

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	14/01/2021 17:57 (SGT)
Date of Accident	13/01/2021 20:50 (SGT)
Exact Location of Accident	Bukit Batok East Ave 5, Singapore
Additional Location Information	TWDS BUKIT BATOK AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE1147D
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU HOCK HENG
NRIC No	SXXXX264E
Email Address	hockheng98@gmail.com
Mobile Phone No	(Phone) +65-87996167
Alternative Phone No	+65-87996167

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
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	5119975633
Cover Note Number	-

DRIVER

Name of Driver	LIU HOCK HENG
NRIC No	SXXXX264E
Date Of Birth	25/08/1998
Occupation	Outdoor

Date Of Driving Pass	18/08/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87996167
Alt. Phone Number	+65-87996167
Email Address	hockheng98@gmail.com
Address	BLK 118 PENDING ROAD
Address complement	#02-250
Postcode	670118
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	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210114/2007

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	SKE5912D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOK TUCK LOY
Contact Number	(Phone) +65-97897533

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	LIU HOCK HENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBE1147D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 lodgment 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:

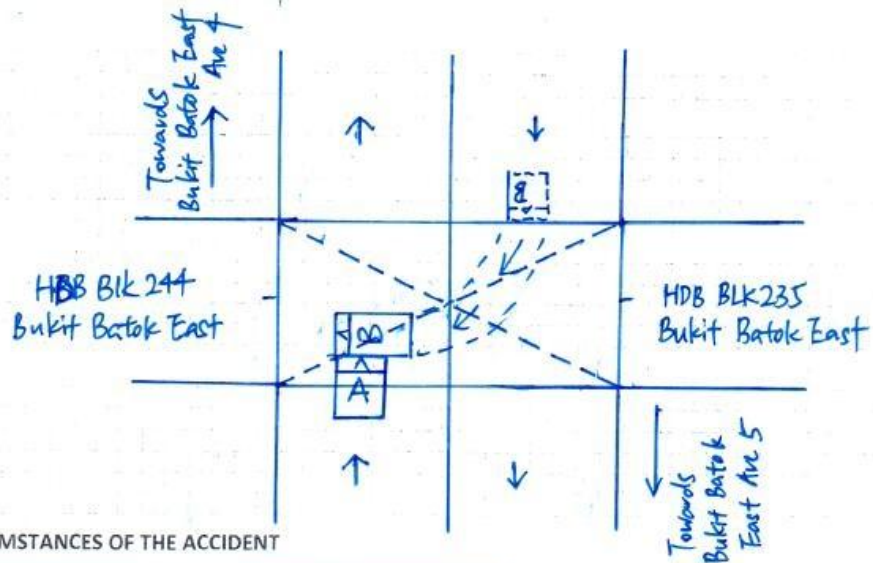
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:


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

 14/01/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report : T/20210114/2007

DECLARATION

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

Hock Yee
Policyholder's Signature
Date & Time:

Hock Yee
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Hock Yee 14/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE POLICE FORCE

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

T/20210114/2007
Report No. T/20210114/2007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIU HOCK HENG	ID No.	S9828264E
Related Vehicle	FBE1147D (Motorcycle)	Contact No.	87996167
Hospital/Clinic	unihealth 24hrs-clinic	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	13/01/2021	Date Discharge	13/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Kok tuck loy	ID No.	NIL
Related Vehicle	SKE5912D (Car)	Contact No.	97897533
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 13/01/2021 at about 2100hrs, I was riding my motorcycle (FBE1147D) along Bukit Batok East Avenue 5 heading towards East avenue 4. A Car (SKE5912D) was driver towards me on the opposite lane. Suddenly the car turned right wanting to enter the carpark. Unable to brake in time I collided onto the left side of his car. I immediately fell onto my right side. His vehicle suffered scratches on his front passenger side door while my motorcycle suffered dents on the right side together with my steering wheel not aligning correctly. There was no CCTV on both our vehicles. No police or ambulance was called to the scene. We both then exchanged particulars.
























**SINGAPORE
POLICE FORCE**


T/20210114/2007

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20210114/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 01:52	Vide Report No.:	Station Diary No.: 14
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIU HOCK HENG		Address: APT BLK 118 PENDING ROAD #02-250 SINGAPORE 670118	
ID Type / ID No.: NRIC NO / S9828264E		Contact No.: Home/Office: Mobile: 87996167	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 25/08/1998	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: FOOD PANDA		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2021 21:00	Type of Location: HDB entrance
Location: BUKIT BATOK EAST AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE1147D	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	0
SKE5912D	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1147D	NTUC Income Insurance Co-Operative Limited	5119975633	22/11/2020	02/12/2021



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20210114/2007

Report No. T/20210114/2007

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name LIU HOCK HENG ID No. S9828264E

Related Vehicle FBE1147D (Motorcycle) Contact No. 87996167

Hospital/Clinic unihealth 24hrs-clinic Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL

Date Treatment 13/01/2021

No. of Days granted Medical Leave 03 Date Discharge 13/01/2021

Driver Degree of Injury Slight

Name Kok tuck loy

Related Vehicle SKE5912D (Car) ID No. NIL

Hospital/Clinic NIL Contact No. 97897533

Date Treatment NIL Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL


No. of Days granted Medical Leave NIL Date Discharge NIL

Degree of Injury NIL

Brief Details.

On 13/01/2021 at about 2100hrs, I was riding my motorcycle (FBE1147D) along Bukit Batok East Avenue 5 heading towards East avenue 4. A Car (SKE5912D) was driver towards me on the opposite lane. Suddenly the car turned right wanting to enter the carpark. Unable to brake in time I collided onto the left side of his car. I immediately fell onto my right side. His vehicle suffered scratches on his front passenger side door while my motorcycle suffered dents on the right side together with my steering wheel not aligning correctly. There was no CCTV on both our vehicles. No police or ambulance was called to the scene. We both then exchanged particulars.

2 of 3
T/20210114/2007

 **SINGAPORE
POLICE FORCE**

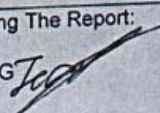

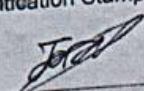
Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

T/20210114/2007
3 of 3
Report No. T/20210114/2007

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 1 JERAL THIO YU XIANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2021 01:52
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No: 65476185	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	