

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	29/07/2021 11:43 (SGT)
Date of Accident	28/07/2021 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG T4 UNDERPASS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR9899X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TUNG LAI RONG, THEODORE
NRIC No	S8936487F
Email Address	TTHEODORE.T@GMAIL.COM
Mobile Phone No	(Phone) +65-98176760
Alternative Phone No	+65-98176760

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400x
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	400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120285891
Cover Note Number	-

DRIVER

Name of Driver	TUNG LAI RONG, THEODORE
NRIC No	S8936487F

Date Of Birth	13/10/1989
Occupation	Outdoor
Date Of Driving Pass	03/07/2015
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-98176760
Alt. Phone Number	+65-98176760
Email Address	TTHEODORE.T@GMAIL.COM
Address	BLK 157 BISHAN STREET 13 #11-106
Address complement	-
Postcode	570157
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	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	No
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

REFER TO 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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TUNG LAI RONG, THEODORE
Address	BLK 157 BISHAN STREET 13 #11-106
Address Complement	-
Post Code	570157

Approximate Age Years Old	31
Injuries Sustained	ABRASION ON RIGHT WRIST, FOREARM & HIP SWELLING ON LEFT SHIN
Injured person in which vehicle?	FBR9899X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	HADI
Phone	(Phone) +65-85223322
Email	-

SKETCH PLAN

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7. By the lodgment 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:

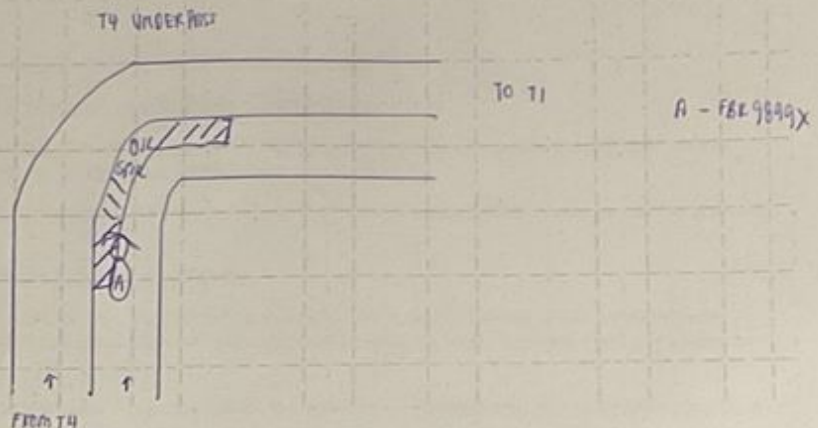
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Reporting Centre Personnel's Signature
Name: GABORIS
NRIC/FIN No.: 5443841

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO PAGE 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:

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







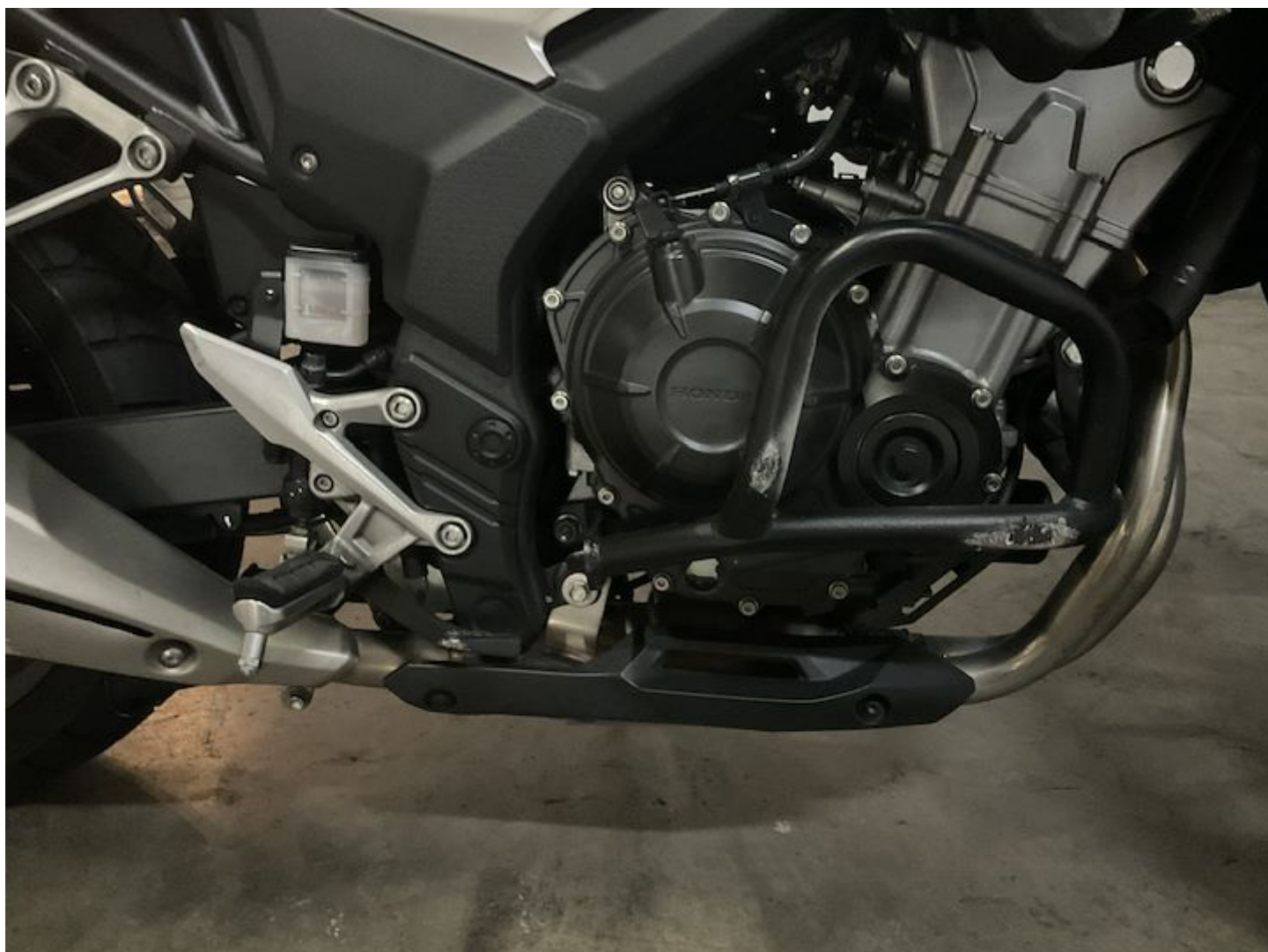





















**SINGAPORE
POLICE FORCE**


T/20210728/7028

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

1 of 3

Report No. T/20210728/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2021 19:08		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: TUNG LAI RONG, THEODORE		Address: 157 BISHAN STREET 13 #11-106 SINGAPORE 570157	
ID Type / ID No.: NRIC NO / S8936487F		Contact No.: Home/Office: Mobile: 98176760	
Nationality: SINGAPORE CITIZEN		Email: ttheodore.t@gmail.com	
Sex: Male	Age: 31	Date of Birth: 13/10/1989	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: QC Officer for MOT		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: 28/07/2021 08:00	Type of Location: Bend
Location: T4 UNDERPASS				
Weather: Clear		Road Surface: Oily	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Self-skid			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR9899X	Motorcycle	HONDA	CB400XA	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR9899X	NTUC Income Insurance Co-Operative Limited	5120285891	16/12/2020	15/12/2021

**SINGAPORE
POLICE FORCE**

T/20210728/7028

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

3 of 3

Report No. T/20210728/7028

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 /
MUHAMMAD SYARIFUDDIN MUHAMMAD
AJMAIN
Contact No.: 65476367

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:
28/07/2021 19:08

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210728/7028

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

2 of 3

Report No. T/20210728/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TUNG LAI RONG, THEODORE	ID No.	S8936487F
Related Vehicle	FBR9899X (Motorcycle)	Contact No.	98176760
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (ANG MO KIO)	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	28/07/2021	Date	28/07/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 28th July 2021, at about 8am, I was on my way from Changi Airport T4 to T1. At the T4 underpass, I was riding (FBR9899X) normally and went down the underpass with no issues. I slowed down at the bend entering the underpass and I also slowed down entering the bend towards the exit of the underpass and suddenly skidded. At that time, my colleague was riding (FBB6885P) behind me and had seen the entire incident. My colleague had almost skidded as well, at the same area, but managed to stay upright on his bike and then came to help me. We noticed that there was a trail of shiny surface on the road where we had skidded. After some time, a Police van came across the incident and attended to us. There was also a Certis Cisco Auxiliary Police Officer on a motorcycle who arrived and said that he was on the same road earlier at around 7 am but did not see this oily patch, he came to attend to us after the accident at 8 plus am and noted that the patch was new since he last rode past the road. I did not manage to get his name at that time. Traffic Police, Changi Airport Group and a few cleaning lorries arrived at the scene as well, and subsequently cleaned up the oily patch by washing the road. I wish to state that I had skidded because of this oily patch. I was given 5 days of MC and 1 week of Light Duty following the MC.