

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	30/12/2020 12:23 (SGT)
Date of Accident	29/12/2020 14:35 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	SLIP RD TOWARDS TELOK BKANGAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9249A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHING YEN LING, DEBBIE (JIN YANLING, DEBBIE)
NRIC No	SXXXX925C
Email Address	debbieching@gmail.com
Mobile Phone No	(Phone) +65-91520320
Alternative Phone No	+ -

VEHICLE PARTICULARS

Manufacturer	Piaggio
Model	VESPA LX 150 I.E. 3V
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5102954848-02
Cover Note Number	-

DRIVER

Name of Driver	CHING YEN LING, DEBBIE (JIN YANLING, DEBBIE)
NRIC No	SXXXX925C
Date Of Birth	09/06/1982

Occupation	Indoor
Date Of Driving Pass	18/07/2018
Driving experience	2 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91520320
Alt. Phone Number	+ -
Email Address	debbieching@gmail.com
Address	BLK 53 COMMONWEALTH DRIVE
Address complement	#12-550
Postcode	142053
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 - 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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20201227/7027

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	SLF4217S
Vehicle Manufacturer	BMW
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	CHING YEN LING, DEBBIE (JIN YANLING, DEBBIE)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH9249A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

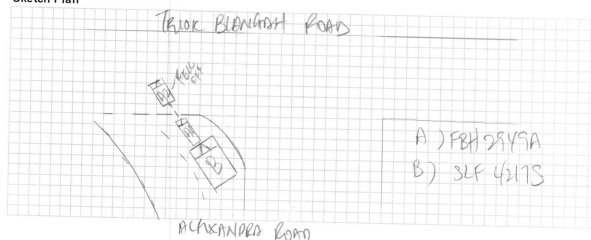
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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 disclosed/processed by my insurer or collected by the **"Personal Information"** and disclose and transfer such Personal Information to all user(s) or 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/years/law firms, the Monetary Authority of Singapore and any relevant insurance company/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 etc.);
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims,
- (collectively the **"Purposes"**)
- (b) all user(s) who have insured vehicle(s) involved in this accident and the insurers' law/years/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/years/law firms), which may be sit/ed outside of Singapore, for one or more of the above Purposes.

30/12/2020
10:53 am
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan





Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT D/2020/227/2027,

Declaration

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

 30/12/2020 10:53am
 Policyholder's Signature / Date & Time


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

 30/12/2020
 Witnessed by Reporting Centre Personnel































**SINGAPORE
POLICE FORCE**



D/20201227/7027

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POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20201227/7027

Date/Time Report Made 27/12/2020 20:22	Vide Report No.	Station Diary No.
Name Of Informant CHING YEN LING, DEBBIE	Address 53 COMMONWEALTH DRIVE #12-550 SINGAPORE 142053	
ID Type / ID No. NRIC NO / S8216925C	Contact No. Home/Office:	Mobile: 91520320
Nationality SINGAPORE CITIZEN	Email Address DEBBIECHING@GMAIL.COM	
Occupation Business consultant	Sex Female	Age 38
Institution/School Name	Date of Birth 09/06/1982	Race Chinese
Date/Time Of Incident 27/12/2020 14:35 - 27/12/2020 14:40	Location Of Incident 53 COMMONWEALTH DRIVE #12-550 SINGAPORE 142053	

Brief details.

I was traveling on my scooter (FBH9249A) towards VivoCity. At about 2.35pm, I was on the outer left lane of slip road at the junction of Alexandra Road and Telok Blangah. I saw an oncoming bus that was traveling fast and I stopped at the give way line. All of a sudden, I felt a sudden hard impact on the rear of my scooter. A dark blue BMW car (SLF4217S) had hit my scooter and the impact caused my bike to surge forward one car length toward the main road. I fell backwards and landed on my lower back, suffered abrasions and hit my head on the ground.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2020 20:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**SINGAPORE
POLICE FORCE**

D/20201227/7027

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201227/7027

The driver of the dark blue BMW car (SLF4217S) got out from the car to check on me and proceed with lodging the accident with the authorities. A cyclist stopped and helped while waiting for the ambulance to arrive.

Subjects Involved			
Victim			
Person Name	CHING YEN LING, DEBBIE		
ID Type	NRIC NO	ID No	S8216925C
Gender	Female	Age	38
Race	Chinese	Language	English
Occupation	Business consultant	Address	53 COMMONWEALTH DRIVE
Mobile No	91520320	#12-550 SINGAPORE 142053	
		Is Informant A Victim?	Yes
Person Name	CHING YEN LING, DEBBIE (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	27/12/2020 20:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	