

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	11/08/2021 14:47 (SGT)
Date of Accident	05/08/2021 18:00 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	CLEMENTI ROAD T-JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ2470A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN KIAN MENG (ZHENG JIANMING)
NRIC No	SXXXX134Z
Email Address	CHANKIANMENG@GMAIL.COM
Mobile Phone No	(Phone) +65-92307400
Alternative Phone No	(Home) +65-92307400

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
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	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118819869
Cover Note Number	-

DRIVER

Name of Driver	CHAN KIAN MENG (ZHENG JIANMING)
NRIC No	SXXXX134Z

Date Of Birth	19/03/1972
Occupation	Indoor
Date Of Driving Pass	01/12/1999
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92307400
Alt. Phone Number	(Home) +65-92307400
Email Address	CHANKIANMENG@GMAIL.COM
Address	BLK 165 GANGSA ROAD #13-72
Address complement	-
Postcode	670165
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 - Cross Junction
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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	SHA4492L
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	CHAN KIAN MENG (ZHENG JIANMING)
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ2470A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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/rail 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

Witnessed by Reporting Centre Personnel

Sketch Plan

Hand-drawn sketch plan on a grid background. The sketch shows a vehicle labeled 'A1' and another labeled 'A2' with arrows indicating movement or position. There are also some handwritten notes and markings on the grid.

A: FBQ 270A

B: SHA4492L


Describe Circumstances of the Accident


Please Refer Police Report T12021081012015

Declaration

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


Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20210810/2015

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20210810/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2021 11:25	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: CHAN KIAN MENG	Address: APT BLK 165 GANGSA ROAD #13-72 SINGAPORE 670165		
ID Type / ID No.: NRIC NO / S7208134Z	Contact No.: Home/Office: Mobile: 92307400		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 49	Date of Birth: 19/03/1972	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: Self Employed	Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/08/2021 18:00	Type of Location: T-Junction
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ2470A	Motorcycle	YAMAHA	GDR155A (AEROX)	Red	Seriously Damaged	0
SHA4492L	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ2470A	NTUC Income Insurance Co-Operative Limited	5118819869	27/08/2020	26/08/2021



**SINGAPORE
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T/20210810/2015

Police Station Of Origin:
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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20210810/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAN KIAN MENG	ID No.	S7208134Z
Related Vehicle	FBQ2470A (Motorcycle)	Contact No.	92307400
Hospital/Clinic	National University Hospital	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	05/08/2021	Date Discharge	09/08/2021
No. of Days granted Medical Leave	28	Degree of Injury	Serious

Brief Details.

On the 05/08/2021, at about 1800hrs, I was making my way home on my vehicle bearing registration plate number FBQ2470A from Singapore General Hospital. I was travelling on AYE and exiting at Clementi Road.

As I exited to go onto Clementi Road, the green light was in my favor as I approached the traffic light to turn onto Clementi Road. Subsequently, the blue Comfort taxi bearing registration plate number SHA4492L travelling along Clementi Road dashed across and collided into me, hitting my motorcycle in the right side.

I then swerved and spun. After which, Traffic police and ambulance attended to the scene and I was convey by the ambulance.

Subsequently, I was admitted into National University Hospital on 05/08/2021 to 09/08/2021, and was given hospitalization leave for 28 days from 05/08/2021 to 01/09/2021.

The attending doctor namely Dr Raj Kumar Menon noted that there was injury to my spine, right shoulder and elbow. I was discharged on 09/08/2021.

I am lodging this report as the Traffic Police IO has contacted me to lodge a police report regarding this, however, I did not receive any report number from the Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20210810/2015

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20210810/2015

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 2 LEE XIN MEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/08/2021 11:25

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN

MUHAMMAD AJMAIN

Contact No.: 65476367

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 34

SIGNATURE

Classification Of Case: