

# 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 ..... 23/02/2021 16:38 (SGT)  
Date of Accident ..... 13/01/2021 18:00 (SGT)  
Exact Location of Accident ..... Jurong Town Hall, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBL79L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... 5077950956-04  
NRIC No ..... SXXXX604E  
Email Address ..... annagary97@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-98559987  
Alternative Phone No ..... +65-93503329

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Wave  
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 ..... 5077950956-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... QUEK SWEE THIAM  
NRIC No ..... SXXXX327D  
Date Of Birth ..... 03/07/1953  
Occupation ..... Outdoor

Date Of Driving Pass .....	16/02/1977
Driving experience .....	43 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93503329
Alt. Phone Number .....	-
Email Address .....	annagary97@yahoo.com.sg
Address .....	BLK 86 TELOK BLANGAH HEIGHTS #29-373
Address complement .....	-
Postcode .....	100086
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 - Cross Junction
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 .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210128/2022

#### 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 .....	SCH6622M
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 ..... QUEK SWEE THIAM  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SERIOUS INJURY  
 Injured person in which vehicle? ..... FBL79L  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

# SKETCH PLAN

## IMPORTANT NOTICE

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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 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.

*28/1/21*  
Policyholder's Signature / Date & Time

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

*23/02/2021*  
Witnessed by Reporting Centre Personnel

Sketch Plan

*UNKNOWN RIDE WAS UNCONCIOUS*

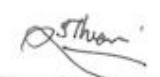
Describe Circumstances of the Accident


REFER TO POLICE REPORT 7/20210128/2022

Declaration

We declare the foregoing particulars are true in every respect.

 28/1/21  
Policyholder's Signature / Date & Time

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

 28/02/2021  
Witnessed by Reporting Centre Personnel





































# **SINGAPORE POLICE FORCE**



T/20210128/2022

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Report No. T/20210128/2022

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

## **REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2021 10:40		Vide Report No.:	Station Diary No.: 20
<b>Informant's Particulars</b>			
Name of Informant: QUEK SWEE THIAM		Address: APT BLK 20 TEBAN GARDENS ROAD #17-101 SINGAPORE 600020	
ID Type / ID No.: NRIC NO / S0131327D		Contact No.: Home/Office: Mobile: 93503329	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 03/07/1953	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: SCHOOL BUS DRIVER		Driving Licence Information: Class: Date of Expiry:	

## **General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/01/2021 18:00	Type of Location: T-Junction
Location: JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Cannot recall			Anyone conveyed by ambulance: Yes	

## **Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL79L	Motorcycle					0
SCH6622M	Car					0

## **Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE  
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159682  
Tel No: 1800-3779999



T/20210128/2022

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Report No. T/20210128/2022

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	QUEK SWEE THIAM		ID No. S0131327D
Related Vehicle	FBL79L (Motorcycle)		Contact No. 93503329
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2021	Date Discharge	25/01/2021
No. of Days granted Medical Leave	40	Degree of Injury	Serious

**Brief Details.**

On the 13/01/2021, at about 1800hrs, I was riding along Jurong Town Hall Road when I was hit by another car. After I was hit, I lost consciousness and was conveyed to the hospital. I was hospitalized for 13days in NUH and given 40days of MC. I could not recall anything at all. I was discharged on the 25/01/2021.

With reference to: TP/IP/02405/2021





# SINGAPORE POLICE FORCE



T/20210128/2022

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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20210128/2022

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:  
D /  
Sr Staff Sgt NG ZHILING, REGINA

Signature Of Informant:

*Q. Thian*

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/01/2021 10:40

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Classification Of Case:

Authentication Stamp  
NP168



SN 45

*[Signature]*  
SIGNATURE