

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	01/04/2021 16:49 (SGT)
Date of Accident	30/03/2021 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ORANGE GROVE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD802H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIN AH PENG
NRIC No	SXXXX532G
Email Address	liaobangxiong@gmail.com
Mobile Phone No	(Phone) +65-96663782
Alternative Phone No	+65-96663782

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / ANF 125MSS A
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
Transmission	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5051787677-09
Cover Note Number	-

DRIVER

Name of Driver	CHIN AH PENG
NRIC No	SXXXX532G

Date Of Birth	16/07/1965
Occupation	Outdoor
Date Of Driving Pass	19/06/1991
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96663782
Alt. Phone Number	+65-96663782
Email Address	liaobangxiong@gmail.com
Address	BLK 334B #10-130 ANCHORVALE CRESCENT
Address complement	-
Postcode	542334
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?	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of Intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210330/2148;

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	SHD6662J
Vehicle Manufacturer	Mercedes
Vehicle Model	MERCEDES BENZ / E220 BLUETEC
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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	CHIN AH PENG
Address	BLK 334B #10-130 ANCHORVALE CRESCENT
Address Complement	-
Post Code	542334
Approximate Age Years Old	55
Injuries Sustained	-
Injured person in which vehicle?	FBD802H
Were seat belts worn?	No
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' 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.

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

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

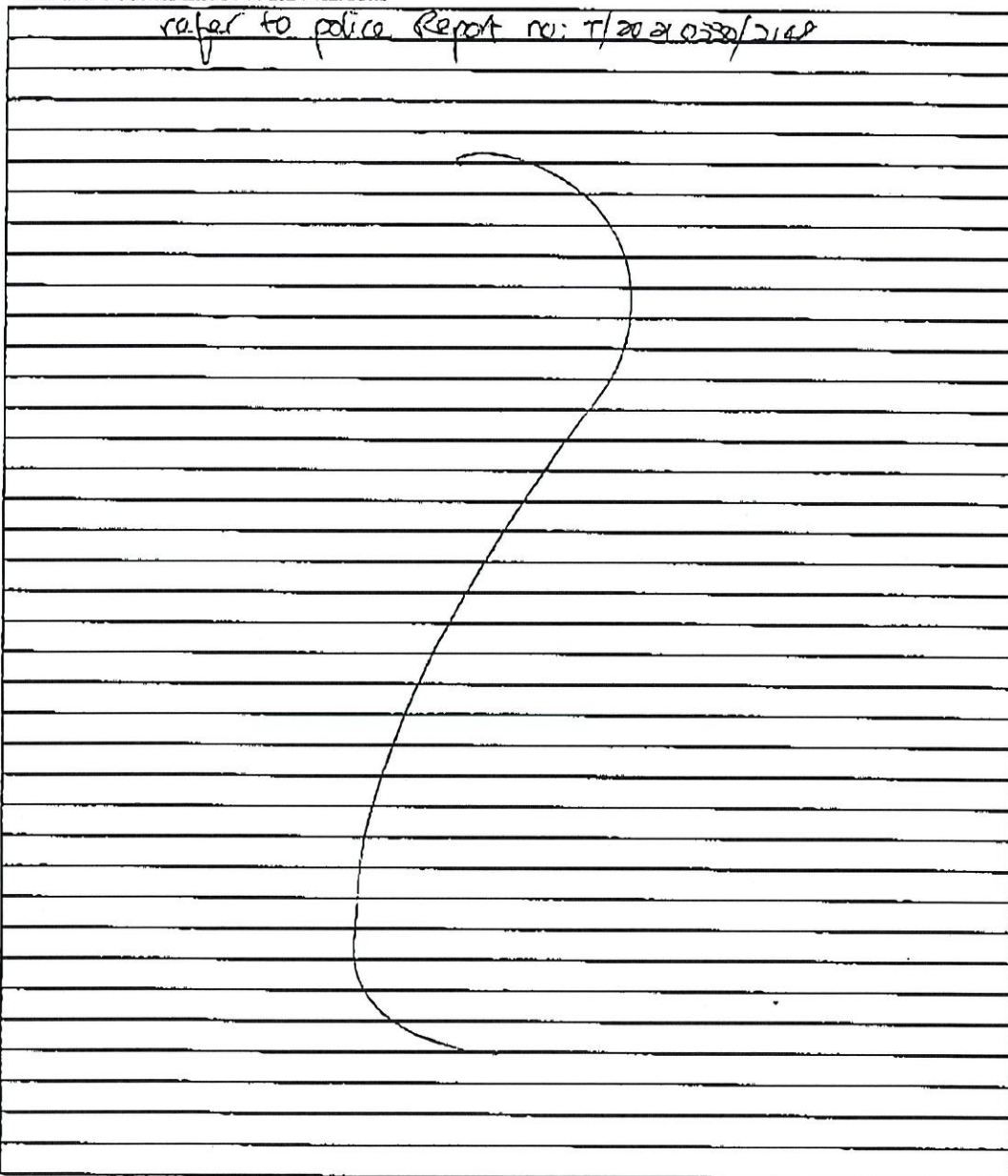
01 APR 2021

SHD
Coke 25
FBD
2021
Wheley Rd.

Toward orchard

Describe Circumstances of the Accident

refer to police Report no: T/2020038/2142



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: vakib@vac.com.sg

Witnessed by Reporting Centre
Personnel

01 APR 2021



SINGAPORE POLICE FORCE



T/20210330/2148

Police Station Of Origin:
Tampines N P C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1600-587 1999

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Report No. T/20210330/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 20:02		Vide Report No.:		Station Diary No.: 89
Informant's Particulars				
Name of Informant: CHIN AH PENG		Address: APT BLK 334B ANCHORVALE CRESCENT #10-130 SINGAPORE 542334		
ID Type / ID No.: NRIC NO / S2629532G		Contact No.: Home/Office: Mobile: 96663782		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 16/07/1965	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2021 16:50	Type of Location: Bend
Location: ORANGE GROVE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
FBD802H	Motorcycle	HONDA	ANF 125MSS A	Red	Slightly Damaged	0
SHD6662J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD802H	NTUC Income Insurance Co-Operative Limited	5051787677-09	17/10/2020	16/10/2021



SINGAPORE POLICE FORCE



T/20210330/2148

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Police Station Of Origin,
Tampines N P C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1600-5871999

Report No, T/20210330/2148

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIN AH PENG	ID No.	S2629532G
Related Vehicle	FBD802H (Motorcycle)	Contact No.	96663782
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	30/03/2021	Date Discharge	30/03/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	SIT SOONG LIP	ID No.	S0178650D
Related Vehicle	SHD6662J (Car)	Contact No.	92758381
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 the 30/03/2021 at about 1650hrs, I was riding FBD802H along Orange Grove Road towards Stevens road. Just before I entered Stevens road from Orange Grove Road on the slip road, I noticed a vehicle coming straight along Stevens road, thus I stopped my vehicle. Immediately after I stopped my vehicle, the car SHD6662J(Taxi) behind mine collided onto the back of my vehicle. I fell together with my bike on my left side. I sustained pain at my right arm, right leg, left leg and my back after the collision.

We exchanged particulars. The traffic police attended to us at scene. The Taxi driver did not report of any injury.

I do not have camera installed on my vehicle. The rear of my vehicle is damaged due to the collision.

I was not conveyed by ambulance. I went to the clinic to see doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20210330/2148

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529582
Tel No: 1800-5871999

Report No. T/20210330/2148

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 CHIN XUE NI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/03/2021 20:02

Officer In Charge Of Case:

TP / GIT /

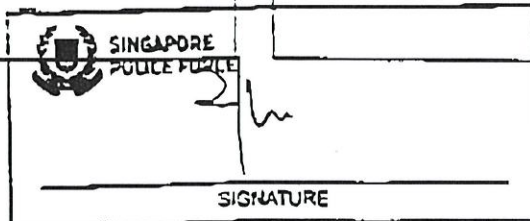
Sgt 2 DAVID YAP

Contact No.: 96192349

Classification Of Case:

Authentication Stamp

NP155



SIGNATURE