : JMC1246G

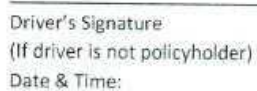
Refer to police report T/20201302/7004

**DECLARATION**

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



Policyholder's Signature:  
Date & Time:



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



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













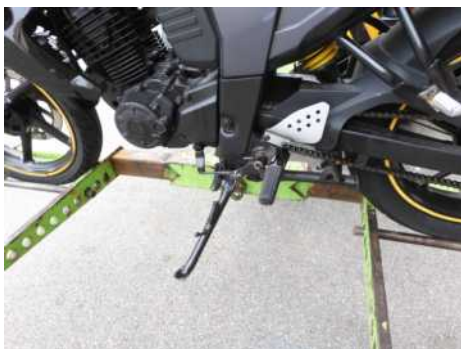




























**SINGAPORE  
POLICE FORCE**



T/20201202/7004

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

1 of 3

Report No. T/20201202/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2020 02:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NICHOLAS SOH ZI JIE			Address: 225A COMPASSVALE WALK #02-335 SINGAPORE 541225		
ID Type / ID No.: NRIC NO / S9515107H			Contact No.: Home/Office: Mobile: 83892980		
Nationality: SINGAPORE CITIZEN			Email: NICK_COZZ@HOTMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 09/05/1995	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Delivery rider			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2020 23:55	Type of Location: Bend
Location:  HOUGANG AVENUE 4				
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 Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBG1164T	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SMC1246G	Car	TOYOTA			Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201202/7004

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

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Report No. T/20201202/7004

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1164T	NTUC Income Insurance Co-Operative Limited	5120025260	26/11/2020	25/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NICHOLAS SOH ZI JIE		ID No. S9515107H
Related Vehicle	FBG1164T (Motorcycle)		Contact No. 83892980
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 1st December 2020 , at about 2355Hrs. I was riding my motorcycle (FBG1164T) along hougang Avenue 4. While I was in the bend travelling straight on the right lane , Suddenly a vehicle SMC1246G swerve into my lane and collided onto my motorcycle.

I sustained injuries from the above mentioned accident and was given 3 days of medical leave.





**SINGAPORE  
POLICE FORCE**



T/20201202/7004

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

3 of 3

Report No. T/20201202/7004

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/12/2020 02:56

Classification Of Case: