

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 06/03/2021 15:00 (SGT)
Date of Accident 06/03/2021 10:00 (SGT)
Exact Location of Accident Queensway, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5663Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YONG JOO
Company Reg No 53078927B
Email Address YONG_JOO@HOTMAIL.COM
Mobile Phone No (Phone) +65-67789275
Alternative Phone No (Office) +65-67789275

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210009143
Cover Note Number -

DRIVER

Name of Driver NG POH KIANG DAVID
NRIC No S1227872A
Date Of Birth 27/12/1957
Occupation Outdoor

Date Of Driving Pass	12/08/1975
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85081636
Alt. Phone Number	-
Email Address	YONG_JOO@HOTMAIL.COM
Address	APT BLK 14 TAMAN HO SWEE
Address complement	#01-37
Postcode	161014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Motorcyclist
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KEONG
Gender	Male

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG7645H
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

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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



A: YPS6632
B: FBG76454

LICENSE PLATE: JP56632 ACCIDENT DATE & TIME: 6/3/2021 10:00
CONTACT NUMBER: 85081636 / 67789275 E-MAIL ADDRESS:
LOCATION: Queensway Labar Post Number 97

Please refer to the sketch plain.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state: ☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting Only

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel











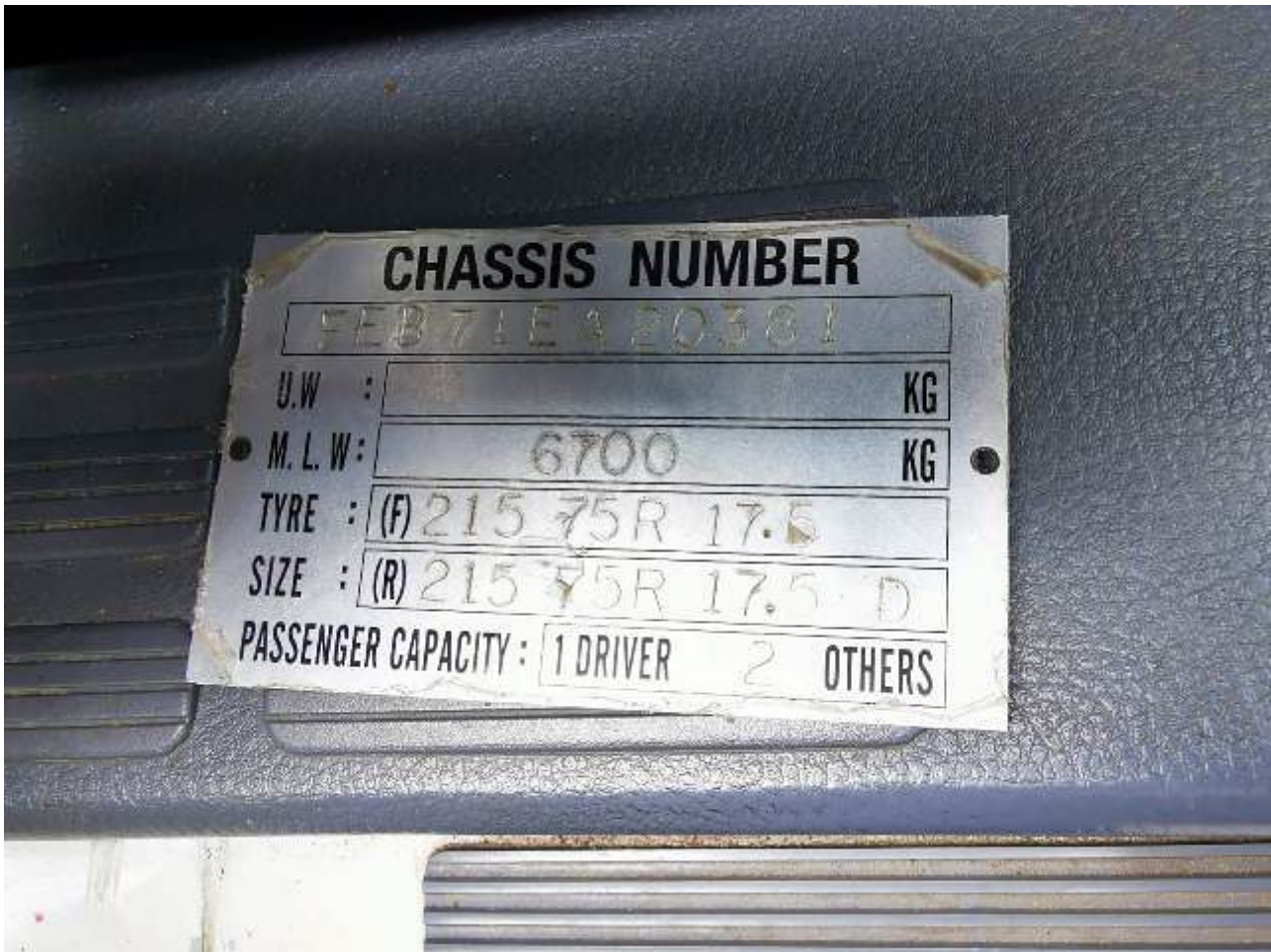














**SINGAPORE
POLICE FORCE**



T/20210306/2042

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

1 of 3

Report No. T/20210306/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2021 13:16		Vide Report No.: D/20210306/0088		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: NG POH KIANG DAVID			Address: APT BLK 14 TAMAN HO SWEE #01-37 SINGAPORE 161014		
ID Type / ID No.: NRIC NO / S1227872A			Contact No.: Home/Office: Mobile: 85081636		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 27/12/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/03/2021 10:00	Type of Location: Straight Road
Location: QUEENSWAY				
Lamp Post Number: 97				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBG7645H	Motorcycle				Slightly Damaged	0
YP5663Z	Lorry				Slightly Damaged	1

Details of Person Involved

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



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2 of 3

Report No. T/20210306/2042

CONTINUATION OF REPORT

Driver			
Name	NG POH KIANG DAVID		ID No. S1227872A
Related Vehicle	NIL		Contact No. 85081636
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/03/2021, at about 1045hrs, I was driving my lorry YP5663Z, along Queensway towards Jalan Bukit Merah, near to LP: 97. I have a passenger with me in the lorry namely: Ah Kiong, HP: 83085600. I was on the left most lane and I observed that there was a motorcycle, FBG7645H, in front of me. As the motorcycle was travelling at a slow speed, I wanted to overtake the motorcycle. I then filtered to the right and overtook the motorcycle. When I had successfully filtered back into the left lane, I heard an impact from the rear of my lorry and I checked my left side mirror and I saw that a motorcycle had fallen.

I then stopped my vehicle and came down to render assistance to the motorcyclist. A taxi driver, bearing vehicle registration number: SHB1774M, who was exiting from the underpass side road stopped his vehicle and came to render assistance. The motorcyclist suffered abrasions to both his arms. A passerby called for ambulance and he was conveyed to hospital.

Traffic police came down to scene reference: D/20210306/0088, and took the taxi driver's car camera SD card and I was advised to lodge a police report. Traffic Police Investigation Officer namely: Alex, contact number: 65476083.



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T/20210306/2042

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Report No. T/20210306/2042

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 YIP XUANYU <i>XZ</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2021 13:16
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No: 65476216	Classification Of Case:
 NP168 <i>XZ</i> SN 49 SIGNATURE	