

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 04/05/2021 10:52 (SGT)
Date of Accident 26/04/2021 22:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PASIR RIS DRIVE 1(CROSS JUNCTION)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP3352G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FILICKS WONG DE SHEN
NRIC No S9511364H
Email Address filickswong@gmail.com
Mobile Phone No (Phone) +65-87766927
Alternative Phone No +65-87766927

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YAMAHA / YZF-R155
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 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5118413170
Cover Note Number -

DRIVER

Name of Driver FILICKS WONG DE SHEN
NRIC No S9511364H

Date Of Birth	01/04/1995
Occupation	Indoor
Date Of Driving Pass	23/07/2020
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87766927
Alt. Phone Number	+65-87766927
Email Address	filickswong@gmail.com
Address	BLK 120D #09-405 CANBERRA CRESCENT EASTWAVE @ CANBERRA
Address complement	-
Postcode	754120
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	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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210427/7026;

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	FBP1290P
Vehicle Manufacturer	Yamaha
Vehicle Model	YAMAHA / GDR155A (AEROX)
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)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	FILICKS WONG DE SHEN
Address	BLK 120D #09-405 CANBERRA CRESCENT EASTWAVE @ CANBERRA
Address Complement	-
Post Code	754120
Approximate Age Years Old	26
Injuries Sustained	-
Injured person in which vehicle?	FBP3352G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

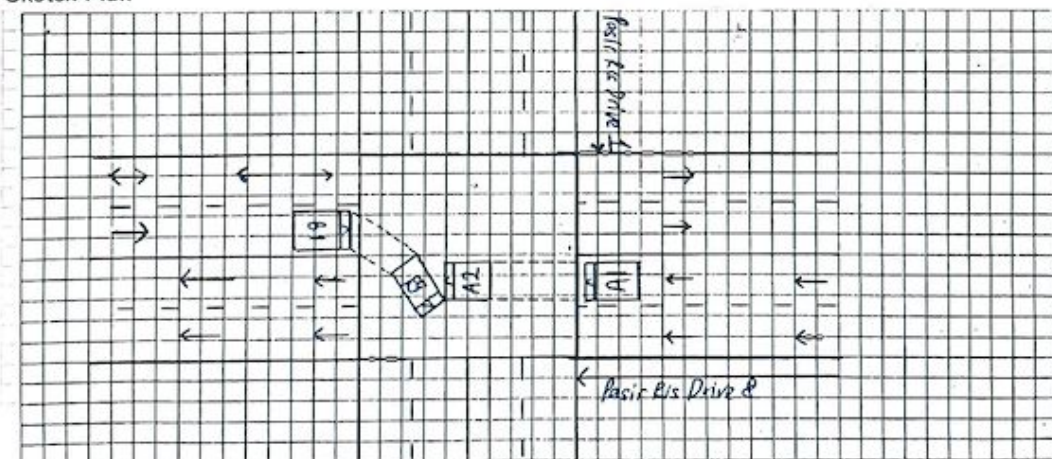
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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: vackb@vicom.com.sg
Witnessed by Reporting Centre
Personnel


Policyholder's Signature / Date &
Time

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

Sketch Plan



Refer to Police Report :

We declare the foregoing particulars are true in every respect.

[Signature]

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: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



T/20210427/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210427/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2021 17:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: FILICKS WONG DE SHEN			Address: 120D CANBERRA CRESCENT #09-405 SINGAPORE 754120		
ID Type / ID No.: NRIC NO / S9511364H			Contact No.: Home/Office: Mobile: 87766927		
Nationality: SINGAPORE CITIZEN			Email: filickswong@gmail.com		
Sex: Male	Age: 26	Date of Birth: 01/04/1995	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Navy regular			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2021 22:30	Type of Location: X-Junction
Location: PASIR RIS DRIVE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP3352G	Motorcycle	YAMAHA	YZF-R155	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3352G	NTUC Income Insurance Co-Operative Limited	5118413170	29/07/2020	13/09/2021



**SINGAPORE
POLICE FORCE**



T/20210427/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20210427/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FILICKS WONG DE SHEN	ID No.	S9511364H
Related Vehicle	FBP3352G (Motorcycle)	Contact No.	87766927
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	27/04/2021	Date	27/04/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated date and time, i was travelling along Pasir Ris Drive 8. As i was approaching a cross junction and proceeding straight, i slowed down my vehicle bearing carplate number FBP3352G. I proceeded to cross the junction as the traffic light was in my favour. Suddenly Vehicle bearing carplate number FBP1290P travelling along Pasir Ris 8 turning right into Pasir Ris Drive 1 from the opposite direction appeared in front of my lane thus causing me to collide onto his vehicle. i then fell off my bike and suffered several injuries to my body due to the impact. Police and Ambulance attended the scene and no one was conveyed to the hospital. I then went to Khoo Teck Puat Hospital to seek for medical treatment the next day and was issued 5 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210427/7026

3 of 3

Report No. T/20210427/7026

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp
NP168

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

Date/Time:
27/04/2021 17:30

Classification Of Case:



**Khoo Teck Puat
Hospital**
National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE21199802

NAME : FILICKS WONG DE SHEN
NRIC : S9511364H

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **27 Apr 2021 13:01** to **27 Apr 2021 14:47**

The above named is unfit for duty for a period of **5** day(s), from **27 Apr 2021** to **01 May 2021** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

27 Apr 2021
Date
Dr Cheong, Hong Fai (11093J)
Issuing Doctor

A&E
Location

Doctor's Signature

Reg No. : 200717564H

----- Tear Along Here -----



**Khoo Teck Puat
Hospital**
National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE211998023

NAME : FILICKS WONG DE SHEN
NRIC : S9511364H

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **27 Apr 2021 13:01** to **27 Apr 2021 14:47**

The above named is unfit for duty for a period of **5** day(s), from **27 Apr 2021** to **01 May 2021** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

27 Apr 2021
Date
Dr Cheong, Hong Fai (11093J)
Issuing Doctor

A&E
Location

Doctor's Signature

Reg No. : 200717564H