



SN0721AP000K / NTUC Income Insurance Co-operative Ltd  
ENTRY DATE & TIME: 26/10/2021 11:37 (SGT)  
SUBMITTED BY: Tang Chun Kiet  
VERSION: 1 (26/10/2021 11:37 (SGT))

Your NCD will be affected due to late reporting



## 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 Authorized 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	26/10/2021 11:37 (SGT)
Date of Accident	21/10/2021 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Slip Road West Coast Road to Clementi Ave 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE65M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ENG CHENG CHIN
NRIC No	S8268800E
Email Address	edgareng@rocketmail.com
Mobile Phone No	(Phone) +65-91719213
Alternative Phone No	+65-91719213

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R15
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	5090138323-04
Cover Note Number	-

#### DRIVER

Name of Driver	ENG CHENG CHIN
NRIC No	S8268800E



Accident report SN0721AP000K

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Date Of Birth	19/00/1992
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Date Of Birth	18/09/1982
Occupation	Indoor
Date Of Driving Pass	11/08/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91719213
Alt. Phone Number	+65-91719213
Email Address	edgareng@rocketmail.com
Address	853 WOODLANDS ST 83 #08-126
Address complement	-
Postcode	730853
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?	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

## REFER TO SKETCH PLAN / 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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7277C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle





Name of Driver	EE CHUI TIN
NRIC No	S0979131J
Contact Number	(Phone) +65-96317296
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	ENG CHENG CHIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE65M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes





## SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date &amp; Start Time: 25/10/2021 / 13:59

Report No: MT: \_\_\_\_\_ D.O.A: 21/10/2021  
Time: 13:30 hrs

Vehicle No: FBE65M Reporting Type: \_\_\_\_\_


## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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 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:

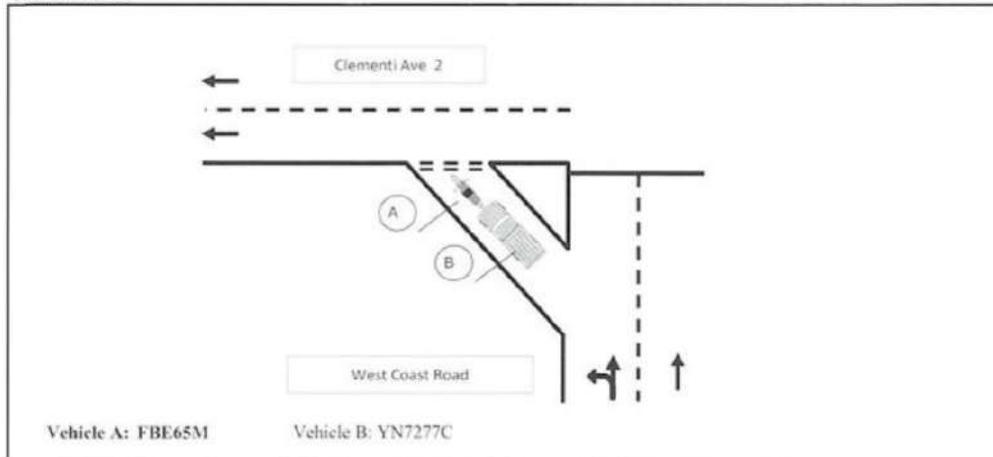
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
25/10/21 / 13:59  
Policyholder's Signature / Date & Time25/10/21 / 13:59  
Driver's Signature (If driver is not the policyholder) / Date & TimeAlan Tang (S098825)  
Customer Care Executive  
Motor Service Centre  
  
Witnessed by Reporting Centre Personnel



## SKETCH PLAN #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## Declaration

I/We declare the foregoing particulars are true in every respect.

25/10/21 / 13:59

Policyholder's Signature / Date &amp; Time

25/10/21 / 13:59

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel







## POLICE REPORT

**SINGAPORE  
POLICE FORCE**

T/20211021/7037

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

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Report No. T/20211021/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/10/2021 22:05		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ENG CHENG CHIN		Address: 853 WOODLANDS STREET 83 #08-126 SINGAPORE 730853			
ID Type / ID No.: NRIC NO / S8268800E		Contact No.: Home/Office: Mobile: 91719213			
Nationality: SINGAPORE CITIZEN		Email: EDGARENG@ROCKETMAIL.COM			
Sex: Male	Age: 39	Date of Birth: 18/09/1982	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Chef		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/10/2021 13:30	Type of Location: Bend
Location:  MAS KUNING TERRACE				
Lamp Post Number: 46				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBE65M	Motorcycle	YAMAHA	YZF-R15	Black	Seriously Damaged	0
YN7277C	Lorry	MITSUBISHI	CANTER	Blue	Slightly Damaged	0





## POLICE REPORT #2

**SINGAPORE  
POLICE FORCE**

T/20211021/7037

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

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Report No: T/20211021/7037

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE65M	NTUC Income Insurance Co-Operative Limited	5090138323-03	26/04/2021	25/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ENG CHENG CHIN	ID No.	S8268800E
Related Vehicle	FBE65M (Motorcycle)	Contact No.	91719213
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

on 21/10/2010 at about 1330hrs i was riding my motorcycle (FBE65M) at the exit bend of west coast road to clementi ave 2 waiting for my turn to exit, subsequently a lorry (YN7277C) with a high speed has hit into the rear of my motorcycle which has caused me to fall onto the right side of the road. my both right and left leg were scratched and my right palm has some scratches. Subsequently, police came and the activated ambulance, thus i was conveyed to Ng Teng Fong general hospital. The rear metal of my motorcycle was break, the oil box was damaged, and also have some other damages however i am not sure where it is. i was issued with 4 days of mc. i recieved a call from IO at about 1800hrs and asked me to lodged a report at the nearest NPC so that i can collect my motor for repair.





## POLICE REPORT #3

**SINGAPORE  
POLICE FORCE**

T/20211021/7037

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

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Report No. T/20211021/7037

## 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 / TPHQ /  
LIM ENG KUAN, CLARENCE  
Contact No.: 65476256

This report is lodged at Woodlands East NPC Kiosk 1  
NP168

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

Date/Time:  
21/10/2021 22:05

Classification Of Case:





