

## 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 ..... 04/02/2021 15:42 (SGT)  
Date of Accident ..... 02/02/2021 16:30 (SGT)  
Exact Location of Accident ..... Punggol Field, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK5693K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SIM SWEE CHING  
NRIC No ..... SXXXX524E  
Email Address ..... ERIC\_SIM77@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-82281540  
Alternative Phone No ..... (Home) +65-82281540

#### VEHICLE PARTICULARS

Manufacturer ..... Kymco  
Model ..... KA40AA  
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 ..... 5075274588-05  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... SIM SWEE CHING  
NRIC No ..... SXXXX524E  
Date Of Birth ..... 22/07/1947  
Occupation ..... Indoor

Date Of Driving Pass .....	11/09/1968
Driving experience .....	52 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82281540
Alt. Phone Number .....	(Home) +65-82281540
Email Address .....	ERIC_SIM77@YAHOO.COM.SG
Address .....	APT BLK 664A PUNGGOL DRIVE #12-210
Address complement .....	-
Postcode .....	821664
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 .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
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 .....	SLK4809H
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

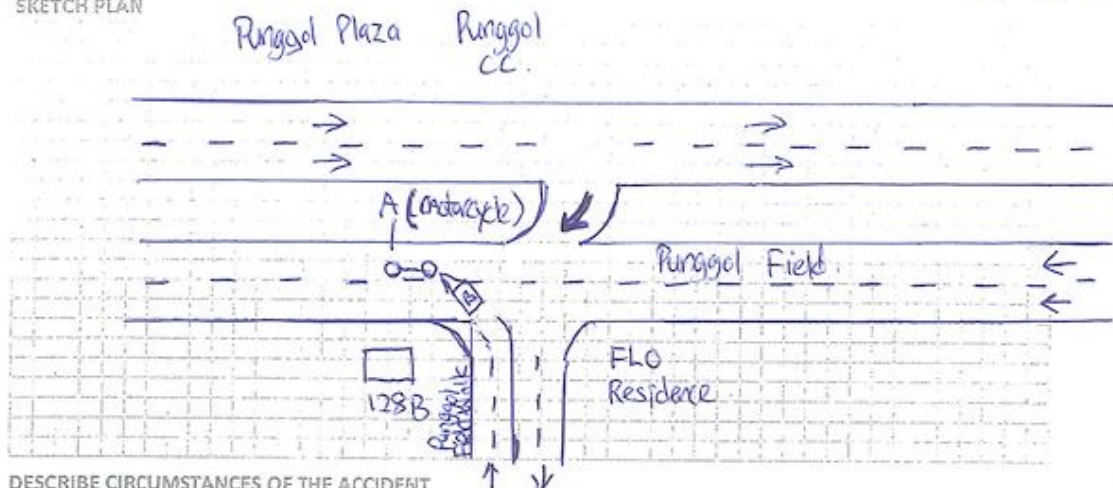
### INJURED 1

Name of injured person ..... SIM SWEE CHING  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBK5693K  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

A = FBK 5693 K.

B = SLK 4809 H.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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.:

SKETCH PLANIMPORTANT NOTICE

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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.:





































**SINGAPORE  
POLICE FORCE**



T/20210203/2118

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Report No. T/20210203/2118

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/02/2021 17:14	Vide Report No.:	Station Diary No.: 57
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<b>Informant's Particulars</b>			
Name of Informant: SIM SWEE CHING		Address: APT BLK 664A PUNGGOL DRIVE #12-210 SINGAPORE 821664	
ID Type / ID No.: NRIC NO / S0479524E		Contact No.:	Mobile: 82281540
Nationality: SINGAPORE CITIZEN		Home/Office:	
		Email:	
Sex: Male	Age: 73	Date of Birth: 22/07/1947	Type of Informant: Rider
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/02/2021 16:30	Type of Location: T-Junction
Location: PUNGGOL FIELD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK5693K	Motorcycle	KYMCO	KA40AA	Green		0
SLK4809H	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK5693K	NTUC Income Insurance Co-Operative Limited	5075274588-05	28/10/2020	27/10/2021



**SINGAPORE  
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T/20210203/2118

Police Station Of Origin:  
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21A Tebing Lane SINGAPORE 828837  
Tel No. 1800-6049999

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Report No. T/20210203/2118

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SIM SWEE CHING	ID No.	S0479524E
Related Vehicle	FBK5693K (Motorcycle)	Contact No.	82281540
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/02/2021	Date Discharge	03/02/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 02/02/2021 at about 1630hrs, I was riding my motorcycle FBK5693K along Punggol Field towards Punggol East when I made a u-turn at the u-turn pouch in front of Punggol 21 CC. Before I made the u-turn at the said location, I checked and was sure that there was no incoming traffic. Once I confirmed, I made the said u-turn and returned on the right most lane along Punggol Field towards Edgedale Plains. Just after I made the u-turn, another vehicle SLK4809H, collided onto the rear of my motorcycle. SLK4809H was making a wide left turn out from Punggol Field Walk onto Punggol Field. As a result of the collision, I fell off from motorcycle and landed onto the road. Thereafter, I remembered that I was assisted by passerbys. Shortly, the ambulance and the traffic police arrived. I was then conveyed to the Sengkang General Hospital. I was only discharged from the hospital on 03/02/2021 and was given 4 days MC from 02/02/2021 to 05/02/2021.





**SINGAPORE  
POLICE FORCE**

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Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20210203/2118

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Report No T/20210203/2118

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:

F /

Sgt 3 LOUIS SEAH ZHENG LIANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt LIM ENG KUAN, CLARENCE  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
03/02/2021 17:14

Classification Of Case:

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