

## 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	05/03/2021 16:36 (SGT)
Date of Accident	30/01/2021 15:45 (SGT)
Exact Location of Accident	Punggol Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD8131H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAW TECK HWEE
NRIC No	SXXXX490H
Email Address	BLTH-@HOTMAIL.COM
Mobile Phone No	(Phone) +65-83895192
Alternative Phone No	(Home) +65-83895192

#### VEHICLE PARTICULARS

Manufacturer	Sym
Model	GTS200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	155

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119306512
Cover Note Number	-

#### DRIVER

Name of Driver	LAW TECK HWEE
NRIC No	SXXXX490H



Date Of Birth	31/10/1994
Occupation	Outdoor
Date Of Driving Pass	23/09/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83895192
Alt. Phone Number	(Home) +65-83895192
Email Address	BLTH-@HOTMAIL.COM
Address	APT BLK 473D UPPER SERANGOON CRESCENT #16-367
Address complement	-
Postcode	538473
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 vehicle 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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	GBH7640R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle



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	LAW TECK HWEE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD8131H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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.

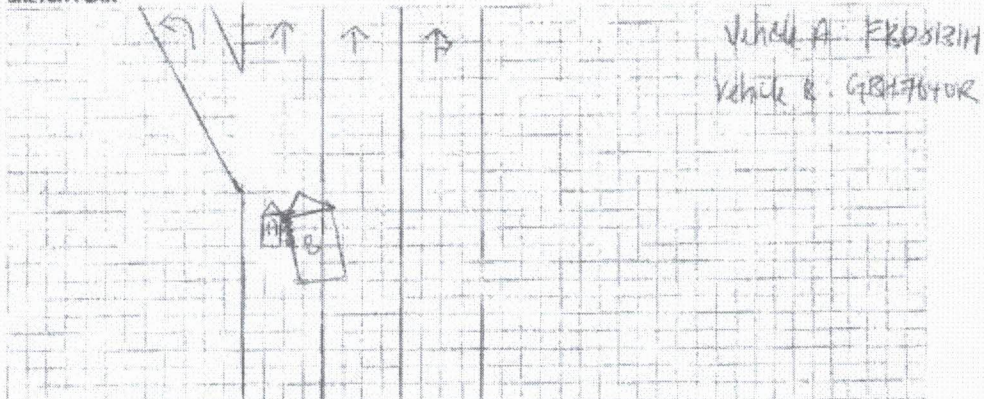
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/00010001/7029

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

*MAG*





**SINGAPORE  
POLICE FORCE**



T/20210201/7029

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210201/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/02/2021 14:19	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LAW TECK HWEE	Address: APT BLK 473D UPPER SERANGOON CRESCENT #16-367 SINGAPORE 538473		
ID Type / ID No.: NRIG NQ / S944N190H	Contact No.:	Mobile: 83895192	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: blth-@hotmail.com	
Sex: Male	Age: 26	Date of Birth: 31/10/1994	Type of Informant: Hider
Race: Chinese	Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER	Driving Licence Information: Class:	Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2021 15:45	Type of Location: Straight Road
Location:  PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBD8131H	Motorcycle	SYM	GTS200	Silver		0
GBH7640R	Van					0

**Details of Vehicle Insurance**

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



T/20210201/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210201/7029

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD8131H	NTUC Income Insurance Co-Operative Limited	5119306512	02/10/2020	01/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAW TECK HWEE	ID No.	S9440490H
Related Vehicle	FBD8131H (Motorcycle)	Contact No.	83895192
Hospital/Clinic	MEDILIFE CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

## Brief Details.

I was travelling straight on the third lane on punggol central towards edgedale plains. Suddenly vehicle bearing carplate number, GBH7640R, on the 2nd lane made an abrupt lane change into my lane as he wanted to turn left on the junction. I tried to avoid but to no avail and collided into him.

I felt discomfort in my knee and leg area and went to seek treatment at Medlife Clinic & Surgery and was given 4days of MC.





**SINGAPORE  
POLICE FORCE**



T/20210201/7029

3 of 3

Report No. T/20210201/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FERAZ BIN HUSSIAN  
Contact No.: 65476206

Authentication Stamp  
NP168

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

Date/Time:  
01/02/2021 14:19

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20210223/7035

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210223/7035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2021 21:14		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAW TECK HWEE			Address: 473D UPPER SERANGOON CRESCENT #16-367 SINGAPORE 538473		
ID Type / ID No.: NRIC NO / S9440490H			Contact No.: Home/Office: Mobile: 83895192		
Nationality: SINGAPORE CITIZEN			Email: BLTH-@HOTMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 31/10/1994	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2021 15:45	Type of Location: Straight Road
Location:  PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBD8131H	Motorcycle	SYM	GTS200	Silver		0
GBH7640R	Car					0

<b>Details of Vehicle Insurance</b>			
Vehicle No.	Insurance Company	Insurance No	Effective   Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20210223/7035

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210223/7035

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD8131H	NTUC Income Insurance Co-Operative Limited	5119306512	02/10/2020	01/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAW TECK HWEE	ID No.	S9440490H
Related Vehicle	FBD8131H (Motorcycle)	Contact No.	83895192
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

I was travelling straight on the third lane on punggol central towards edgedale plains. suddenly vehicle bearing carplate number, GBH7640R, on the 2nd lane made abrupt lane change into my lane as he wanted to turn left on the junction. I tried to avoid but to no avail and collided into him.

I felt discomfort in my knee and leg area and went to seek treatment at Medlife Clinic & surgery and was given 4days of mc.





**SINGAPORE  
POLICE FORCE**



T/20210223/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210223/7035

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP18 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP166

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

Date/Time:  
23/02/2021 21:14

Classification Of Case:





**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: S605500200 / GST Reg. No.: M400017733

**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 : SY0A21350001 Vehicle Registration No: FBD 8131H  
 Name (as shown in NRIC) : LAW TECK HWEE NRIC/FIN/Passport No : S9440490H  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 473D UPPER SERANGOON CRESCENT #16-367 Singapore (538473)  
 Contact (Tel) : 83895192 Mobile No. : \_\_\_\_\_  
 Email Address : BLTH-@HOTMAIL.COM  
 Date of Accident : 30/01/2021 Time of Accident : 15:45  
 Place of Accident : PUNGGOL CENTRAL  
 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:

TO AMEND ACCIDENT DATE FROM 29/01/2021 TO 30/01/2021

\* ADD : AMENDED POLICE REPORT

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

MACF  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: