

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	10/02/2021 15:55 (SGT)
Date of Accident	09/02/2021 07:45 (SGT)
Exact Location of Accident	Sin Ming Ave, Singapore
Additional Location Information	SLIP RD TO SIN MING DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9768Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GARY CHIEN
NRIC No	SXXXX172J
Email Address	gary.chien@gmail.com
Mobile Phone No	(Phone) +65-92729774
Alternative Phone No	+65-92729774

VEHICLE PARTICULARS

Manufacturer	Vespa
Model	GTS300
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	5068321821-06
Cover Note Number	-

DRIVER

Name of Driver	GARY CHIEN
NRIC No	SXXXX172J
Date Of Birth	14/04/1983
Occupation	Indoor

Date Of Driving Pass	07/12/2004
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92729774
Alt. Phone Number	+65-92729774
Email Address	gary.chien@gmail.com
Address	BLK 333 TAMPINES STREET 32
Address complement	#03-532
Postcode	520333
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?	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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G20210209/7014

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	FBK2086H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 GARY CHIEN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? FBG9768Z
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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")

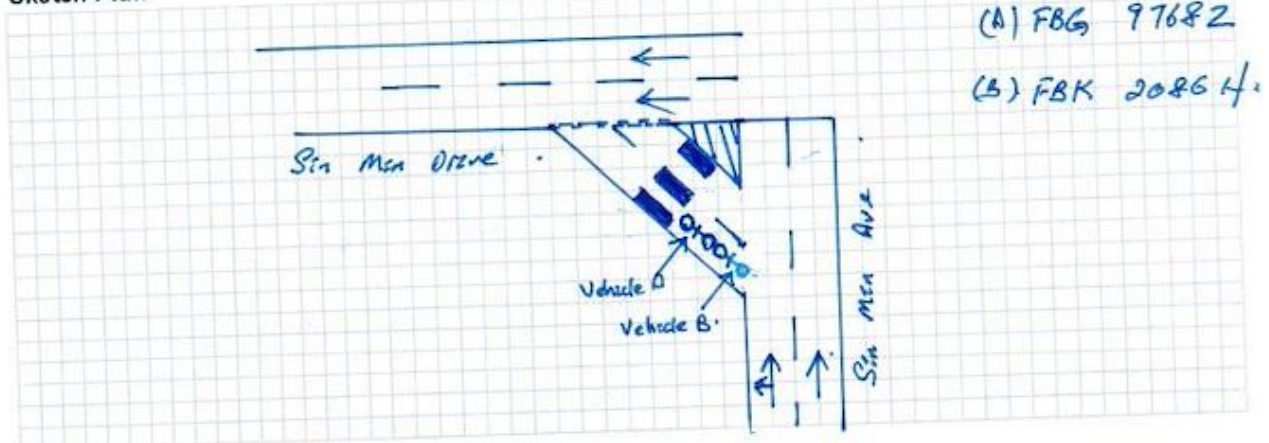
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Declaration

Policyholder's Signature / Date &
Time

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



G/20210209/7014

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POLICE REPORT (NP299)

Report No. G/20210209/7014

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 09/02/2021 08:33	Vide Report No.	Station Diary No.
Name Of Informant GARY CHIEN	Address 333 TAMPINES STREET 32 #03-532 SINGAPORE 520333	
ID Type / ID No. NRIC NO / S8311172J	Contact No. Home/Office:	Mobile: 92729774
Nationality SINGAPORE CITIZEN	Email Address GARY.CHIEN@GMAIL.COM	
Occupation Government licensing official	Sex Male	Age 37
Institution/School Name	Language English	Date of Birth 14/04/1983
Date/Time Of Incident 09/02/2021 07:45 - 09/02/2021 08:00	Race Chinese	Location Of Incident 333 TAMPINES STREET 32 #03-532 SINGAPORE 520333

Brief details.

I am riding a black vespa fbg9768z and after turning left from sin min avenue to sin min drive, I stopped before the zebra crossing to allow 02 girls to cross the zebra crossing.

And I was hit from the back by a motorcycle (fbk2086h) at around 745am on 9th feb21.

The box from my bike was damaged into 02 and the licence plate at the back flew off.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2021 08:33
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



























**SINGAPORE
POLICE FORCE**



G/20210209/7014

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**SINGAPORE
POLICE FORCE**



G/20210209/7014

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210209/7014

Subjects Involved			
Victim			
Person Name	GARY CHIEN		
ID Type	NRIC NO	ID No	S8311172J
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Government licensing official	Address	333 TAMPINES STREET 32 #03-532 SINGAPORE 520333
Mobile No	92729774	Is Informant A Victim?	Yes
Person Name	GARY CHIEN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

09/02/2021 08:33

Classification Of Case: