

## 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 ..... 30/04/2021 11:25 (SGT)  
Date of Accident ..... 28/04/2021 14:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER BOON KENG ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FR7889R

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HO KOK SEN  
NRIC No ..... S1236977H  
Email Address ..... SENG12R@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91291680  
Alternative Phone No ..... +65-91291680

#### VEHICLE PARTICULARS

Manufacturer ..... Kawasaki  
Model ..... EX400R  
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 ..... 400

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5111907633-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... HO JUN JIE  
NRIC No ..... S9429355C

Date Of Birth .....	11/08/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	19/08/2014
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90302400
Alt. Phone Number .....	-
Email Address .....	HOJUNJIE11@GMAIL.COM
Address .....	BLK 142 #07-2094 MARSILING ROAD
Address complement .....	-
Postcode .....	730142
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - U-Turn
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT

#### 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 .....	SLP7122J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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 .....	HO JUN JIE
Address .....	BLK 142 #07-2094 MARSILING ROAD
Address Complement .....	-
Post Code .....	730142
Approximate Age Years Old .....	26
Injuries Sustained .....	MULTIPLE INJURIES TO HANDS, LOWER BACK AND GROIN AREAS.
Injured person in which vehicle? .....	FR7889R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

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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' 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.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31/04/2021 11:07:47

Reporting Centre Personnel's Signature  
Name: SUMANJ SIKUMAR  
NRIC/FIN No.: S8B23603C

responding to any enquiries by me;  
correspondence, statements, invoices, reports or notices to me;  
data about me to be used for any purpose.

**SKETCH PLAN**

A: FR7889R  
B: SLF7122J

UPPER BOUY KEMG ROAD

GEYLANG 3

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO POLICE REPORT.

**DECLARATION**  
I/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: 30/04/2021 11:00 AM

Reporting Centre Personnel's Signature  
Name: JIMAN SULLMAN  
NRIC/FIN No.: S88-503C

























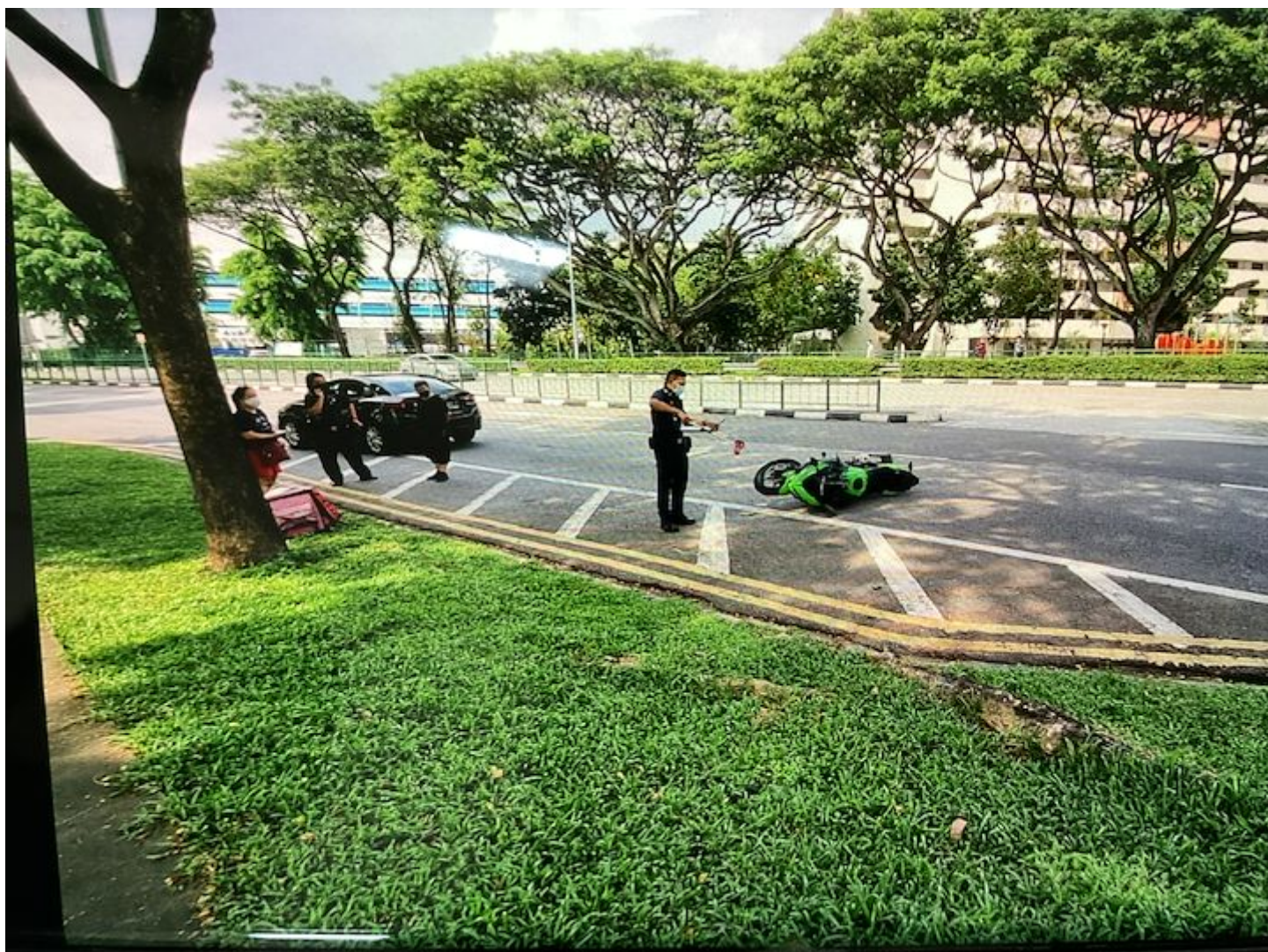




























 <b>SINGAPORE POLICE FORCE</b>		 G/20210429/7031 2 of 2
<b>POLICE REPORT (NP299)</b>		<b>CONTINUATION OF REPORT</b>
Report No. G/20210429/7031		
turn without due care.		
The weather was sunny, visibility good and road was dry when the accident occurred.		
Report number :G/20210428/0108		
Signature Of 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: 29/04/2021 13:35
Officer In-Charge Of Case:		Classification Of Case:
Authentication Stamp		




**SINGAPORE  
POLICE FORCE**
**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2440000



1 of 2

Report No. G20210429/7031

Date/Time Report Made 29/04/2021 13:35	Video Report No.	Station Diary No.
Name Of Informant HO JUN JIE		
Address 142 MARSHALLING ROAD #07-2094 SINGAPORE 730142		
ID Type / ID No. NRIC NO / S9423355C	Contact No. Home/Office: Mobile: 90302400	
Nationality SINGAPORE CITIZEN	Email Address HoJunjie11@gmail.com	
Occupation Student	Sex Male	Age 26
Institution/School Name	Date of Birth 11/08/1994	Race Chinese
Date/Time Of Incident 28/04/2021 14:45 - 28/04/2021 15:00	Location Of Incident UPPER BOON KENG ROAD	

**Brief details.**

On 28th April around 2.45pm I was riding my bike FR7889R travelling along Lor 3 Geylang towards Upper Boon Keng Rd. I was at the traffic junction waiting to make a right turn.

When the traffic light turn green, I make my right turn towards the right lane of Upper Boon Keng Rd and continue going straight when a vehicle SLP7122J suddenly made a U-turn in front of me, causing me to hit on to the car's front passenger door.

I wish to state that I was having the right of way as I was going straight and the car just made the U-

**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:  
29/04/2021 13:35

**Officer In-Charge Of Case:**

Classification Of Case:

Authentication Stamp