

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 17:46 (SGT)
Date of Accident	30/03/2021 09:00 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	TOWARDS LENG KEE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6117K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ADAM KIEW KIM SIAH (QIU JINCHENG)
NRIC No	SXXXX788I
Email Address	tiffany.kwek@gmail.com
Mobile Phone No	(Phone) +65-83181718
Alternative Phone No	+65-92326252

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vario
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	149

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5113642028-01
Cover Note Number	-

DRIVER

Name of Driver	TIFFANY KWEK BEE HONG
NRIC No	SXXXX626A

Date Of Birth	07/08/1970
Occupation	Outdoor
Date Of Driving Pass	22/01/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92326252
Alt. Phone Number	-
Email Address	tiffany.kwek@gmail.com
Address	BLK 60 TELOK BLANGAH HEIGHTS #02-67
Address complement	-
Postcode	100060
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20200330/2059

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	SBC7787C
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LEE CHEOW KENG LAWSON
NRIC No	SXXXX748Z
Contact Number	(Phone) +65-90180105
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	TIFFANY KWEK BEE HONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBN6117K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

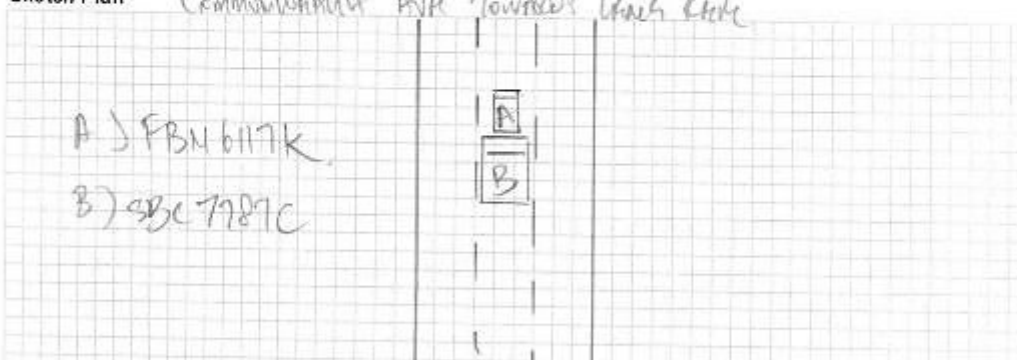
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand,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

 Policyholder's Signature / Date & Time 30/03/2021 14:20	Riffing - 30/03/2021 14:20 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel 30/03/2021
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Sketch Plan

COMMONWEALTH PARK TOWARDS LANCH KATE




A) FBN 6117K
B) SBC 7787C


Describe Circumstances of the Accident

Refer to Police Report 1/20210230/2059

Declaration

We declare the foregoing particulars are true in every respect.

