

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 06/02/2021 11:06 (SGT)
Date of Accident 26/01/2021 16:30 (SGT)
Exact Location of Accident Kaki Bukit Rd 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FS2102E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KANG CHERN HONG JUSTYN
NRIC No SXXXX295E
Email Address JUSTYN@THEMUSICSHEDSG.COM
Mobile Phone No (Phone) +65-96884355
Alternative Phone No +65-96884355

VEHICLE PARTICULARS

Manufacturer Harley Davidson
Model Fxstd
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 - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5077877210-04
Cover Note Number -

DRIVER

Name of Driver KANG CHERN HONG JUSTYN
NRIC No SXXXX295E
Date Of Birth 04/03/1991
Occupation Indoor

Date Of Driving Pass	23/05/2016
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96884355
Alt. Phone Number	+65-96884355
Email Address	JUSTYN@THEMUSICSHEDSG.COM
Address	25 SIMEI ST 4 #03-06
Address complement	-
Postcode	529874
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210126/2105

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	SGT1122L
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	KANG CHERN HONG JUSTYN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FS2102E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN

IMPORTANT NOTICE

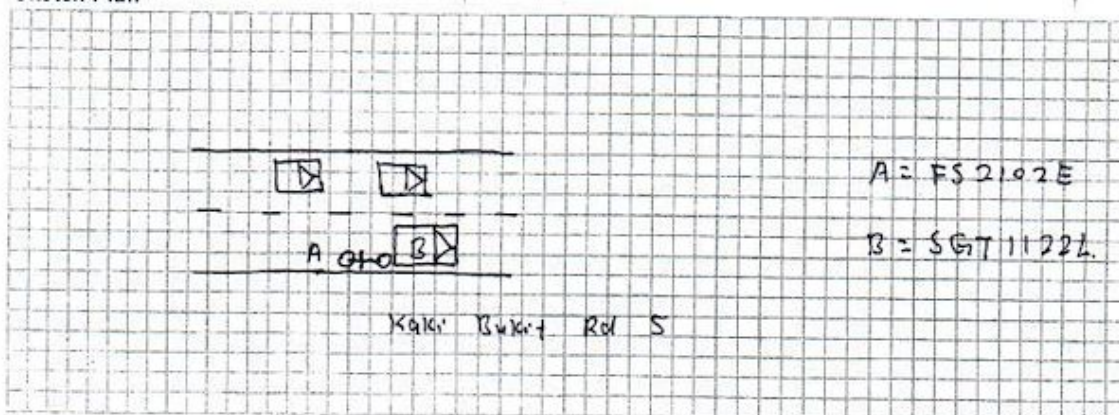
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



A 010 B

A = FS 2192E

B = SG 71122L

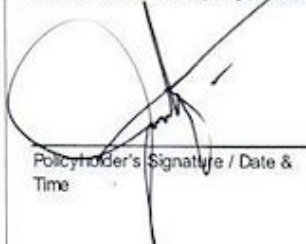
Kaka Bukit Rd S

Describe Circumstances of the Accident

Refer to Police Report T/ 20210126 12105

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



Witnessed by Reporting Centre Personnel









































**SINGAPORE
POLICE FORCE**



T/20210126/2105

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20210126/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2021 20:38	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: KANG CHERN HONG, JUSTYN	Address: 25 SIMEI STREET 4 #03-06 SINGAPORE 529874		
ID Type / ID No.: NRIC NO / S9107295E	Contact No.: Home/Office: Mobile: 96884355		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 29	Date of Birth: 04/03/1991	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: Music instructor (extracurriculum)	Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/01/2021 16:30	Type of Location: Straight Road
Location: KAKI BUKIT ROAD 5				
Lamp Post Number: 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS2102E	Motorcycle	HARLEY DAVIDSON	FXSTD	Black	Slightly Damaged	0
SGT1122L	Car	HONDA	CIVIC 1.5 TURBO VTIS SR	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS2102E	NTUC Income Insurance Co-Operative Limited	5077877210-04	08/02/2020	30/04/2021



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T/20210126/2105

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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20210126/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KANG CHERN HONG, JUSTYN	ID No.	S9107295E
Related Vehicle	FS2102E (Motorcycle)	Contact No.	96884355
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAN WEI LEONG	ID No.	S7908573A
Related Vehicle	SGT1122L (Car)	Contact No.	90789980
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/01/2021 at about 1630hrs, While I was travelling along Kaki Bukit Road 5 with my motorcycle bearing the registration plate number FS2102E, there is another vehicle bearing the registration plate number SGT1122L in front of me jammed his brakes as there is another vehicle in front of him jammed his brakes which I believed for unknown reason. I then unable to brake in time hence, I knocked onto the back of the vehicle that is in front of me.

My left elbow suffered from abrasion, swollen left hip and some minor abrasions on my right leg.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20210126/2105

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Report No. T/20210126/2105

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:

G /
Sgt 1 GOH SI HUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL
Contact No: 65476252

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time
26/01/2021 20:38

Classification Of Case: