

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 31/05/2021 16:07 (SGT)
Date of Accident 22/05/2021 13:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHOA CHU KANG DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ9479E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AARRON STEVENSON
NRIC No SXXXX190E
Email Address
Mobile Phone No
Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YAMAHA / R15 ABS 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 5120456667
Cover Note Number -

DRIVER

Name of Driver AARRON STEVENSON
NRIC No SXXXX190E

Date Of Birth	25/05/1992
Occupation	Indoor
Date Of Driving Pass	25/01/2002
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	[REDACTED]
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
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?	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	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

AS PER POLICE REPORT No.T/20210522/2057;

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	GBK6268Z
Vehicle Manufacturer	Mercedes
Vehicle Model	MERCEDES BENZ / VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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	AARRON STEVENSON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ9479E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

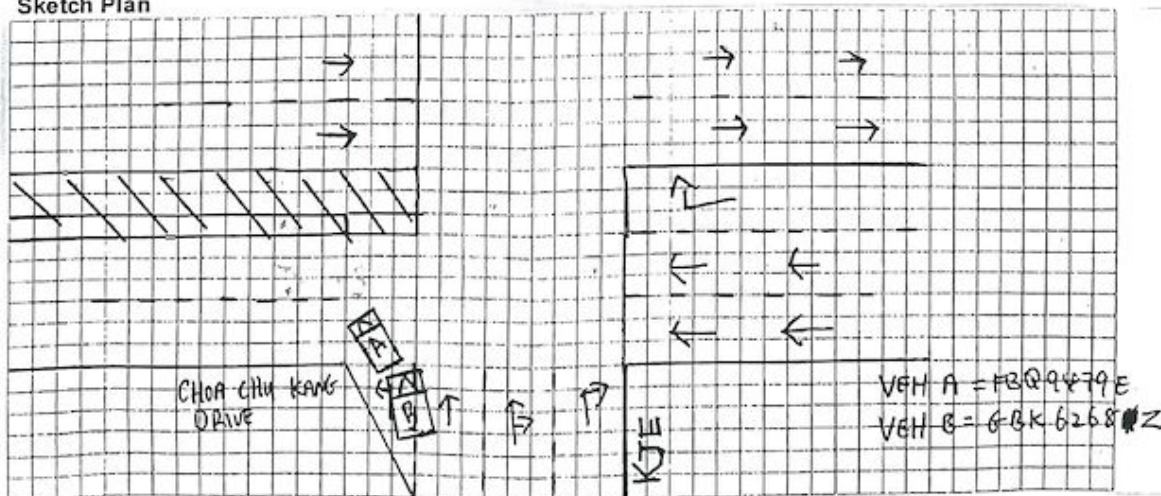
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.


Policyholder's Signature / Date & Time


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

Sketch Plan



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Witnessed by Reporting Centre
Personnel























**SINGAPORE
POLICE FORCE**



T/20210522/2057

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

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Report No. T/20210522/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2021 18:50		Vide Report No.:		Station Diary No.: 37
Informant's Particulars				
Name of Informant: AARRON STEVENSON		Address: [REDACTED]		
ID Type / ID No.: NRIC NO / S9270190E		Contact No.: Home/Office: Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 25/05/1992	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: MECHANIC		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/05/2021 13:45	Type of Location: Bend
Location: CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBQ9479E	Motorcycle	YAMAHA	R15 ABS MANUAL	Red	Seriously Damaged	0
GBK6268Z	Van	TOYOTA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ9479E	NTUC Income Insurance Co-Operative Limited	5120456667	13/01/2021	12/01/2022



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Tel No: 1800-4719999

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Report No. T/20210522/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AARRON STEVENSON	ID No.	S9270190E
Related Vehicle	FBQ9479E (Motorcycle)	Contact No.	[REDACTED]
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	Kok Guan Sheng	ID No.	S9330899I
Related Vehicle	GBK6268Z (Van)	Contact No.	81286080
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 the 22/05/2021 at about 1345hrs, I was at the slip road at the left bend exiting from Kranji Expressway toward Choa Chu Kang Drive Road. My motorbike number bearing 'FBQ9479E' came to a complete stop at the give way line when suddenly a van bearing number plate 'GBK6268Z' collided onto me from the rear. The van was then mounted in between my motorbike's rear seat and my rear wheel. Due to the impact, I fell towards my right side. At that point of time it was chaotic and only knew that there was 1 passer-by H/P: +6597746816 who called for ambulance. Both myself and the driver of the van got out and he apologized what had happened and we both exchanged particulars. I was feeling pain all over my body at that point of time. From my point of view, the driver was feeling alright not affected to the incident.

Subsequently, ambulance, LTA and Traffic Police came to my incident. I informed the paramedics I am feeling pain but do not need any conveyance. I left the incident at about 1435hrs and made my way to Uni-Health Clinic at Jurong East. The clinic then diagnosed and referred me to A&E. I then proceeded to Alexandra Hospital and was informed that a Police report was required first.

I would like to add on that my vehicle was being towed away and sustained a split open between my rear seat and rear wheel. The van sustained a broken number plate and some dents at the front. vide report: J/20210522/0116



**SINGAPORE
POLICE FORCE**



T/20210522/2057

Police Station Of Origin:
Queenstown N.P.C
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Tel No: 1800-4719999

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Report No. T/20210522/2057

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210522/2057

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

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Report No. T/20210522/2057

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 1 TERRY ONG JU QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2021 18:50
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168	SN 49
SIGNATURE	

ALEXANDRA HOSPITAL

378 Alexandra Road
Singapore 159954
TEL: (65) 6472 2000

Alexandra Hospital
A member of the NUHS

MEDICAL CERTIFICATE	ORIGINAL	ALEX21009435
NAME: AARRON STEVENSON		NRIC: S9270190E

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

The above named is unfit for duty for a period of 3 day(s) from **22-May-2021** to **24-May-2021** inclusive


The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **22-May-2021 17:47** to **22-May-2021 20:22**

22-May-2021
Date
A member of the NUHS

KHER YOUNG CHIN (62621Z)
Issued by

AH UCC
Location


Signature