

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 03/12/2020 15:27 (SGT)
Date of Accident 29/11/2020 11:20 (SGT)
Exact Location of Accident BKE, Eco-Link @ BKE, Singapore
Additional Location Information ALONG BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR1798G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG LI KIAW
NRIC No SXXXX965E
Email Address thxsmr@gmail.com
Mobile Phone No (Phone) +65-92761145
Alternative Phone No +65-92761145

VEHICLE PARTICULARS

Manufacturer Yamaha
Model R15 ABS MANUAL
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 - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5116617554
Cover Note Number -

DRIVER

Name of Driver HUANG XUAN SHUO
NRIC No TXXXX213G
Date Of Birth 11/05/2001
Occupation Indoor

| | |
|--|---------------------------------|
| Date Of Driving Pass | 24/02/2020 |
| Driving experience | 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96485284 |
| Alt. Phone Number | - |
| Email Address | thxsmr@gmail.com |
| Address | BLK 235 BUKIT PANJANG RING ROAD |
| Address complement | #08-25 |
| Postcode | 670235 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 - Head to Rear |
| 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? | Yes |
| 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 | Bukit Panjang Neighbourhood Police Centre |
| Police Station Address | No.1 Segar Road #01-05 Singapore 677738 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201129/2088

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 | SGF7190Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | CHAN CHEE KEONG |
| NRIC No | SXXXX648Z |
| Contact Number | (Phone) +65-96485284 |
| 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 HUANG XUAN SHUO
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? FBR1798G
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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 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.
6. **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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

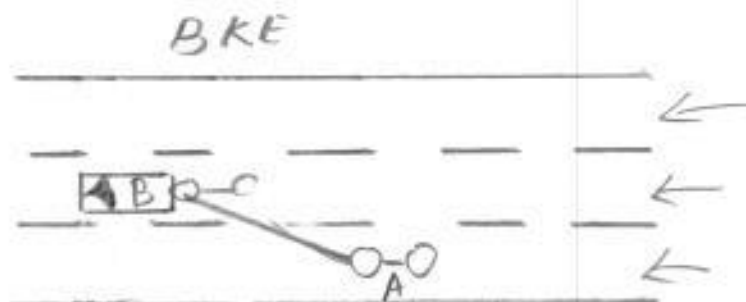
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - FBR1798G
B - SGF7190Z



Describe Circumstances of the Accident

P/s refer to the police report: T/2020/129/2028

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

[Signature] 3/12/2020

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

[Signature] 03/12/20

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20201129/2088

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20201129/2088

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Rider | | | |
| Name | HUANG XUAN SHUO | ID No. | T0115213G |
| Related Vehicle | FBR1798G (Motorcycle) | Contact No. | 96485284 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 29/11/2020 | Date Discharge | 29/11/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | CHAN CHEE KEONG | ID No. | S6818648Z |
| Related Vehicle | SGF7190Z (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 29/11/2020 at about 1120hrs, I was travelling at the third lane of BKE towards PIE. I then intended to change lane to lane 2. Upon completing my changing lane and checking on to my right blind spot, the vehicle in front of me suddenly jam his brake. Due to that, I accidentally hit onto the vehicle in front of me and went unconscious for awhile. Upon regaining my consciousness, we managed to exchange our particulars. Subsequently, TP and ambulance attended to us. I was then conveyed to Ng Teng Fong Hospital. I suffered a broken tooth, abrasions on my knuckles, both leg and an open wound on the right inner thigh. I was also given 3 days medical certificate by the hospital.























SINGAPORE POLICE FORCE



T/20201129/2088

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Report No. T/20201129/2088

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 29/11/2020 20:10 | Vide Report No.: | Station Diary No.: 147 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | |
|--|------------|--|-----------------------------|
| Name of Informant: HUANG XUAN SHUO | | Address: APT BLK 235 BUKIT PANJANG RING ROAD #08-25 SINGAPORE 670235 | |
| ID Type / ID No.: NRIC NO / T0115213G | | Contact No.: Home/Office: Mobile: 96485284 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 19 | Date of Birth: 11/05/2001 | Type of Informant: Rider |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Student | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|---------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 29/11/2020 11:20 | Type of Location: Straight Road |
| Location: BUKIT TIMAH EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Moderate | |
| 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 |
|-------------|------------|------|-------|-------|----------------------|-----------------|
| FBR1798G | Motorcycle | | | | Seriously Damaged | 0 |
| SGF7190Z | Car | | | | Seriously Damaged | 2 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20201129/2088

2 of 3

Report No. T/20201129/2088

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1 Segar Road #01-05 SINGAPORE 677738
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CONTINUATION OF REPORT

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| Date Treatment | 29/11/2020 | Date Discharge | 29/11/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | CHAN CHEE KEONG | ID No. | S6818648Z |
| Related Vehicle | SGF7190Z (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 |
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T/20201129/2088

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1 Segar Road #01-05 SINGAPORE 677738
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3 of 3

Report No. T/20201129/2088

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:
J /
Sgt 3 ZAKIAH BINTE MOHAMMED RASHIDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/11/2020 20:10

Classification Of Case: