

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 26/10/2021 23:49 (SGT)
Date of Accident 24/10/2021 10:40 (SGT)
Exact Location of Accident Jurong West Street 52, Singapore
Additional Location Information Open Carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL5828J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG KOK CHUAN
NRIC No S2650962I
Email Address ngkokchuan56@gmail.com
Mobile Phone No (Phone) +65-98337411
Alternative Phone No +65-98337411

VEHICLE PARTICULARS

Manufacturer Honda
Model CBF190WH
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 190

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MC/00719971/01
Cover Note Number -

DRIVER

Name of Driver NG KOK CHUAN
NRIC No S2650962I

Date Of Birth	07/08/1964
Occupation	Indoor
Date Of Driving Pass	20/10/1987
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-98337411
Alt. Phone Number	+65-98337411
Email Address	ngkokchuan56@gmail.com
Address	HDB Jurong West, 527 Jurong West Street 52
Address complement	#12-315
Postcode	640527
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 on 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	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 West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 24/10/2021 AT ABOUT 1040HRS, I WAS RIDING WITHIN THE CARPARK OF B/521-527 JURONG WEST ST 52 WHILE LOOKING FOR LOT. SUDDENLY, A VEHICLE INCHED OUT AND I FELT THE COLLISION AT THE SIDE OF MY MOTORCYCLE FRAME. THE COLLISION CAUSED ME FELL TOWARDS THE GROUND. PRESENCE OF TRAFFIC POLICE AND AMBULANCE. I WAS CONVEYED TO NG TENG FONG FOR FURTHER CHECKS. I SUSTAINED BRUISES ON MY RIGHT PALM, LEFT PALM AND LEFT SHOULDER, PAIN ON MY LEFT KNEE AND LACERATION ON MY LEFT INDEX FINGER. I AM UNSURE ABOUT THE DAMAGE OF MY MOTORCYCLE.

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	SLF178Y
Vehicle Manufacturer	Toyota

Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
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	NG KOK CHUAN
Gender	Male
Phone No	(Phone) +65-98337411
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Bruises on both left ,right palm and left shoulder Pain on left knee and laceration on left index finger.
Injured person in which vehicle?	FBL5828J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.



**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Policyholder's Signature
Date & Time:

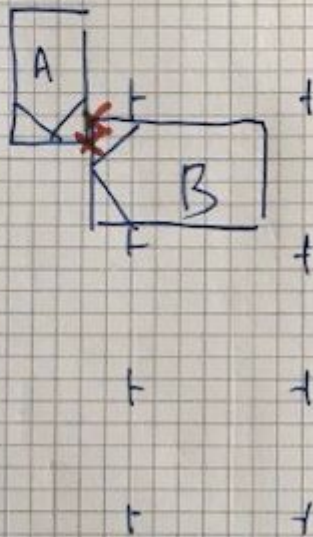
26102021

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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


ACCIDENT DIAGRAM

JURONG WEST ST. 52
OPEN CP.



A - FBL5828J

B - SLF178Y


Policyholder's Signature
Date & Time:

26/10/21.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report.

DECLARATION

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


Policyholder's Signature

Date & Time:
26102021

Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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
























**SINGAPORE
POLICE FORCE**


T/20211025/2059

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20211025/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2021 16:24		Vide Report No.: J/20211024/0085		Station Diary No.: 103	
Informant's Particulars					
Name of Informant: NG KOK CHUAN			Address: APT BLK 527 JURONG WEST STREET 52 #12-315 SINGAPORE 640527		
ID Type / ID No.: NRIC NO / S26509621			Contact No.: Home/Office: Mobile: 98337411		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 57	Date of Birth: 07/08/1964	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/10/2021 10:40	Type of Location: Car Park
Location: JURONG WEST STREET 52				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBL5828J	Motorcycle	HONDA	CBF190WH	Red		0
SLF178Y	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20211025/2059

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20211025/2059

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5828J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00719971/01	20/12/2019	19/12/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG KOK CHUAN	ID No.	S2650962I
Related Vehicle	FBL5828J (Motorcycle)	Contact No.	98337411
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Driver			
Name	FEMALE DRIVER	ID No.	NIL
Related Vehicle	SLF178Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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 24/10/2021 at about 1040hrs, I was riding within the carpark of B/521-527 Jurong West St 52 while looking for lot. Suddenly, a vehicle inched out and I felt the collision at the left side of my motorcycle frame. The collision caused me to fell towards the ground. Presence of Traffic Police and Ambulance. I was conveyed to Ng Teng Fong for further checks. I sustained bruises on my right palm, left palm and left shoulder, pain on my left knee and laceration on my left index finger. I am unsure about the damage of my motorcycle.

**SINGAPORE
POLICE FORCE**

T/20211025/2059

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20211025/2059

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
J /
Sgt 1 LIM JUNJIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/10/2021 16:24

Officer In Charge Of Case:
TP / GIT /
Sgt 3 INTAN WULANDARI-BUDDY SANTOSO
Contact No : 65476415

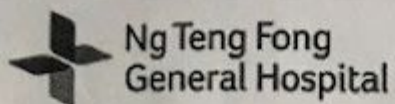
Classification Of Case:

Authentication Stamp
NP168

SN 126

Signature :

Singapore Police Force



MEDICAL CERTIFICATE (Ref:1170508679)

ORIGINAL**NAME: NG KOK CHUAN****NRIC: S2650962I**

Type of Medical Leave granted: **Outpatient Sick Leave**

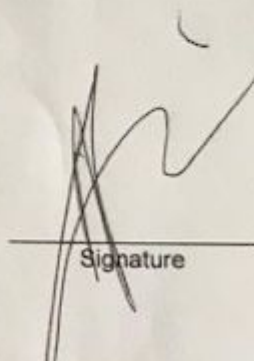
The above named is unfit for duty for **4 day(s)** from **24/10/2021** to **27/10/2021** Inclusive.

The certificate is not valid for absence from court attendance.

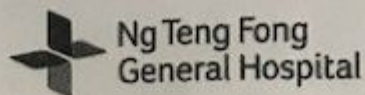
The aboved name was in Emergency Department from **24/10/2021 11:35** to **24/10/2021 12:17**.

24/10/2021
Date

Dr. Narain PURUSHOTORMAN (61952C)
Issued by


Signature

Location: NTFGH EMERGENCY



NG TENG FONG GENERAL HOSPITAL
EMERGENCY DEPARTMENT

Order Date: 24 Oct 2021

REFERRAL TO PRIMARY CARE / GP / POLYCLINIC

NAME: NG KOK CHUAN

MRN: S26509621

ADDRESS:
527 JURONG WEST STREET 52
#12-315
Singapore 640527

DOB: 7/8/1964
AGE: 57 y.o.
GENDER: M

PHONE: 9833 7411 (Mobile)

CSN: 100127118979

Referring Provider Information:
NARAIN PURUSHOTORMAN

To :

Person

Department \ Sub-Specialty GP [9991]

Institution No Preference

Reason for Referral rv

Scheduling instructions Early

Expected Date 26/10/2021

Comments :

Diagnoses:

The primary encounter diagnosis was Injured in road traffic accident. A diagnosis of Contusion was also pertinent to this visit.

Active Problem List:

There are no relevant problems documented for this patient.

Allergies:

he is allergic to iohexol.

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.