

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	27/12/2020 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	+65-91520320

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 Driving Pass	18/07/2018
Driving experience	2 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91520320
Alt. Phone Number	+65-91520320
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	

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

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.

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' lawyers/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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

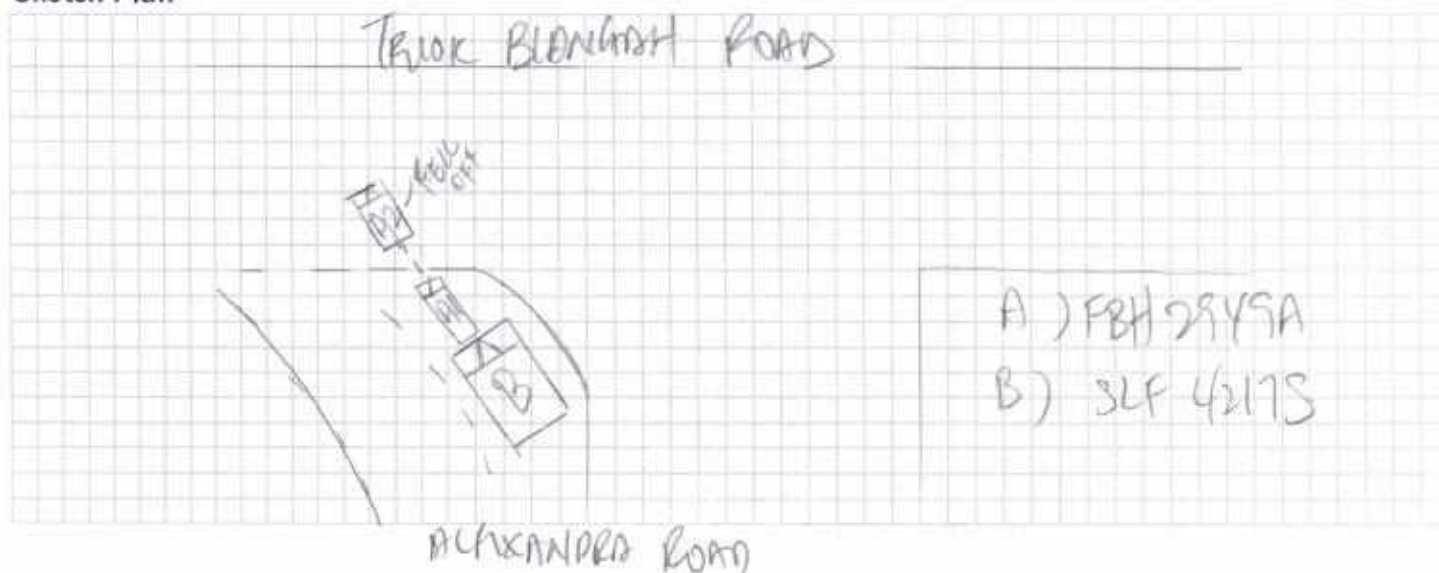
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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

 30/12/2020
Witnessed by Reporting Centre Personnel

Sketch Plan

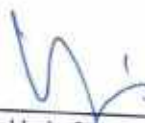


Describe Circumstances of the Accident


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

Declaration

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

ACCIDENT STATEMENT

ACCIDENT DATE: 27/12/2020 (DD/MM/YYYY), TIME: 14:35 (HH:MM)

LOCATION: SLIP RO ALIXANDER ROAD / 74000 BLANCK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH9249A
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: S102954848-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VESPA LX150
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CHIN YEN LING DEBBIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S821692 SC CONTACT: 91520320
 c) ADDRESS: 53 COMMONWEALTH DRIVE #12-550
S(142053)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 09/06/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18/07/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENTI

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLF42175 MODEL: BMW
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = debbieching@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



D/20201227/7027

1 of 2

POLICE REPORT (NP299)

Report No. D/20201227/7027

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

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	



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 #12-550 SINGAPORE 142053
Mobile No	91520320	Is Informant A Victim?	Yes
Person Name	CHING YEN LING, DEBBIE (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

27/12/2020 20:22

Classification Of Case:

Claim Handling

Accident MT/1115572

Policy No.	5102954848-02	Vehicle No.	FBH9249A	GST Registration No.
Certificate No.				
Policyholder Name	CHING YEN LING DEBBIE			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91520320	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

Accident Details

Report Date	30/12/2020 12:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/12/2020	Time of Accident hh:mm	14:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALEXANDRA ROAD SLIP ROAD TOWARDS TELOK BLANGAH ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 53 #12-550	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4	SINGAPORE 142053	Address Type	Singapore address	Post Code
Unit No.	12-550	Related Policy Number	5102954848-02	

OI Driver Info

Driver Name	Ching Yen Ling Debbie	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	58216925C	Driver DOB
Register Date of Driver License	01/01/2018	Driver Age	38	Driving Experience
Contact No.(Mobile)	91520320	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 53 #12-550	Address 2	COMMONWEALTH DRIVE	Address 3
Address 4	SINGAPORE 142053	Address Type	Singapore address	Post Code
Unit No.	12-550			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBH9249A	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

OD-MX	Insured Name	CHING YI
	Contact No.	NIL
	Q1	
debbieching@gmail.com	Vehicle Number	FBH9249
FBH9249A / SLF4217S ON 29 Dec 2020		

Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown
GIA report	Received

30/12/2020 12:25	Claim Close Date
------------------	------------------

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1115572

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

30/12/2020 12:27

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Remove File

Category *

Confidential

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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NO

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Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:26	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:25	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:25	SAS	Normal	SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5102954848-02

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : Third Party, Fire & Theft |
| Chassis Number | : FBH9249A |
| 2. Name of Policyholder | : ZAPM6840000003542 |
| 3. Effective Date of Insurance | : CHING YEN LING DEBBIE |
| 4. Expiry Date of Insurance | : 19 Nov 2020 |
| 5. Persons or Classes of Persons entitled to drive# | : 18 Nov 2021 |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: CHING YEN LING DEBBIE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DIRECT BUSINESS DEPT (00000600-80)
Date of Issue : 30 Oct 2020 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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 : SN0820CH0005 Vehicle Registration No: FBH 9289A

Name (as shown in NRIC) : CHUNG NG LUK, DRIBIK NRIC/FIN/Passport No : SXXXX925C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 27/12/2020 Time of Accident : 14:35

Place of Accident : BRANKANDES SUP RD TOWARDS THICK BUNGALOW RD

Insurance Company : ANIC

(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:

ACCIDENT DATE TO 27/12/2020

Policyholder / Driver's Signature
Date:

[Signature] 04/01/2020
Reporting Centre Personnel's Signature
Name: