

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 15/07/2021 17:47 (SGT)
Date of Accident 06/07/2021 08:45 (SGT)
Exact Location of Accident Near 197 E Coast Rd, Singapore 428901
Additional Location Information 191 EAST COAST ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR5835G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HENG SUNG YEE
NRIC No S7034031C
Email Address SANDY_DOGGIE@HOTMAIL.COM
Mobile Phone No (Phone) +65-97203944
Alternative Phone No +65-97203944

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5118589446
Cover Note Number 12/08/2020 - 11/08/2021

DRIVER

Name of Driver AW CHEONG KIAT
NRIC No S1713018H

Date Of Birth	04/01/1965
Occupation	Outdoor
Date Of Driving Pass	23/12/2004
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92959003
Alt. Phone Number	-
Email Address	SANDY_DOGGIE@HOTMAIL.COM
Address	BLK82 BEDOK NORTH ROAD
Address complement	13-324
Postcode	460082
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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 vehicle 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

I WAS TRAVELLING STRAIGHT ON THE EXTREME LEFT LANE ALONG EAST COAST ROAD TOWARD UPPER EAST COAST ROAD. WHILE I WAS TRAVELLING STRAIGHT, TAXI VEHICLE NUMBER SHC7039H ON THE RIGHT LANE SUDDENDLY SWERVE LEFT INTO MY LANE AND COLLIDED ON ME NEAR EAST COAST ROAD LAMP POST NUMBER 12. I WAS CONVEYED BY AMBULANCE TO TAN TOCK SENG HOSPITAL. I WAS GIVEN 40 DAYS HOSPITALIZATION LEAVE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7039H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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	AW CHEONG KIAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR5835G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 willful 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:

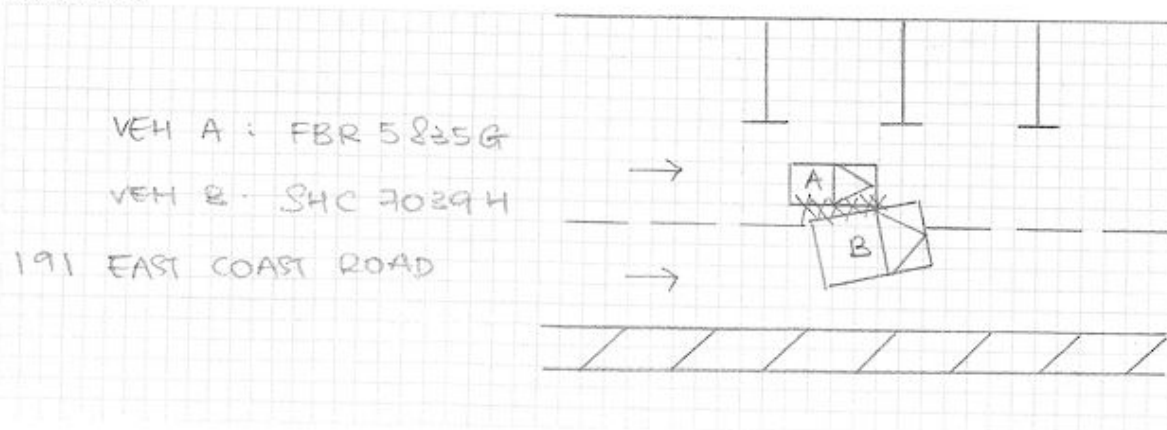
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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
 15/07/21
 17.01

Driver's Signature (If driver is not the policyholder) / Date & Time
 15/07/21
 17.02

Witnessed by Reporting Centre Personnel
 15/07/21
 17.02

Sketch Plan



Describe Circumstances of the Accident

REFER TO GNA REPORT.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only


Claim OD


Claim TP

☒ Claim OD/TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.

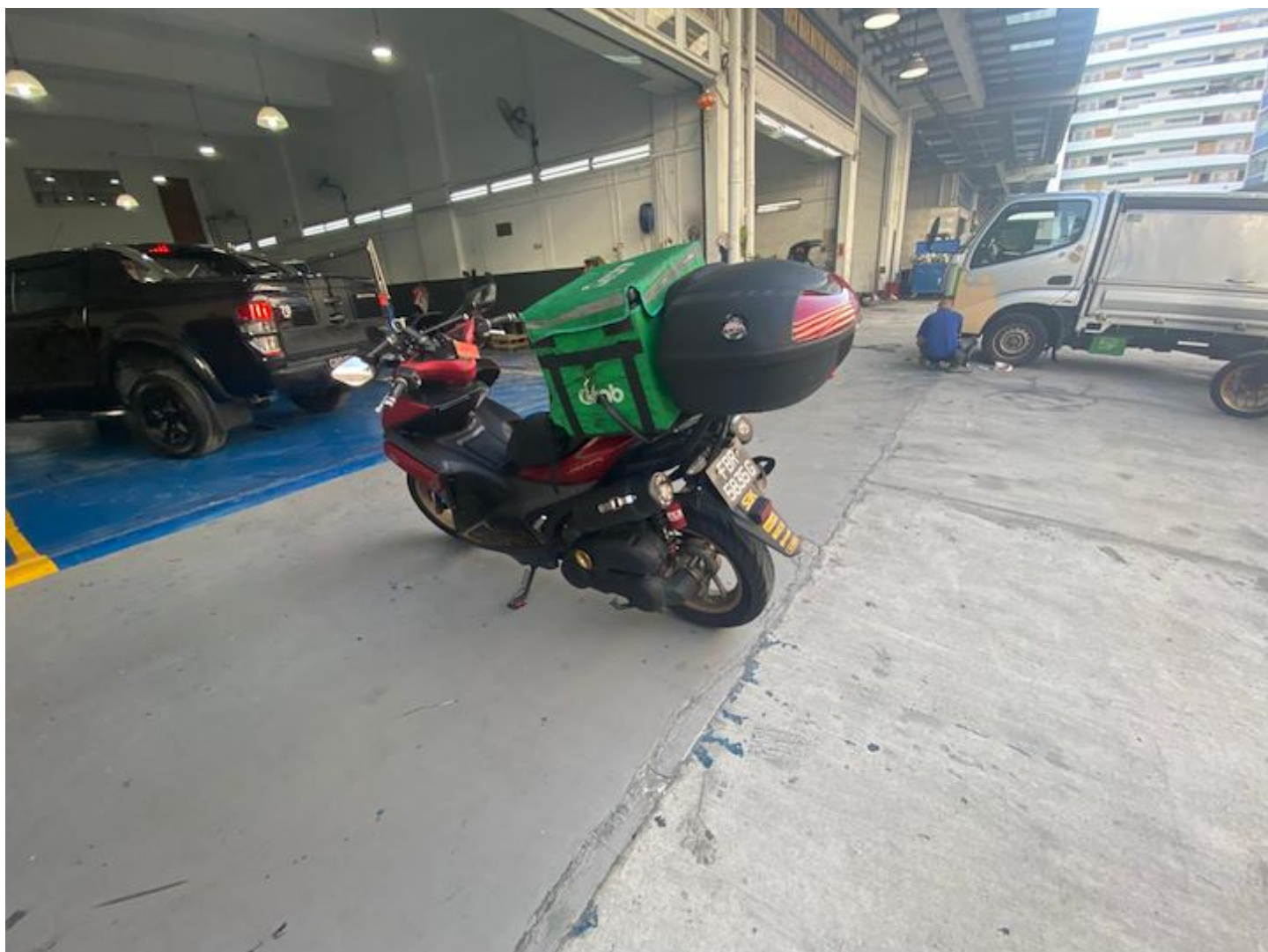
 15/07/21
17.01
Policyholder's Signature / Date & Time

*  15/07/21
17.02
Driver's Signature (If driver is not the policyholder) / Date & Time

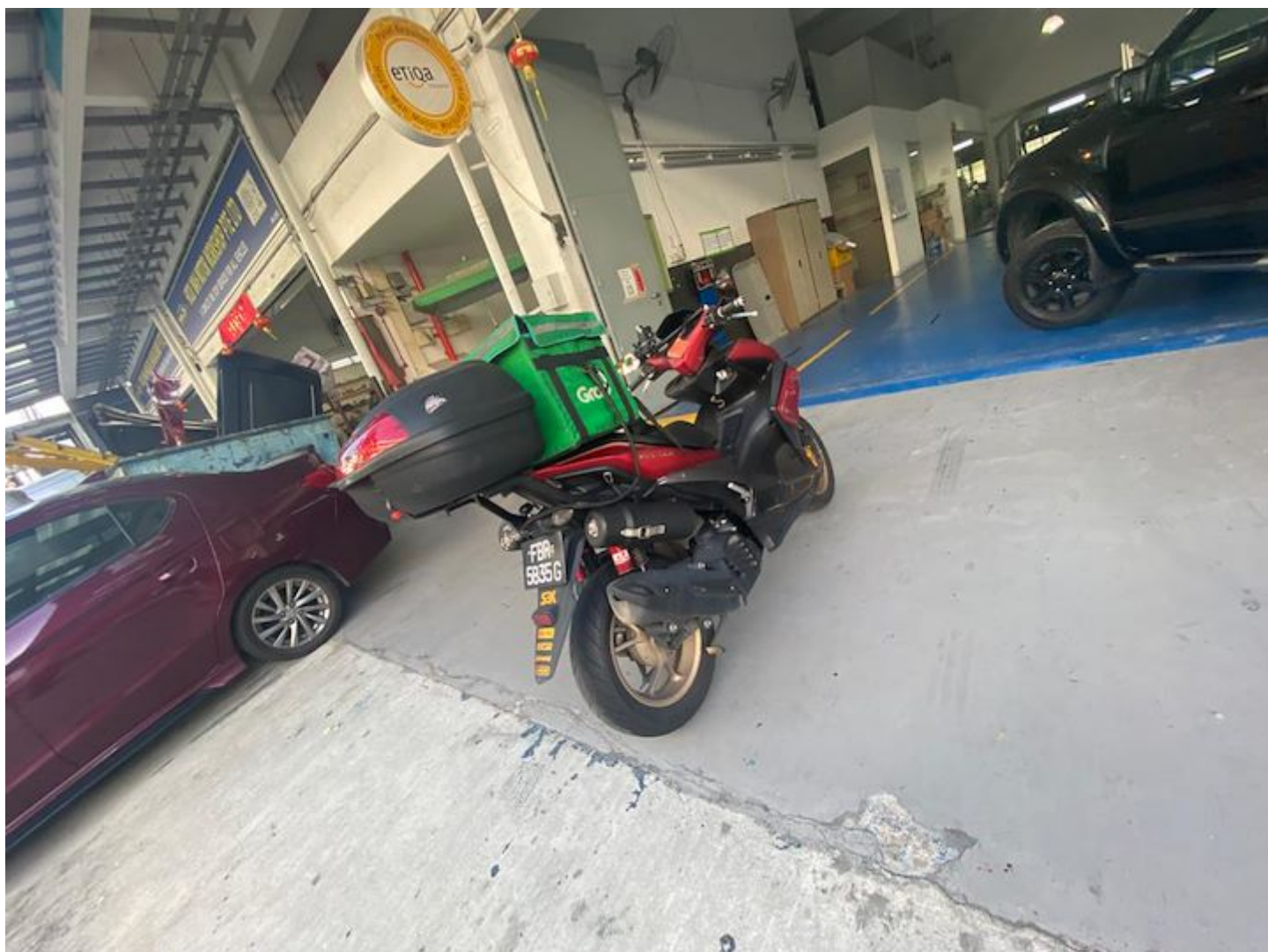


Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20210715/7024

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

1 of 3

Report No. T/20210715/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2021 16:52	Vide Report No.: G/20210706/0060	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars				
Name of Informant: AW CHEONG KIAT			Address: 82 BEDOK NORTH ROAD #13-324 SINGAPORE 460082	
ID Type / ID No.: NRIC NO / S1713018H			Contact No.: Home/Office: Mobile: 92959003	
Nationality: SINGAPORE CITIZEN			Email: SANDY_DOGGIE@HOTMAIL.COM	
Sex: Male	Age: 56	Date of Birth: 04/01/1965	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB FOOD DELIVERY			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2021 08:45	Type of Location: Straight Road
Location: EAST COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBR5835G	Motorcycle	YAMAHA	AEROX 155	Red	Slightly Damaged	0
SHC7039H	TAXI	HYUNDAI	i40	Yellow	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210715/7024

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

2 of 3

Report No. T/20210715/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR5835G	NTUC Income Insurance Co-Operative Limited	5118589446	12/08/2020	11/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AW CHEONG KIAT		ID No. S1713018H
Related Vehicle	FBR5835G (Motorcycle)		Contact No. 92959003
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Class: 2B,3,4,5 Date of Expiry: NIL
Date	06/07/2021		Date 14/07/2021
No. of Days granted Medical Leave	40	Degree of	Serious

Brief Details.

I WAS TRAVELLING STRAIGHT ON THE EXTREME LEFT LANE ALONG EAST COAST ROAD TOWARD UPPER EAST COAST ROAD. WHILE I WAS TRAVELLING STRAIGHT, TAXI VEHICLE NUMBER SHC7039H ON THE RIGHT LANE SUDDENDLY SWERVE LEFT INTO MY LANE AND COLLIDED ON ME NEAR EAST COAST ROAD LAMP POST NUMBER 12. I WAS CONVEYED BY AMBULANCE TO TAN TOCK SENG HOSPITAL. I WAS GIVEN 40 DAYS HOSPITALIZATION LEAVE.



**SINGAPORE
POLICE FORCE**



T/20210715/7024

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

3 of 3

Report No. T/20210715/7024

CONTINUATION OF REPORT

Sketch 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 / TPB /
VILTON HIA WEE SIANG
Contact No.: 65476232

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:
15/07/2021 16:52

Classification Of Case: