

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 11/03/2021 11:55 (SGT)
Date of Accident 09/03/2021 18:00 (SGT)
Exact Location of Accident Ang Mo Kio Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH9844G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JUSTIN NG ZHANG ZHEN
NRIC No SXXXX517A
Email Address 13021938JUSTINNG@GMAIL.COM
Mobile Phone No (Phone) +65-96389142
Alternative Phone No +65-96389142

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16st
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 5118860893
Cover Note Number -

DRIVER

Name of Driver JUSTIN NG ZHANG ZHEN
NRIC No SXXXX517A
Date Of Birth 03/09/1996
Occupation Indoor

Date Of Driving Pass	27/08/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96389142
Alt. Phone Number	+65-96389142
Email Address	13021938JUSTINNG@GMAIL.COM
Address	BLK 879 WOODLANDS ST 82 #04-18
Address complement	-
Postcode	730879
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM GUO JIE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210310/7016

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	GBG8521A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	JUSTIN NG ZHANG ZHEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBH9844G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM GUO JIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBH9844G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Z

Policyholder's Signature / Date & Time

Z

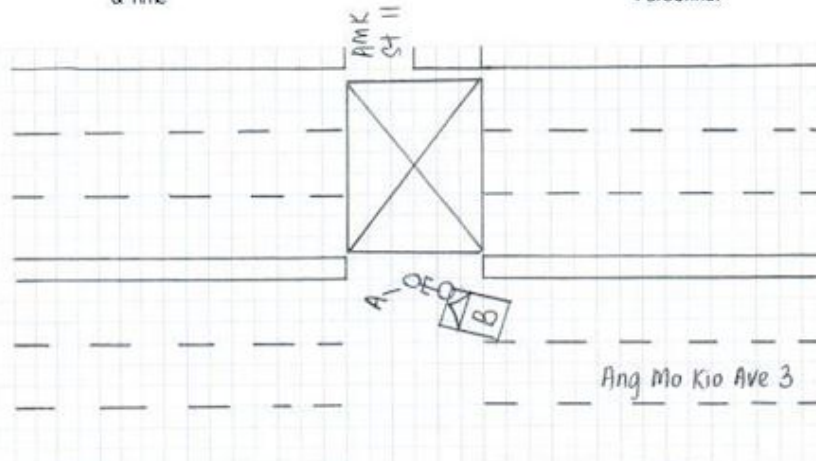
Driver's Signature (If driver is not the policyholder) / Date & Time

H

Witnessed by Reporting Centre Personnel

Sketch Plan

A: FBH9844G
B: GBG8521A



Refer to police report 7/2021 0310 / 7016

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[Signature]

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**SINGAPORE
POLICE FORCE**



T/20210310/7016

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210310/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2021 13:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JUSTIN NG ZHANG ZHEN			Address: 879 WOODLANDS STREET 82 #04-18 SINGAPORE 730879		
ID Type / ID No.: NRIC NO / S9631517A			Contact No.: Home/Office: Mobile: 96389142		
Nationality: SINGAPORE CITIZEN			Email: 13021938JUSTINNG@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 03/09/1996	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/03/2021 18:00	Type of Location:
Location: ANG MO KIO AVENUE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH9844G	Motorcycle	YAMAHA	FZ16ST	Black		0
GBG8521A	Van					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210310/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210310/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9844G	NTUC Income Insurance Co-Operative Limited	5118860893	31/08/2020	30/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	LIM GUO JIE		ID No.	S9624912H
Related Vehicle	FBH9844G (Motorcycle)		Contact No.	97263715
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Rider				
Name	JUSTIN NG ZHANG ZHEN		ID No.	S9631517A
Related Vehicle	FBH9844G (Motorcycle)		Contact No.	96389142
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

Brief Details.

On the stated date and time, I was riding my bike (FBH9844G) along Ang Mo Kio Avenue 3 with my pillion. When approaching the junction with Ang Mo Kio Street 11, I stopped my vehicle before the yellow box to wait the traffic to be clear before turning onto Ang Mo Kio Street 11. Out of sudden, vehicle (GBG8521A) came from behind and hit onto my bike causing my bike to fell towards right side. Me and my pillion were injured due to the accident.



**SINGAPORE
POLICE FORCE**



T/20210310/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210310/7016

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

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

Date/Time:
10/03/2021 13:49

Classification Of Case: