

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 23/12/2020 12:51 (SGT)
Date of Accident 22/12/2020 11:45 (SGT)
Exact Location of Accident Pioneer Rd North, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR2149Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA QUN YAO ALEX
NRIC No SXXXX267C
Email Address chua.alexqy@gmail.com
Mobile Phone No (Phone) +65-93521038
Alternative Phone No +65-93521038

VEHICLE PARTICULARS

Manufacturer Bajaj
Model Pulsar
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 5116880048
Cover Note Number -

DRIVER

Name of Driver CHUA QUN YAO ALEX
NRIC No SXXXX267C
Date Of Birth 27/01/1998
Occupation Indoor

Date Of Driving Pass	17/01/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93521038
Alt. Phone Number	+65-93521038
Email Address	chua.alexqy@gmail.com
Address	BLK 62 TEBAN GARDENS ROAD
Address complement	#25-623
Postcode	600062
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	Side Swipe
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20201223/2027

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	SJC468A
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALEX TAN
Contact Number	(Phone) +65-93623799

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	CHUA QUN YAO ALEX
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR2149Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

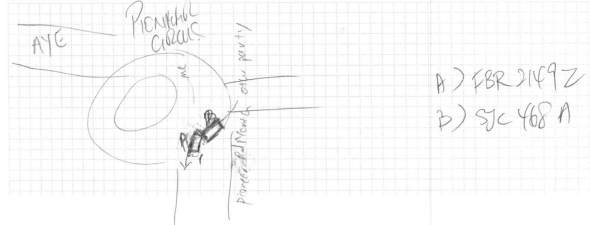
SKETCH PLAN

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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' 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: *Alw* 22/12/20 1257
 Driver's Signature (if driver is not the policyholder) / Date & Time: *gen* 23/12/2020
 Witnessed by Reporting Centre Personnel:

Sketch Plan



Describe Circumstances of the Accident

I was turning into Pioneer Rd North when the other vehicle hit with my motorcycle at the side. The left side of my motorcycle was hit with the right side of his vehicle. He proceeded to help me up and ask if I needed ambulance. I told him I was okay and don't require ambulance. We proceeded to push the vehicle to the side and left for awhile before we made calls to settle the accident. I called the towly.

Police Report 7/2020/223/2027

Declaration

We declare the foregoing particulars are true in every respect.

Algo

12/24/20

1257

23/12/2020








































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20201223/2027

1 of 3

Report No. T/20201223/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2020 11:54 Vide Report No.: Station Diary No.: 35

Informant's Particulars

Name of Informant: ALEX CHUA QUN YAO Address: APT BLK 62 TEBAN GARDENS ROAD #25-623 SINGAPORE 600062
ID Type / ID No.: NRIC NO / S9803267C Contact No.: Home/Office: Mobile: 93521038
Nationality: SINGAPORE CITIZEN Email:
Sex: Male Age: 22 Date of Birth: 27/01/1998 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 Others Drink Drive: No Date/Time of Accident: 22/12/2020 11:45 Type of Location: Roundabout
Location: PIONEER ROAD NORTH
Weather: Clear Road Surface: Dry Road Speed Limit:
Traffic Flow: Traffic Control: Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2149Z	Motorcycle	BAJAJ	PULSAR	Red	Slightly Damaged	0
SJC468A	Car	CHETAK	200 NS FI			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR2149Z	NTUC Income Insurance Co-Operative Limited	5116880048	23/03/2020	22/03/2021



SINGAPORE
POLICE FORCE



T/20201223/2027

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20201223/2027

CONTINUATION OF REPORT

Brief Details.

On 22/12/2020 at about 1145hrs, I was riding a bike (registration number FBR2149Z) at AYE.

At the turnaround, I was already at the left lane going towards Pioneer Road North with a left signal is still on. Whilst doing so, the vehicle on the left side bearing registration number SJC488A suddenly hit onto my vehicle and I fell on my left side.

Subsequently, the said driver came to assist me and moved the bike to the curb side.

No ambulance and Police at scene.

I also told the driver that I do not need any medical assistance.

However, this morning I went to Polyclinic and I sustained bruises on my left knee, foot and soreness on the foot as well. I was given 2 days medical leave.

I have already informed this issue to my insurance regarding this incident.

The driver's particulars as follows:

Mr Alex Tan
HP: 93623799

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20201223/2027

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Report No. T/20201223/2027

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 NUR WIRDAH BINTE MUHAMMAD
WAZIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404
Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/12/2020 11:54

Classification Of Case:

SN 37



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0020 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0820CN0003 Vehicle Registration No: FBN 21452
Name (as shown in NRIC) : CHIA GUO PAO NRIC/FIN/Passport No : SXXXX 267C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 93521038
Email Address : _____
Date of Accident : 22/12/2020 Time of Accident : 11:45
Place of Accident : PONKHA LANE NORTH
Insurance Company : NONE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to amend 1st party name

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rep. [Signature]



MEDICAL CERTIFICATE (Ref:1185049016)

ORIGINAL

NAME: ALEX CHUA QUN YAO

NRIC: S9803267C

Type of Medical Leave granted: Outpatient Sick Leave

The above named is unfit for duty for 2 day(s) from 23/12/2020 to 24/12/2020 inclusive.

The certificate is not valid for absence from court attendance.

23/12/2020
DateDr. Ting Yan Julia Ann LEE (63189H)
Issued by

Signature

Location: CLM CLEMENTI POLYCLINIC