

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	29/11/2021 16:00 (SGT)
Date of Accident	27/11/2021 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAN KIAM PLACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8002R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHENG WEI HAO DOUGLAS
NRIC No	S9420975G
Email Address	Douglascwh@live.com
Mobile Phone No	(Phone) +65-90076699
Alternative Phone No	(Home) +65-90076699

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Pcx125
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5122778004
Cover Note Number	-

DRIVER

Name of Driver	CHENG WEI HAO DOUGLAS
NRIC No	S9420975G

Date Of Birth	08/06/1994
Occupation	Indoor
Date Of Driving Pass	23/01/2013
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90076699
Alt. Phone Number	(Home) +65-90076699
Email Address	Douglascwh@live.com
Address	BLK 433 YISHUN AVE 6 #07-2140 S 760433
Address complement	-
Postcode	-
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AMANDA TOH NGUK XUAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER 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	GBB7002P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97871811
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	AMANDA TOH NGUK XUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBJ8002R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	CHENG WEI HAO DOUGLAS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKOWN
Injured person in which vehicle?	FBJ8002R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

As per police report.

Declaration

We declare the foregoing particulars to be in every respect

CF 29/11/21
1405110
Policyholder's Signature (Date & Time)

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

CF
Witnessed by Reporting Officer Personnel

SKETCH PLAN

IMPORTANT NOTICES

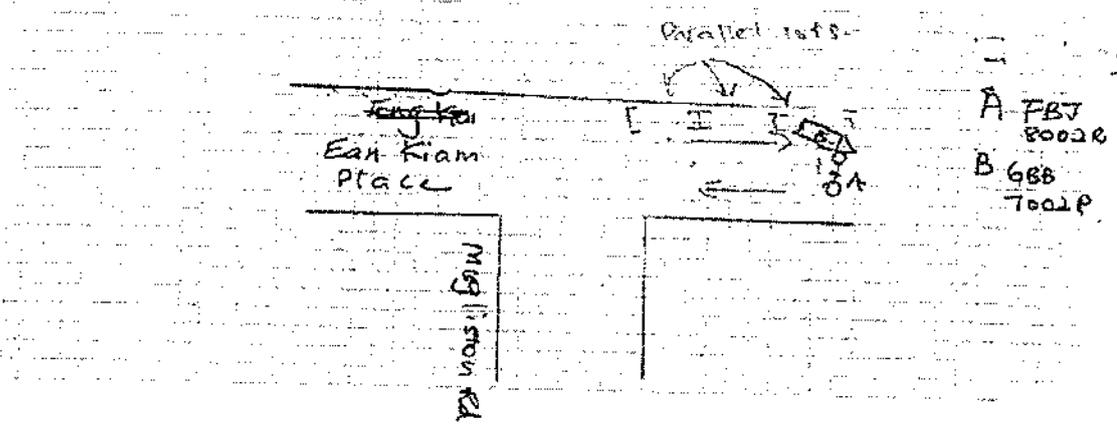
1. Please report accurately the details of the accident to assist your claims process.
2. This Form must be completed by the Poleholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation involving material facts may show insurance companies negligence policy liability.
4. The issue of discrepancy of the Form by insurance companies is not an indication of culpability on the part of the insurance companies.
5. Available recordings may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIC Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and thereafter a fee borne by the insured 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 elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) Insurers, my workshop and the General Insurance Association of Singapore (GIAS) may be 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 processed by my insurer (collectively the "Personal Information") and disclose or transfer such Personal Information to all insurance companies involved, wholly or partly, involved in this accident (if Insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Ministry of Transport 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 envelope/ mail packages; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes";
 - (b) all Insurers who have insured, wholly or partly, involved in this accident and the Insurers' lawyers/law firms, may be 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 be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

25/10/21
1405HR
Policyholder's Signature: Don & Dina

Driver's Signature (if not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



G/20211128/7034

1 of 2

POLICE REPORT (NP299)

Report No. G/20211128/7034

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 28/11/2021 15:16	Vide Report No.	Station Diary No.
Name Of Informant CHENG WEI HAO, DOUGLAS	Address 433 YISHUN AVE 6 #07-2140 SINGAPORE 760433	
ID Type / ID No. NRIC NO / S9420975G	Contact No. Home/Office:	Mobile: 90076699
Nationality SINGAPORE CITIZEN	Email Address DOUGLASCWH@LIVE.COM	
Occupation Sales and related associate professional nec	Sex Male	Age 27
Institution/School Name	Date of Birth 08/06/1994	Race Chinese
Date/Time Of Incident 27/11/2021 14:45	Location Of Incident EAN KIAM PLACE	

Brief details.

On the stated date and time I was with a pillion (Amanda Toh Nguk Xuan) on board motorbike FBJ8002R. We were travelling straight on Ean Kiam place when a vehicle GBB7002P who was parked in a parallel parking lot on my left suddenly made an abrupt turn to his right and cut into my lane. I quickly applied my brakes but to no avail. My bike collided onto the said vehicle right front portion. My left shoulder hit onto the lorry. My chest hit onto my handlebar and we all fell to the right. I check on my pillion and realised that her left side of her body had hit onto the lorry too. Ambulance and TP came to the scene and my pillion was conveyed to Raffles Hospital A&E.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2021 15:16
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20211128/7034

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211128/7034

I went there later too to seek treatment and I was given 5 days MC and my pillion was given 3 days MC.

TP gave me a case card at the scene G/20211127/0154.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2021 15:16
Officer In-Charge Of Case:	Classification Of Case: