

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	01/03/2021 17:17 (SGT)
Date of Accident	26/02/2021 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CENTRAL EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FF8989S
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUAH LAI HOCK
NRIC No	SXXXX981F
Email Address	kelvinchuah0210@gmail.com
Mobile Phone No	(Phone) +65-90250698
Alternative Phone No	+65-90250698

VEHICLE PARTICULARS

Manufacturer	Daelim
Model	DAELIM / SV125 CVT
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	5116841130
Cover Note Number	-

DRIVER

Name of Driver	CHUAH LAI HOCK
NRIC No	SXXXX981F

Date Of Driving Pass	11/03/1987
Driving experience	33 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90250698
Alt. Phone Number	+65-90250698
Email Address	kelvinchuah0210@gmail.com
Address	BLK 205 #02-1151 TOA PAYOH NORTH TOA PAYOH NORTH
Address complement	-
Postcode	310205
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	Side Swipe
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20120226/2138;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX2529U
Vehicle Manufacturer	Suzuki
Vehicle Model	SUZUKI / SWIFT 1.5 AT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

NRIC No	SXXXX759Z
Contact Number	(Phone) +65-87542589
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP8500H
Vehicle Manufacturer	Mercedes
Vehicle Model	MERCEDES BENZ / C200 M-HYBRID SALOON AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KOK CHYE TONY
NRIC No	SXXXX850A
Contact Number	(Phone) +65-93362001
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

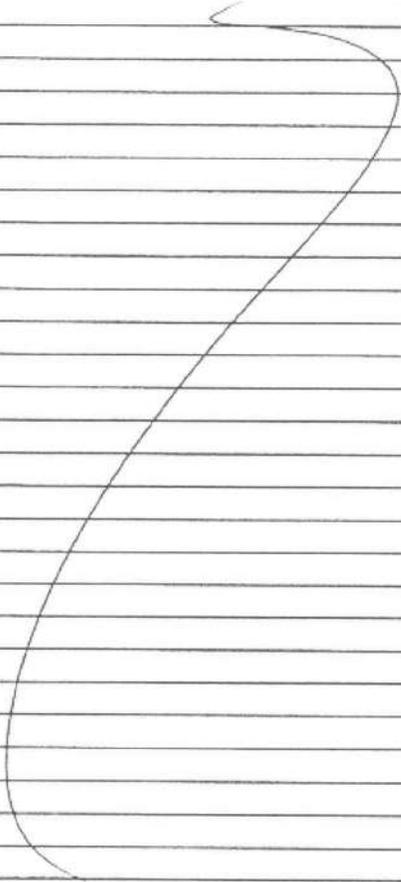
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUAH LAI HOCK
Address	BLK 205 #02-1151 TOA PAYOH NORTH
Address Complement	-
Post Code	310205
Approximate Age Years Old	53
Injuries Sustained	-
Injured person in which vehicle?	FF8989S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

refer to police Report no 1/20120226/2138



Declaration

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vaackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

01 MAR 2021

SKETCH PLAN

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 willful 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 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:

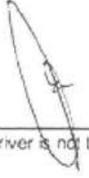
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 X

Policyholder's Signature / Date & Time

 X

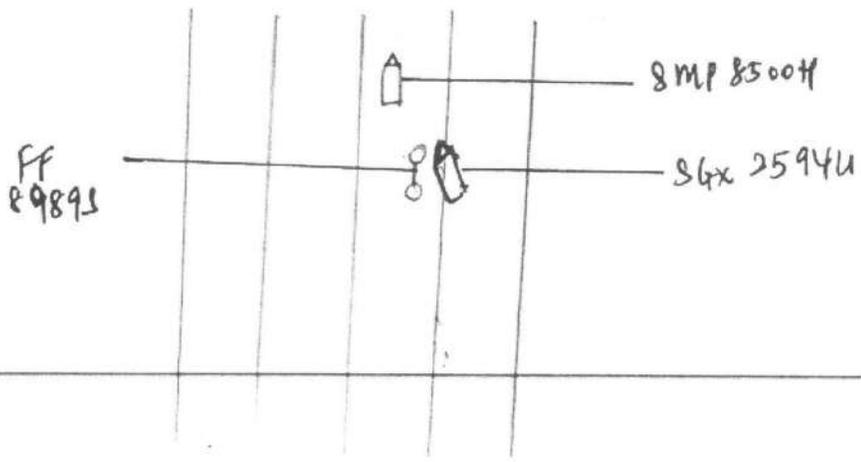
Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKIBUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

Sketch Plan

01 MAR 2021





Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FF8989S	NTUC Income Insurance Co-Operative Limited	5116841130	10/05/2020	09/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	CHUAH LAI HOCK	ID No.	S1832981F	
Related Vehicle	FF8989S (Motorcycle)	Contact No.	90250698	
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	26/02/2021	Date Discharge	NIL	
No. of Days granted Medical Leave	04	Degree of Injury	NIL	
Driver				
Name	GOH XI TAI WINFRED	ID No.	S8800759Z	
Related Vehicle	SGX2529U (Car)	Contact No.	87542589	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Name	LIM KOK CHYE TONY	ID No.	S8522850A	
Related Vehicle	SMP8500H (Car)	Contact No.	93362001	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20210226/2138

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20210226/2138

CONTINUATION OF REPORT

Brief Details.

On the 26/02/2021 at about 1745hrs, I was riding along Central Expressway (CTE) towards Balestier Road before Moulmein Flyover. There are total of 4 lanes altogether and I was travelling on the 2nd lane. The traffic was heavy as such, my speed was about 40km/h-50km/h.

However, there was one vehicle bearing vehicle number SGX2529U travelling on the 1st lane beside me suddenly swerved his vehicle to the left and cut into my lane. After I felt the contact between the vehicle(SGX2529U) and my motorcycle (FF8989S), I lost control of my bike and fell down on the floor. My motorcycle fell on my and dragged me for a distance. As a result, my motorcycle collided into another vehicle 's(SMP8500H) left passenger door area.

After which, both vehicle owners came down to make a check on me and we further exchange particulars. I was in a rush to go home, I told the vehicle owners that I will proceed to clinic for check up. Subsequently, I left scene. I sustain some bleeding at my right arm and right knee area. My left toe was injured as well. I went to visit a doctor at Horizon Medical Clinic and was given 4 days of Medical Leave dated from 26/02/2021 to 01/03/2021.

Vehicle owner from SMP8500H informed that he has a in-car camera that captured the accident.



**SINGAPORE
POLICE FORCE**



T/20210226/2138

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

Report No. T/20210226/2138

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: E / Sgt 2 XIA XUE	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	

Signature Of Informant:	
Date/Time: 26/02/2021 22:17	
Classification Of Case:	

Authentication Stamp
NP168



SN 168

SIGNATURE