

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 19/01/2021 15:47 (SGT)
Date of Accident 07/01/2021 13:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALEXANDRA ROAD TWRDS LENG KEE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF3108Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VINCENT NG (HUANG RONGMING)
NRIC No S7801398B
Email Address phuangwei89@gmail.com
Mobile Phone No (Phone) +65-94573856
Alternative Phone No +65-94573856

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YAMAHA / T135
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 135

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5118117717
Cover Note Number -

DRIVER

Name of Driver VINCENT NG (HUANG RONGMING)
NRIC No S7801398B

Date Of Birth	21/01/1978
Occupation	Outdoor
Date Of Driving Pass	15/10/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94573856
Alt. Phone Number	+65-94573856
Email Address	phuangwei89@gmail.com
Address	BLK 317C #10-266 YISHUN AVENUE 9 YISHUN GREENWALK
Address complement	-
Postcode	763317
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	Side Swipe
Weather Conditions	AFTER RAIN
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?	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.L/20210114/7036;

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	SHC7075C
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / AE IONIQ HEV 1.6 DCT
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	VINCENT NG (HUANG RONGMING)
Address	BLK 317C #10-266 YISHUN AVENUE 9 YISHUN GREENWALK
Address Complement	-
Post Code	763317
Approximate Age Years Old	42
Injuries Sustained	-
Injured person in which vehicle?	FBF3108Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

✖

Policyholder's Signature
 Date & Time:

✖

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:















**SINGAPORE
POLICE FORCE**



L/20210114/7036

1 of 3

POLICE REPORT (NP299)

Report No. L/20210114/7036

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 14/01/2021 20:59	Vide Report No.	Station Diary No.
Name Of Informant VINCENT NG	Address 317C YISHUN AVENUE 9 #10-266 SINGAPORE 763317	
ID Type / ID No. NRIC NO / S7801398B	Contact No. Home/Office:	Mobile: 94573856
Nationality SINGAPORE CITIZEN	Email Address tmsvincent@hotmail.com	
Occupation Delivery rider	Sex Male	Age 42
	Date of Birth 21/01/1978	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 07/01/2021 13:10	Location Of Incident Alexandra Road	

Brief details.

On the above mentioned date and time, I was riding my motor FBF3108Z along Alexandra Road along the extreme right lane.

Suddenly, SHC7075C, which was along the lane on my left, made an abrupt lane change and swerved into my lane.

I immediately jammed on my brakes and attempted to swerve to my right in order to avoid the collision but to no avail.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2021 20:59
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210114/7036

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210114/7036

Despite my attempt to avoid SHC7075C, said taxi still collided into my vehicle's left rear portion. I could not recall how I fell. However, I lost consciousness and was woken up by passer-bys.

I was conveyed to NUH for treatment and was hospitalised for multiple injuries caused by the accident.

The injuries I had suffered are as follows:

Mutiple fractures on my right foot

Mutiple Abrasions over my

Right elbow

Both knees

Right hand

Mutiple Bruises over my

Left Palm

Right Inner knee

Right lower back

Muscle soreness over

Neck

Shoulders

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

14/01/2021 20:59

Classification Of Case:

**SINGAPORE
POLICE FORCE**

L/20210114/7036

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210114/7036

Lower back
Both inner thighs

I was discharged on 13/01/2021 with 60 Days HL from 07/01/2021 to 07/03/2021.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2021 20:59
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	