

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 27/05/2021 09:35 (SGT)
Date of Accident 21/05/2021 19:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG COMPASSVALE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1463C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO YONG CHENG(HE YONGQING)
NRIC No S7421378B
Email Address jackieho74@gmail.com
Mobile Phone No (Phone) +65-90058350
Alternative Phone No +65-90058350

VEHICLE PARTICULARS

Manufacturer Honda
Model HONDA / SUPRA GTR150 MANUAL
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 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5121388220
Cover Note Number -

DRIVER

Name of Driver HO YONG CHENG(HE YONGQING)
NRIC No S7421378B

Date Of Birth	08/07/1974
Occupation	Indoor
Date Of Driving Pass	11/06/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90058350
Alt. Phone Number	+65-90058350
Email Address	jackieho74@gmail.com
Address	BLK 403D #13-147 FERNVALE LANE
Address complement	-
Postcode	794403
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210522/2017;

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	SJC1080C
Vehicle Manufacturer	Volkswagen
Vehicle Model	VOLKSWAGEN / GOLF 1.4 TSI CL RL
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SNG HONG CHUAN
NRIC No	S7636543A
Contact Number	(Phone) +65-81009468
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 YONG CHENG(HE YONGQING)
Address	BLK 403D #13-147 FERNVALE LANE
Address Complement	-
Post Code	793403
Approximate Age Years Old	46
Injuries Sustained	-
Injured person in which vehicle?	FBQ1463C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

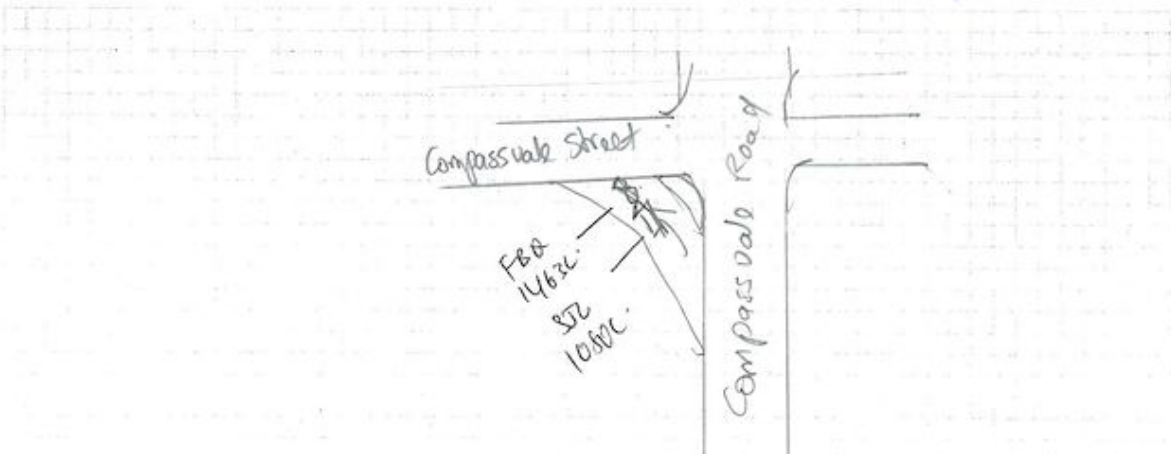
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

27 MAY 2021

Sketch Plan

Describe Circumstances of the Accident

refer to police Report no: T/20210522/2017

Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

27 MAY 2021























**SINGAPORE
POLICE FORCE**



T/20210522/2017

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3
Report No. T/20210522/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2021 11:28	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars				
Name of Informant: HO YONG CHENG		Address: APT BLK 403C FERNVALE LANE #13-161 SINGAPORE 793403		
ID Type / ID No.: NRIC NO / S7421378B		Contact No.: Home/Office: Mobile: 90058350		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 08/07/1974	Type of Informant: Rider	
Race: Chinese		Language:		Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/05/2021 19:05	Type of Location: Zebra-crossing
Location: COMPASSVALE ROAD				
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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1463C	Motorcycle	HONDA	SUPRA GTR150 MANUAL	Red	Slightly Damaged	0
SJC1080C	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210522/2017

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210522/2017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1463C	NTUC Income Insurance Co-Operative Limited	5121388220	13/03/2021	12/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	HO YONG CHENG		ID No.	S7421378B
Related Vehicle	FBQ1463C (Motorcycle)		Contact No.	90058350
Hospital/Clinic	SENG KANG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	21/05/2021		Date Discharge	21/05/2021
No. of Days granted Medical Leave		04	Degree of Injury	Slight
Driver				
Name	SNG HONG CHUAN		ID No.	S7636543A
Related Vehicle	SJC1080C (Car)		Contact No.	81009468
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

Brief Details.

On 21/05/2021 at about 1905hrs, I was turning into Compassvale Street from Compassvale Road. When I was at the zebra crossing, the vehicle bearing(SJC1080C) rear ended my motorcycle immediately I felt pain in my neck, shoulder and backbone. A passer-by namely (Amirul, HP:8720 8245) passed by and called for the ambulance. I exchanged contact number with the driver of (SJC1080C) and I left the scene with the ambulance. The ambulance came and assessed and advised me to be conveyed to the hospital. I was given 4 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210522/2017

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No, T/20210522/2017

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:

F /

Sgt 2 CHAN JIE JUN, CYRUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/05/2021 11:28

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476178

Classification Of Case:

Authentication Stamp





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0L215R0001 Vehicle Registration No: FBQ1463C
Name (as shown in NRIC) : *HO YONG CHENG NRIC/FIN/Passport No : SXXXX378B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 403D #13-147 FERNVALE LANE Singapore (794403)
Contact (Tel) : - Mobile No. : * 90058350
Email Address : jackieho74@gmail.com
Date of Accident : 21/05/2021 Time of Accident : 19:05
Place of Accident : *ALONG COMPASSVALE ROAD
Insurance Company : NTUC INCOME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO UPDATE; OI NAME

FILE BY SITl

Policyholder / Driver's Signature
Date: 27.05.2021

VAC KAKI BUKIT

Reporting Centre Personnel's Signature
Name: SITl
NRIC/FIN No.:
Date: 27.05.2021