

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 07/01/2021 12:13 (SGT)
Date of Accident 29/12/2020 13:00 (SGT)
Exact Location of Accident Boon Lay Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN3042L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIN CHEN POOI
NRIC No SXXXX144E
Email Address chooiyee78@gmail.com
Mobile Phone No (Phone) +65-98876623
Alternative Phone No +65-98876623

VEHICLE PARTICULARS

Manufacturer Honda
Model AFS125MSF
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 5112058791-01
Cover Note Number -

DRIVER

Name of Driver CHIN CHEN POOI
NRIC No SXXXX144E
Date Of Birth 13/06/1974
Occupation Outdoor

Date Of Driving Pass	02/01/2002
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98876623
Alt. Phone Number	+65-98876623
Email Address	chooiyee78@gmail.com
Address	BLK 2 BEACH ROAD
Address complement	#03-4797
Postcode	190002
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201229/2167 & T/20210101/2032.

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	SLR4741G
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 CHIN CHEN POOI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SHOULDER
 Injured person in which vehicle? FBN3042L
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20201229/2167

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Report No. T/20201229/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/12/2020 23:23

Vide Report No.:

Station Diary No.:
195

Informant's Particulars

Name of Informant: CHIN CHEN POOI			Address: APT BLK 2 BEACH ROAD #03-4797 SINGAPORE 190002		
ID Type / ID No.: NRIC NO / S7487144E			Contact No.: Home/Office:		
Nationality: MALAYSIAN			Email: Mobile: 98876623		
Sex: Male	Age: 46	Date of Birth: 13/00/1974	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: Glass & windows manufacturing worker			Institution / School Name:		
Driving Licence Information: Class: 2B,3			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2020 13:00	Type of Location: Straight Road
Location: BOON LAY DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBN3042L	Motorcycle	HONDA	AFS125MSF	Blue	Slightly Damaged	0
SLR4741G	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201229/2167

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201229/2167

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN3042L	NTUC Income Insurance Co-Operative Limited	5112058791-01	07/09/2020	06/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIN CHEN POOI	ID No.	S7487144E
Related Vehicle	FBN3042L (Motorcycle)	Contact No.	98876623
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	RICKY	ID No.	NIL
Related Vehicle	SLR4741G (Car)	Contact No.	90052692
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 29/12/2020, at around 1300hrs, I was driving my motorbike, V1) FBN3042L along the dotted line of Boon Lay Drive, between Blk 197A Boon Lay Dr and Tuas Pek Kong Keng Temple, in the direction away from Corporation Rd. Then, I saw this car, V2) SLR4741G in front of me was in the right lane of Boon Lay Dr, preparing to make a U-turn.

When I was driving past V2, V2 suddenly decided not to make the U-turn and turn left in order to continue to go straight. I was on his left, very near to the vehicle (V2), hence its left side mirror hit me and I fell off from my motorbike and the motorbike was moved to slightly ahead of me due to its inertia. V2's driver also admitted that he was hesitating to make the U-turn and did not check his left side mirror before continuing to go straight, thus he did not see me. I did not manage to get V2's driver's particulars but I have his phone number, 90052692. His name is Ricky.

There were some scratches on the left handle bar area of my vehicle and my left side mirror was bent and damaged. V2's left side mirror was also bent and damaged and the bottom part of the exterior outside



**SINGAPORE
POLICE FORCE**



T/20201229/2167

Police Station Of Origin:
Jurong West N.P.C
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Tel No: 1800-2689999

Report No. T/20201229/2167

CONTINUATION OF REPORT

V2's co-driver seat also has some scratches. My right shoulder and both thighs feel sore until now. Currently my right hand was unable to lift up any heavy item. I have obtained a 5-days MC from 29/12/2020 to 02/01/2021 from Ng Teng Fong General Hospital.

Ricky rented V2 from Grab company and Grab has been informed regarding this accident.



**SINGAPORE
POLICE FORCE**



T/20201229/2167

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20201229/2167

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 /
SC2 CHENG DEREN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/12/2020 23:23

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20210101/2032

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210101/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 13:11		Vide Report No.:		Station Diary No.: 39
Informant's Particulars				
Name of Informant: CHIN CHEN POOI		Address: APT BLK 2 BEACH ROAD #03-4797 SINGAPORE 190002		
ID Type / ID No.: NRIC NO / S7487144E		Contact No.: Home/Office: Mobile: 98876623		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 46	Date of Birth: 13/06/1974	Type of Informant: Rider	
Race: Chinese		Language:		Institution / School Name:
Occupation: GLASS & WINDOWS MANUFACTURING WORKER		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2020 13:00	Type of Location: Straight Road
Location: BOON LAY DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
FBN3042L	Motorcycle	HONDA	AFS125MSF	Blue	Slightly Damaged	0
SLR4741G	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210101/2032

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Report No. T/20210101/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN3042L	NTUC Income Insurance Co-Operative Limited	5112058791-01	07/09/2020	06/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Rider		Use of Pedestrian Crossing: NA		
Name	CHIN CHEN POOI	ID No.	S7487144E	
Related Vehicle	FBN3042L (Motorcycle)	Contact No.	98876623	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	29/12/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Serious	
Driver				
Name	RICKY	ID No.	NIL	
Related Vehicle	SLR4741G (Car)	Contact No.	90052692	
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.

Vide report no.: T/20201229/2167

I wanted to make some amendments to the first paragraph of the vide report, T/20201229/2167.

It should be:

"On 29/12/2020, at around 1300hrs, I was riding my motorbike, V1) FBN3042L on the left lane of Boon Lay Drive, between Blk 197A Boon Lay Dr and Tuas Pek Kong Keng Temple, in the direction away from Corporation Rd. Then, I saw this car, V2) SLR4741G in front of me was in the right lane of Boon Lay Dr, preparing to make a U-turn."



**SINGAPORE
POLICE FORCE**



T/20210101/2032

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210101/203

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/ SC2 CHENG DEREN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2021 13:11
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	SN 126
 Signature : _____ Singapore Police Force	

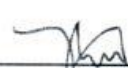
SKETCH PLAN

IMPORTANT NOTICE

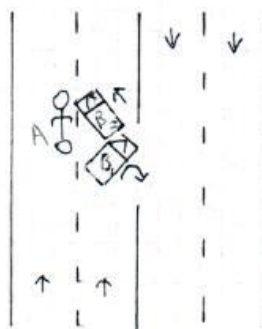
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 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: FBN3042L

B: SLR4741G

Refer to Police Report
T/20210101/2032

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

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

Witnessed by Reporting Centre Personnel























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S6650020G / 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 : SN0921160003 Vehicle Registration No: FBW 3042L
Name (as shown in NRIC) : Chin Chen Pool NRIC/FIN/Passport No : SXXXX 144E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9887 6623
Email Address : _____
Date of Accident : 29/12/20 Time of Accident : 1300
Place of Accident : Boon Lay Dr
Insurance Company: NTUC

(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:

Amed Add In Sketch Plan.

Policyholder / Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 27/1/21

GIARMC addendumform_v3