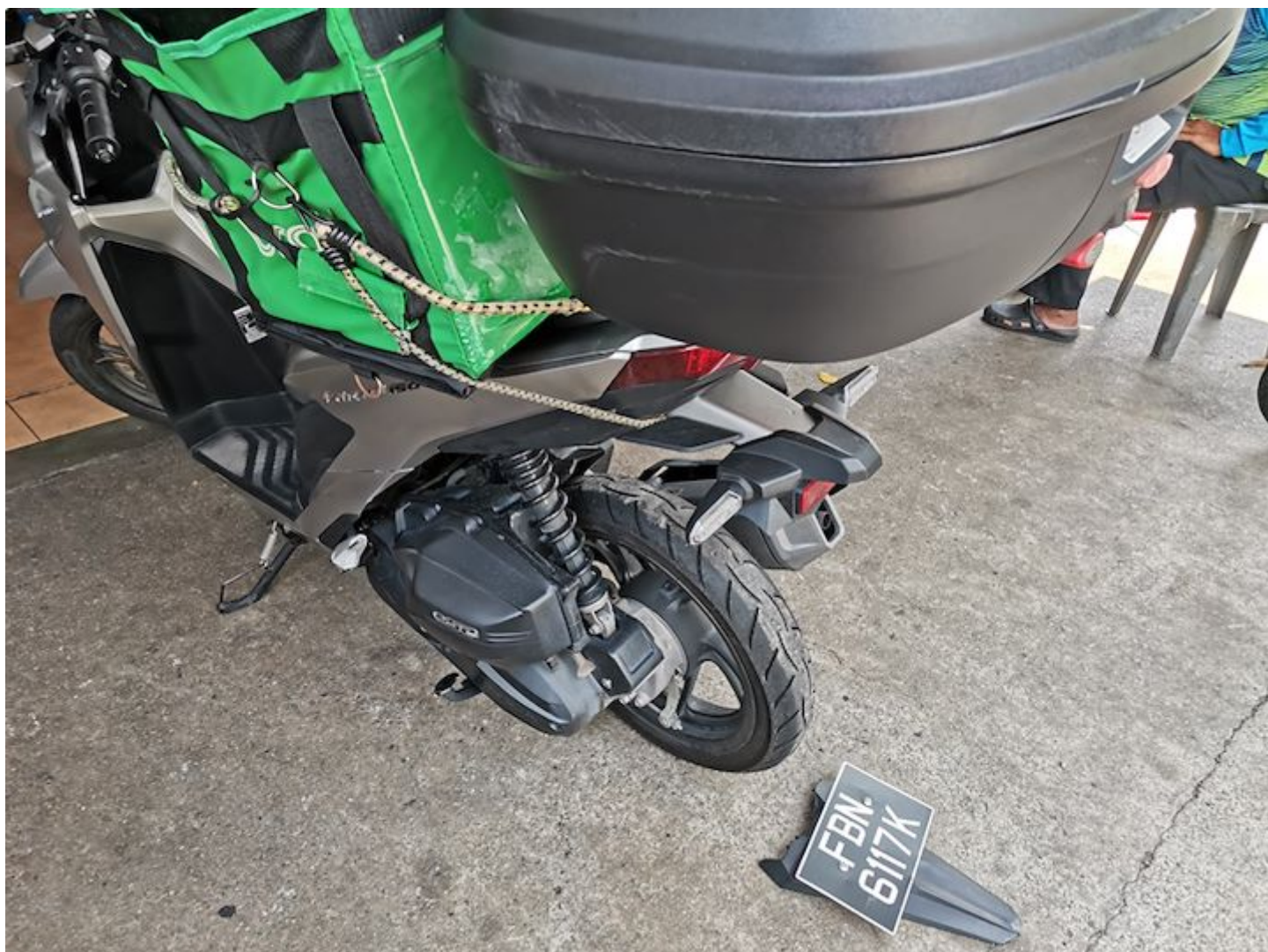
 30/03/21 14:20
Policyholder's Signature / Date & Time

 30/03/2021 14:30
Driver's Signature (if driver is not the policyholder) / Date & Time

