

# 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 ..... 29/03/2021 11:53 (SGT)  
Date of Accident ..... 26/03/2021 19:45 (SGT)  
Exact Location of Accident ..... Jln Merah Saga, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBF1691T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ALORIDE PTE. LTD.  
Company Reg No ..... 2XXXXX994W  
Email Address ..... chongnjmchong@gmail.com  
Mobile Phone No ..... (Phone) +65-86069501  
Alternative Phone No ..... +65-86069501

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz16  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 135

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5113531735-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NICOLAUS CHONG WEI ERN  
NRIC No ..... TXXXX941Z

Date Of Birth .....	14/03/2001
Occupation .....	Outdoor
Date Of Driving Pass .....	16/03/2021
Driving experience .....	0 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-86069501
Alt. Phone Number .....	-
Email Address .....	chongnjmchong@gmail.com
Address .....	BLK 646 JALAN TENAGA #07-117
Address complement .....	-
Postcode .....	410646
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 on collision
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 .....	Eunos Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004439999
Alt. Police Station Phone No .....	(Fax) +65-62444376
Police Station Address .....	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210327/2054

#### 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 .....	SHB4628H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	PEK YEW CHEE
Contact Number .....	(Phone) +65-97343381
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 .....	NICOLAUS CHONG WEI ERN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBF1691T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

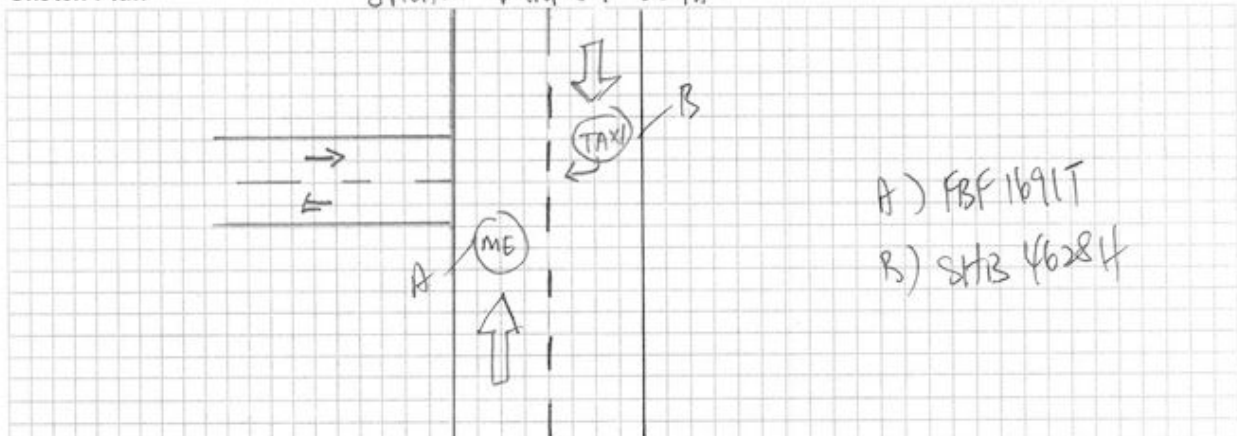
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand,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

## Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210327/2054

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

29/3 11:11

Witnessed by Reporting Centre Personnel

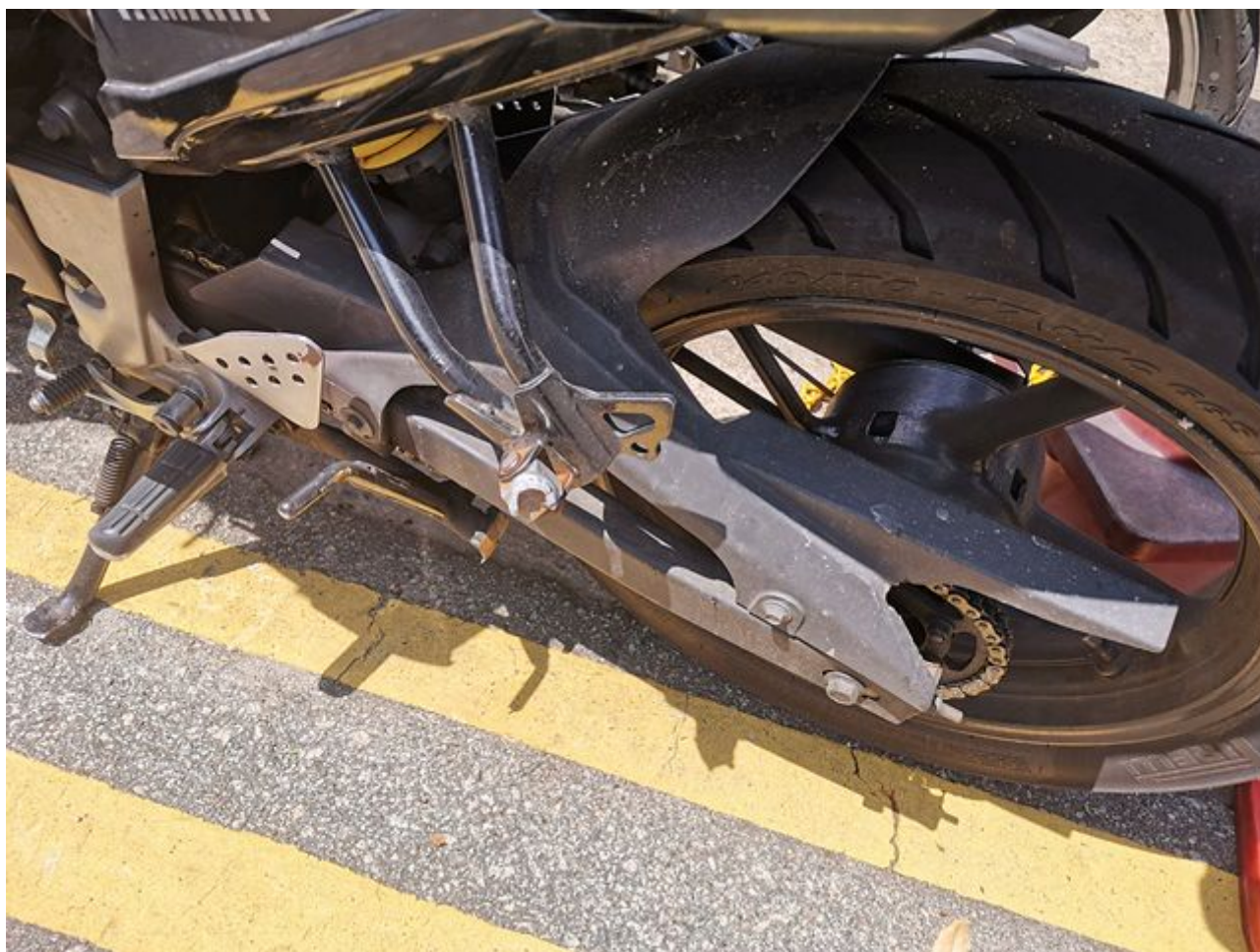
*[Signature]* 29/03/2021



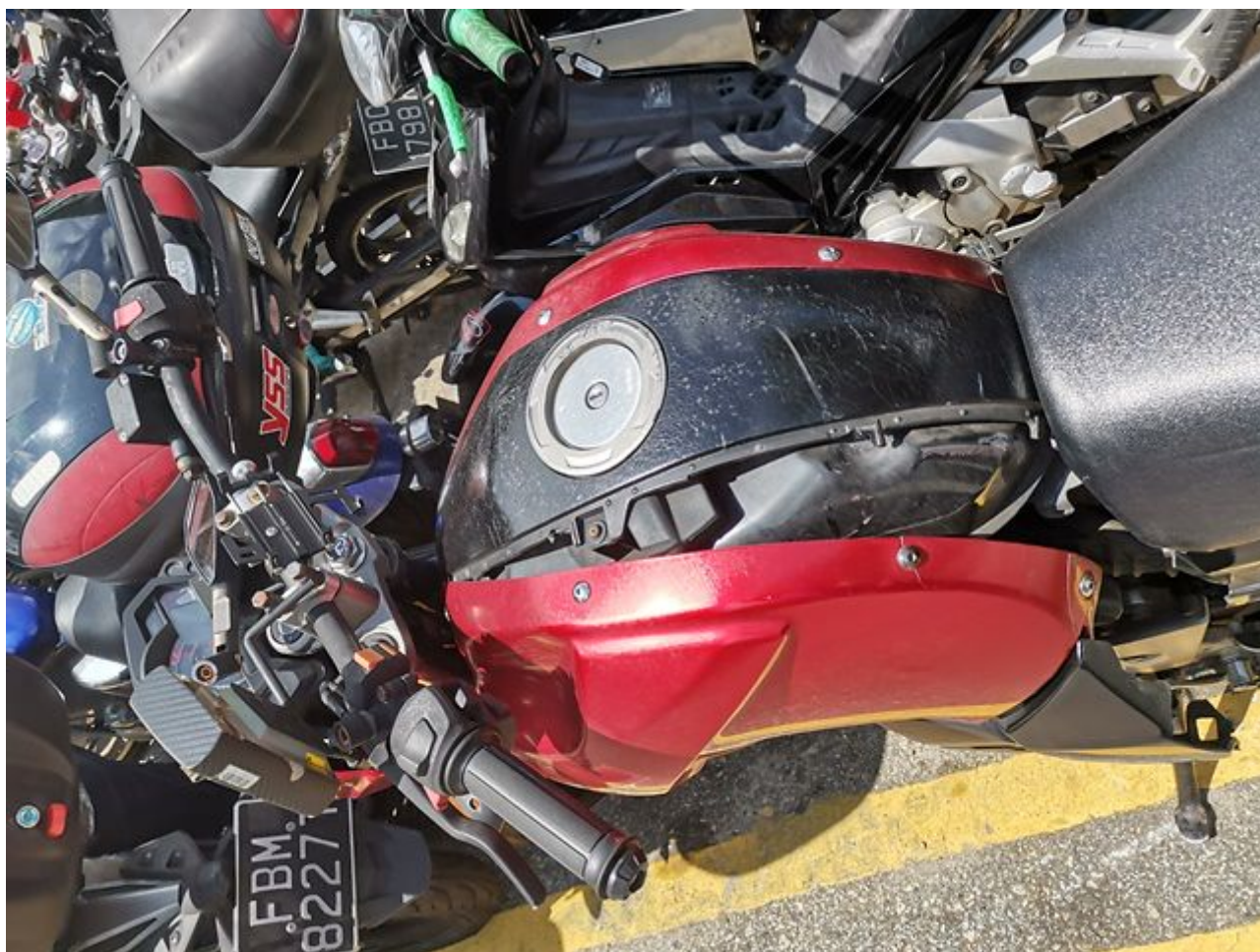






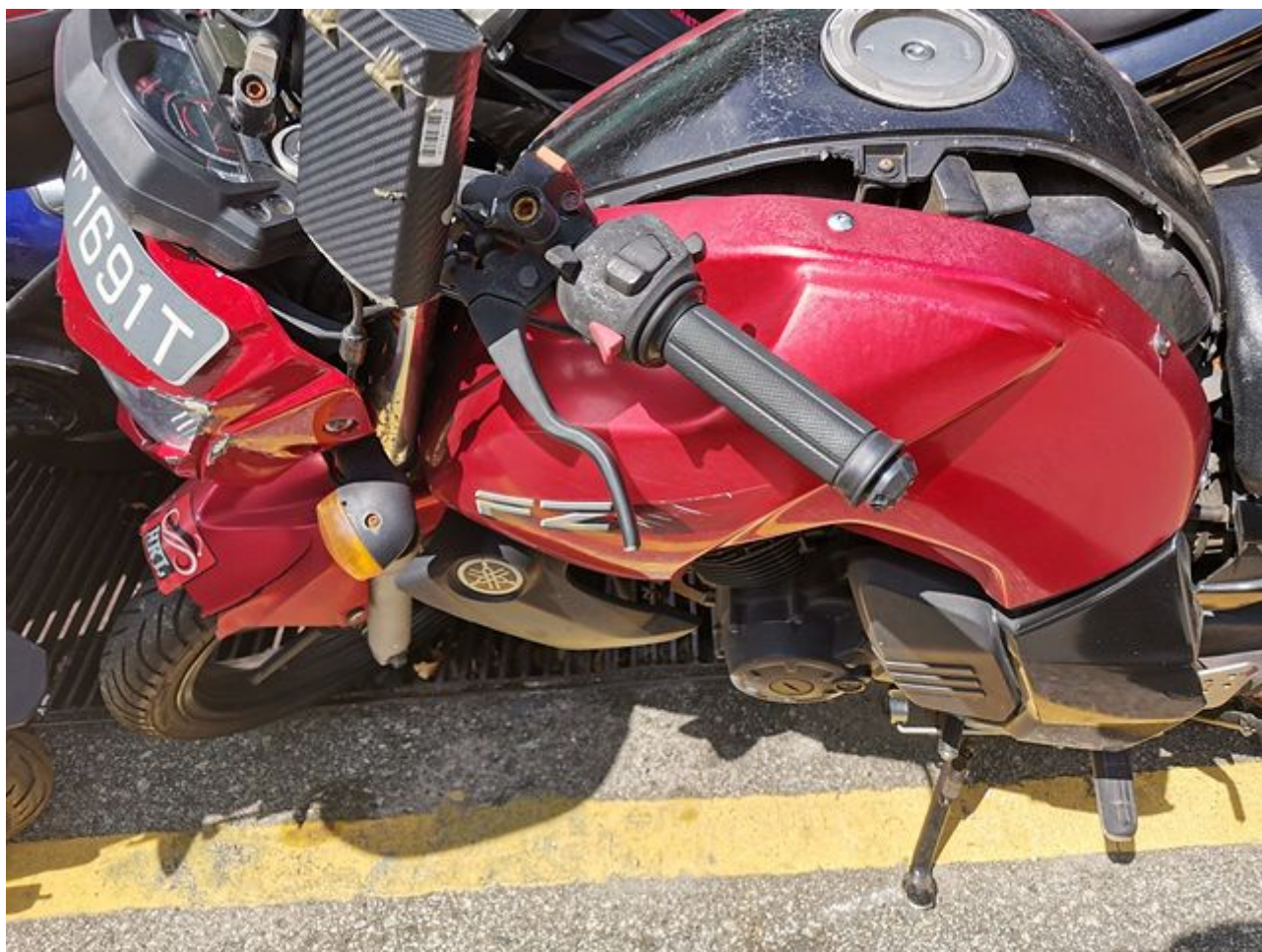




















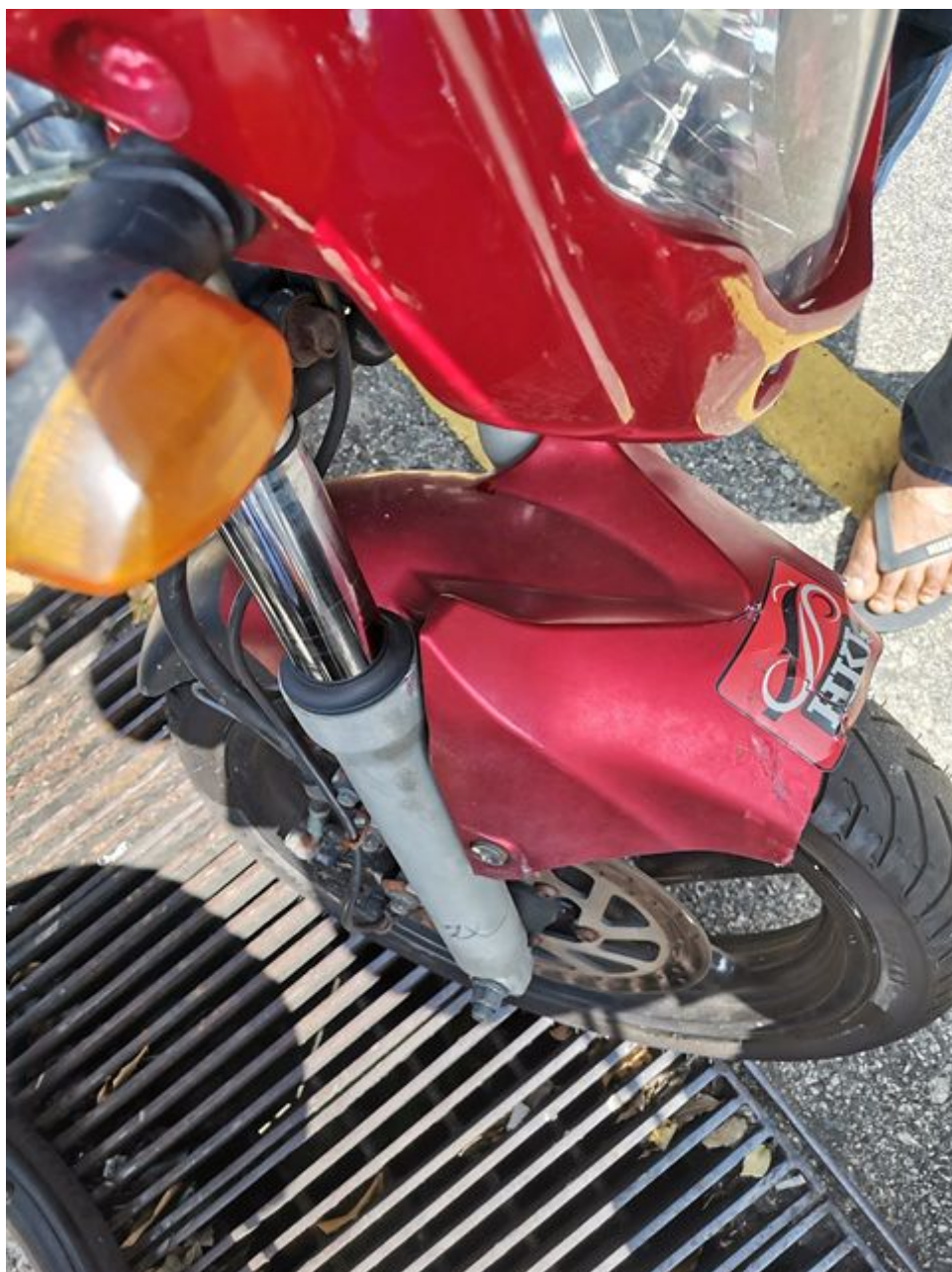




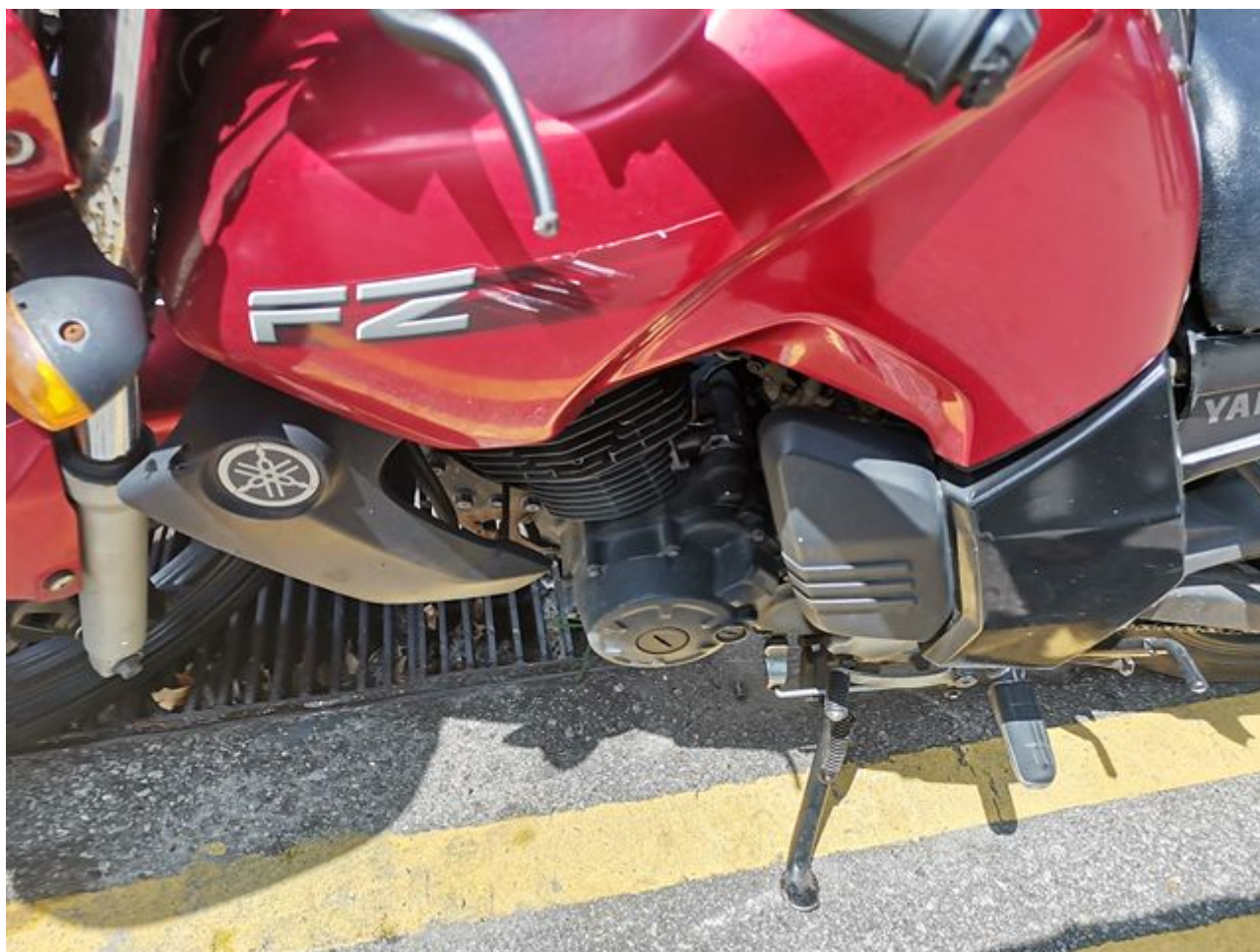















**SINGAPORE  
POLICE FORCE**


T/20210327/2054

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Report No. T/20210327/2054

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/03/2021 12:44	Vide Report No.:	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: NICOLAUS CHONG WEI ERN	Address: APT BLK 646 JALAN TENAGA #07-117 SINGAPORE 410646		
ID Type / ID No.: NRIC NO / T0110941Z	Contact No.:	Mobile: 86069501	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 20	Date of Birth: 14/03/2001	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Student	Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2021 19:45	Type of Location: Straight Road
Location:  JALAN MERAH SAGA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1691T	Motorcycle				Seriously Damaged	0
SHB4628H	Car			Yellow		0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210327/2054

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20210327/2054

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	NICOLAUS CHONG WEI ERN		ID No. T0110941Z
Related Vehicle	FBF1691T (Motorcycle)		Contact No. 86069501
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/03/2021	Date Discharge	26/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	PEK YEW CHEE		ID No. NIL
Related Vehicle	SHB4628H (Car)		Contact No. 97343381
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

**Brief Details.**

On 26/03/2021 at about 1945hrs, I was riding along Jalan Merah Saga and subsequently one taxi bearing vehicle plate number SHB4628H who was on the opposite side of the road suddenly turned right to head towards Jalan Kelabu Asap but he hit my motorcycle head on instead when I was travelling straight. I tried to brake but did not managed to stop on time and end up he hit me head on which caused me to fall off from my motorcycle. No ambulance or police came to scene. I went to Parkway East Hospital to seek treatment to my injuries as I felt pain on my right leg and was then given 3 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999



T/20210327/2054

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Report No. T/20210327/2054

**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 3 ANWAR MUSHADAD BIN ABDUL  
RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/03/2021 12:44

Classification Of Case: