

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 30/03/2021 12:23 (SGT)
Date of Accident 29/03/2021 12:45 (SGT)
Exact Location of Accident Havelock Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP8849C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SU BINGWANG
Passport No/FIN GXXXX798U
Email Address ah_seng82@hotmail.com
Mobile Phone No (Phone) +65-81816607
Alternative Phone No +65-81816607

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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 Private car
Transmission Auto
CC 2494

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120583598
Cover Note Number -

DRIVER

Name of Driver LUI CHUNG SIN
NRIC No SXXXX601A

Date Of Birth	01/05/1982
Occupation	Outdoor
Date Of Driving Pass	05/05/2003
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81816607
Alt. Phone Number	-
Email Address	ah_seng82@hotmail.com
Address	BLK 96B HENDERSON ROAD #08-72
Address complement	-
Postcode	152096
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	WANG JIE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210329/2060

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	FBH4674M
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)	-

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 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. 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' 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")

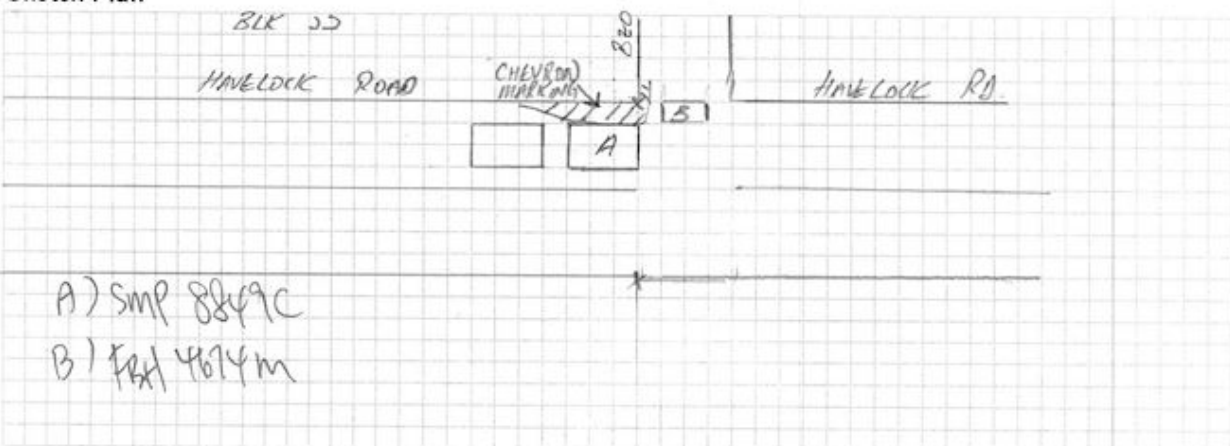
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

x - TRAFFIC LIGHT
A - DRIVER: LUI CHUNG SIN

B - MOTORCYCLE; RIDER

Describe Circumstances of the Accident

REFER TO POLICE REPORT #20210329/2060

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

Witnessed by Reporting Centre Personnel

30/03/2021
11.25 AM

30/03/2021



































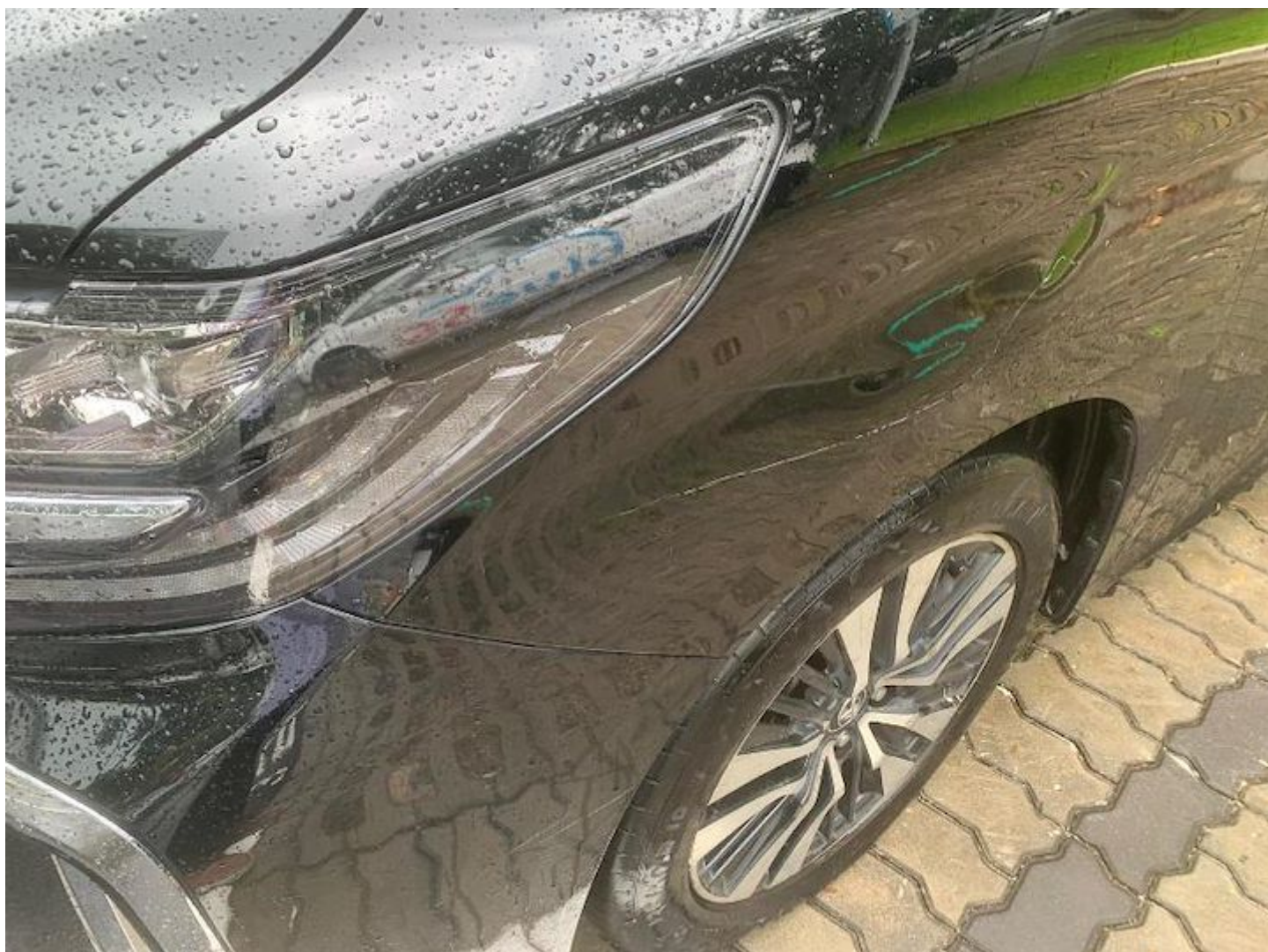














**SINGAPORE
POLICE FORCE**



T/20210329/2060

1 of 4

Report No. T/20210329/2060

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2021 14:02		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: LUI CHUNG SIN		Address: APT BLK 96B HENDERSON ROAD #08-72 SINGAPORE 152096			
ID Type / ID No.: NRIC NO / S8270601A		Contact No.: Home/Office:		Mobile: 81816607	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 38	Date of Birth: 01/05/1982	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PERSONAL DRIVER		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2021 00:00	Type of Location:
Location: HAVELOCK ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Unsure of how the collision happened.			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4674M	Motorcycle				Slightly Damaged	0
SMP8849C	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210329/2060

2 of 4

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20210329/2060

CONTINUATION OF REPORT

Driver			
Name	LUI CHUNG SIN	ID No.	S8270601A
Related Vehicle	NIL	Contact No.	81816607
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
Rider			
Name	Garrick Chua Yan Shu	ID No.	S9312467G
Related Vehicle	NIL	Contact No.	87226090
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.

I was travelling along Havelock road when I came to a stop as the traffic light was showing red at the junction before approaching Beo Crescent market. When the traffic light turned green, I wanted to make a left turn when I started to inch out.

Out of a sudden, I heard a loud thud coming from the vehicle's left and felt an impact on my vehicle SMP8849C. Then I saw a bike FBH 4674M skid forward. Me and my colleague then stepped out of my vehicle and proceeded to help the rider. The rider sustained abrasions on his right ankle area.

I believe that the rider, upon seeing the green light tried to overtake me via the chevron marking on the left of the road.

As there started to have a Jam building up and it was raining, I decide to shift my vehicle and eventually requested the Rider to meet me at River Valley Neighborhood Police Post to lodge a report.

No ambulance nor police attended to us at scene.

I wish to indicate that I am the driver as the other party is unable to ascertain who was driving at that time as I have a colleague with me in the car.

I have a dashcam in the car however it was not recording.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999



T/20210329/2060

3 of 4

Report No. T/20210329/2060

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210329/2060

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

4 of 4

Report No. T/20210329/2060

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 KOH WEE SIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2021 14:02

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 069

Authentication Stamp
NP168



SIGNATURE