 30/03/2021
Witnessed by Reporting Centre Personnel

























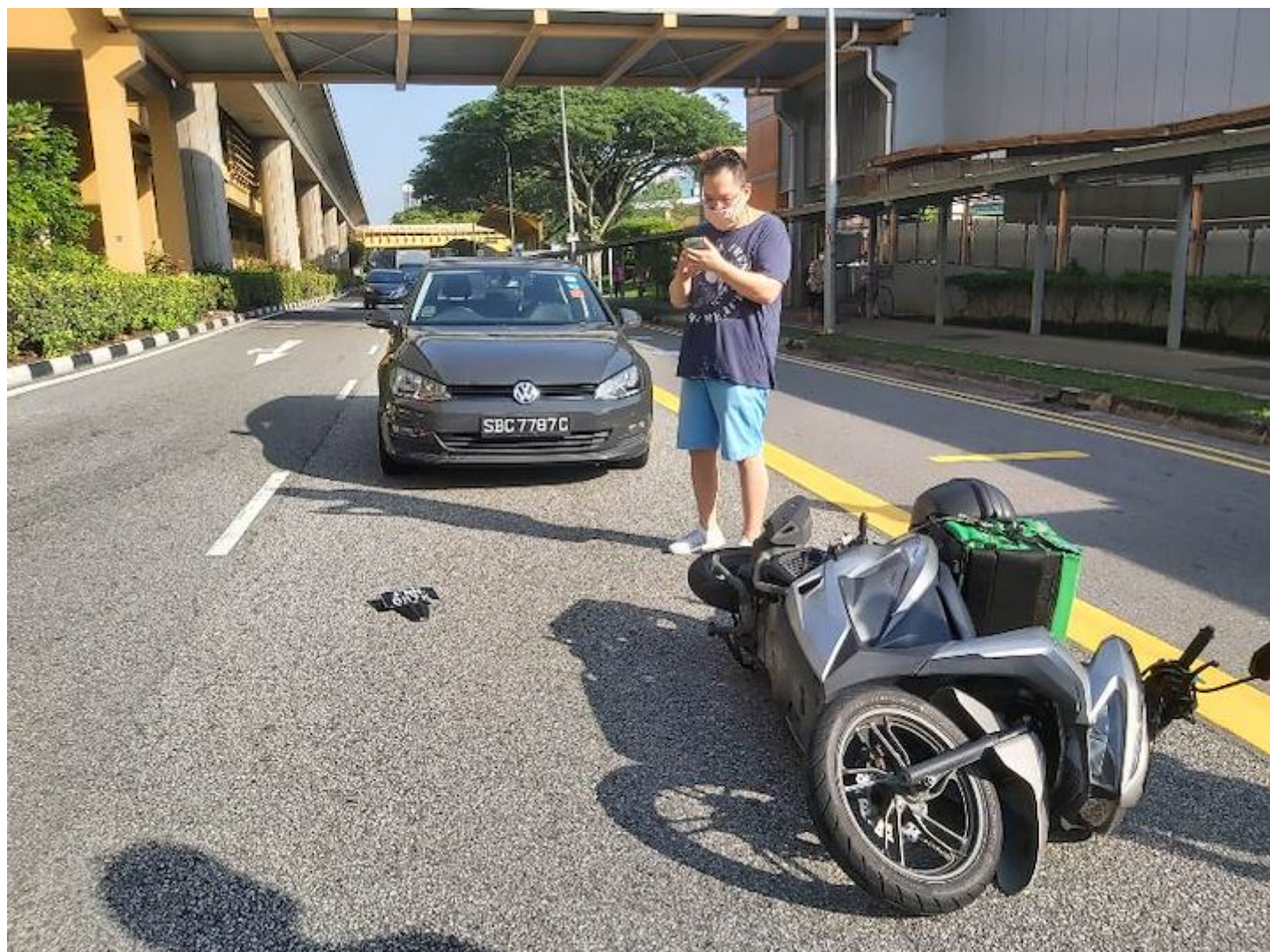


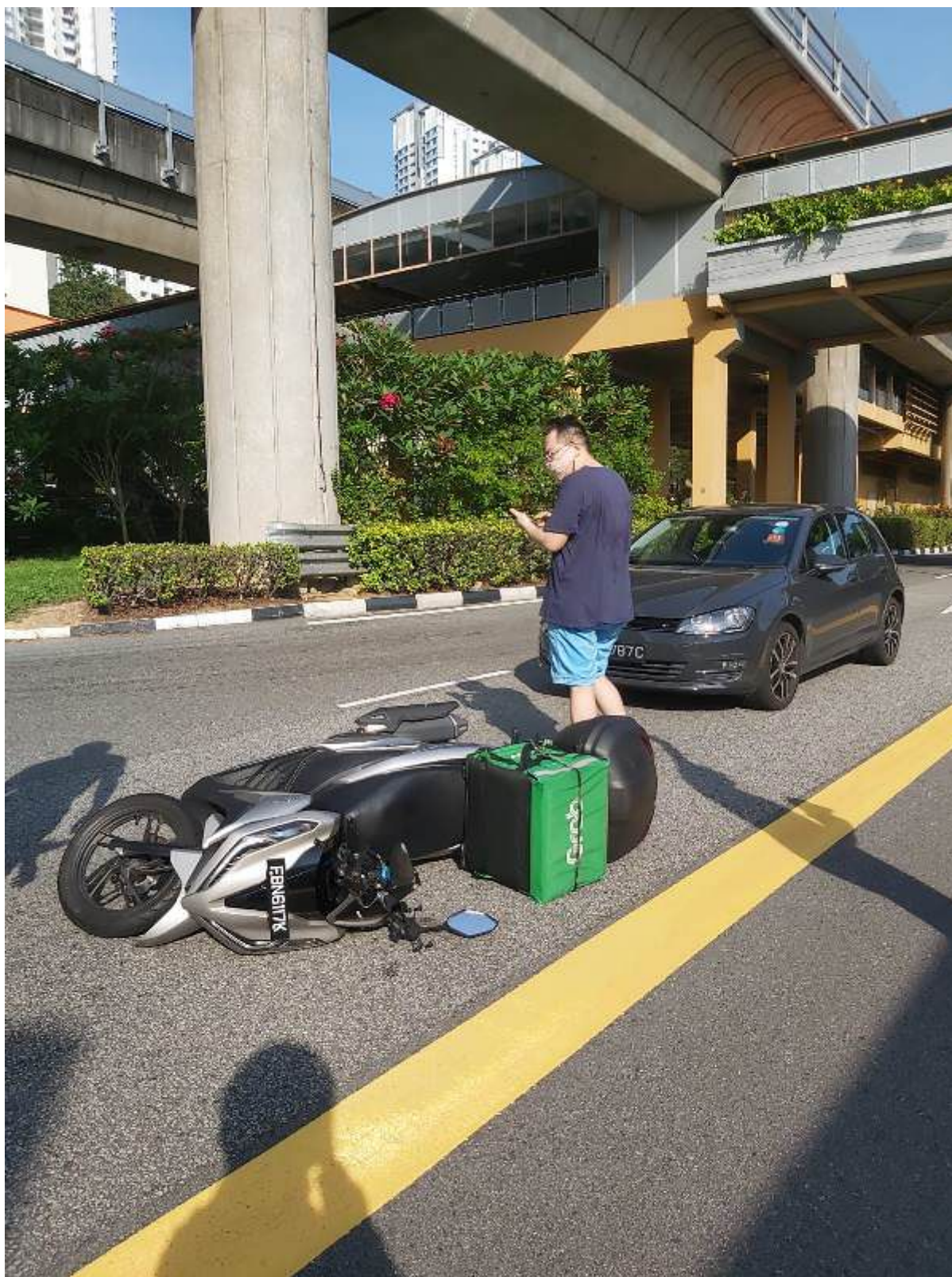


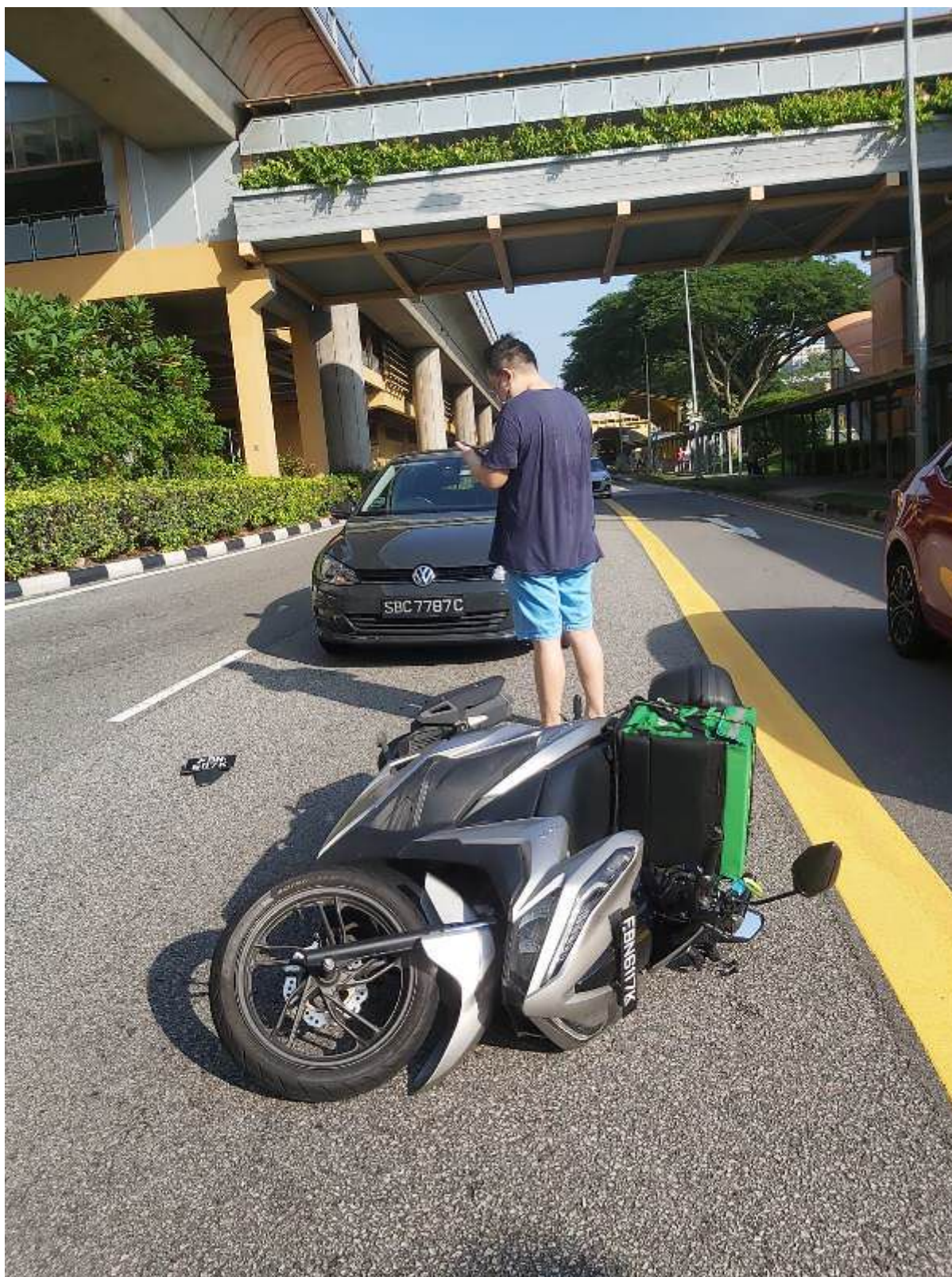


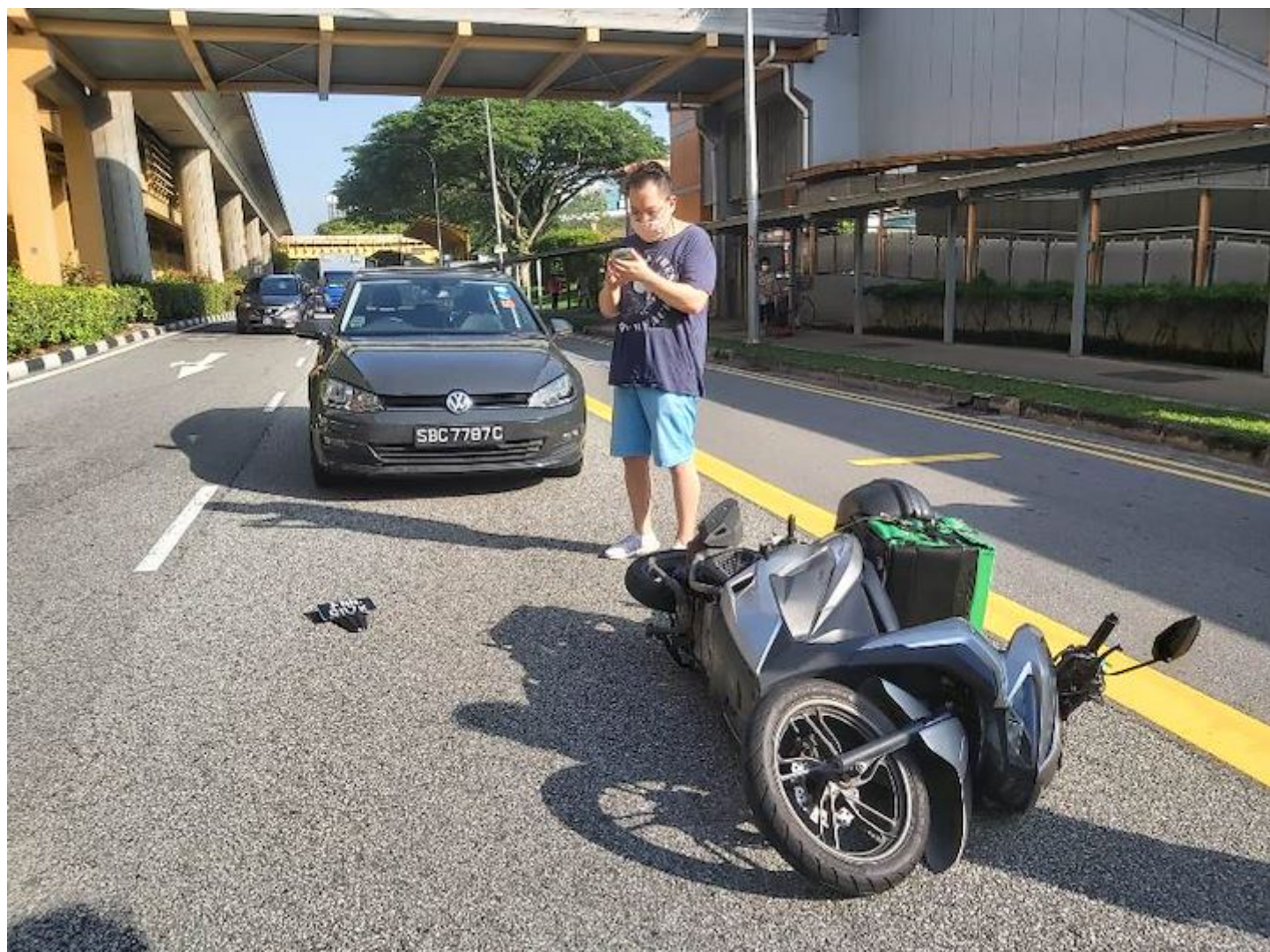




















**SINGAPORE
POLICE FORCE**



T/20210330/2059

1 of 3

Report No. T/20210330/2059

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 13:04		Vide Report No.: D/20210330/0034		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: TIFFANY KWEK BEE HONG			Address: APT BLK 60 TELOK BLANGAH HEIGHTS #02-87 SINGAPORE 100080		
ID Type / ID No.: NRIC NO / S7026626A			Contact No.: Home/Office: Mobile: 92326252		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 50	Date of Birth: 07/08/1970	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB RIDER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/03/2021 09:00	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6117K	Motorcycle				Slightly Damaged	0
SBC7787C	Car				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20210330/2059

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Report No. T/20210330/2059

CONTINUATION OF REPORT

Rider			
Name	TIFFANY KWEK BEE HONG	ID No.	S7026628A
Related Vehicle	FBN6117K (Motorcycle)	Contact No.	92326252
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Lee Cheow Keng Lawson	ID No.	S8124748Z
Related Vehicle	SBC7787C (Car)	Contact No.	90180105
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 30/03/2021 at about 0900hrs, I was travelling on my motorcycle, FBN6117K along Commonwealth ave towards Lengkeek road near to Commonwealth MRT. At the point of time, the traffic was heavy and slow moving. I was stationary as the traffic light was red. Once it turn green, I felt an impact from the rear and lost balance and fell on the ground. I asked the driver to call for ambulance and we exchange particulars. Some passer by came to help me and my motorcycle to the side of the road. Shortly after, the ambulance and traffic police came and I was conveyed to NUH and was given 3 days MC. I suffered soreness at my neck, shoulder and thigh area. I feel giddy whenever I bend and squat down. I was asked to return back for review 1 week later.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20210330/2059

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Report No. T/20210330/2059

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 /

Sgt 3 LEE HAO ZHENG ALVIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 DAVID YAP

Contact No.: 96192349

Authentication Stamp:

NP163

Signature Of Informant:

Date/Time:

30/03/2021 13:04

Classification Of Case: