

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 22/12/2021 16:24 (SGT)
Date of Accident 16/12/2021 19:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE (SLE) BEF MOULMEIN ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS7107G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW CHUN FEI ALDONIS
NRIC No S9320205H
Email Address ALDONISLOWCF@GMAIL.COM
Mobile Phone No (Phone) +65-97333787
Alternative Phone No +65-97333787

VEHICLE PARTICULARS

Manufacturer Kawasaki
Model Ninja
Variant 400
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number 5123635848
Cover Note Number -

DRIVER

Name of Driver LOW CHUN FEI ALDONIS
NRIC No S9320205H

Date Of Birth	23/05/1993
Occupation	Indoor
Date Of Driving Pass	06/09/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97333787
Alt. Phone Number	+65-97333787
Email Address	ALDONISLOWCF@GMAIL.COM
Address	BLOCK 17 HOUGANG AVENUE 3
Address complement	#03-151
Postcode	530017
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 - Change/cross lane
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5699K
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)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW CHUN FEI ALDONIS
Gender	Male
Phone No	-
Address	BLOCK 17 HOUGANG AVE 3
Address Complement	#03-151
Post Code	530017
Approximate Age Years Old	30
Injuries Sustained	FRACTURE ON BOTH COLLARBONE
Injured person in which vehicle?	FBS7107G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.


 Policyholder's Signature
 Date & Time: 22/12/2021, 1700

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


 Reporting Centre Personnel's Signature
 Name: Ignatius Lim
 NRIC/FIN No.: S991237

























**SINGAPORE
POLICE FORCE**



E/20211218/7033

1 of 2

POLICE REPORT (NP299)

Report No. E/20211218/7033

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 18/12/2021 18:35	Vide Report No.	Station Diary No.		
Name Of Informant LOW CHUN FEI ALDONIS	Address 17 HOUGANG AVENUE 3 #03-151 SINGAPORE 530017			
ID Type / ID No. NRIC NO / S9320205H	Contact No. Home/Office:	Mobile: 97333787		
Nationality SINGAPORE CITIZEN	Email Address ALDONISLOWCF@GMAIL.COM			
Occupation Project coordinator	Sex Male	Age 28	Date of Birth 23/05/1993	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/12/2021 19:00	Location Of Incident CENTRAL EXPRESSWAY			

Brief details.

This report is to give additional information to my previous report
Report No. F/20211217/7069.

Location of accident is CTE towards AMK before Moulmein exit.

I was travelling straight on lane 1 and taxi SHD5699K who was on lane 2 on my left swerved into my lane and collided onto me.

There no no time for me to react at all.

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: 18/12/2021 18:35
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20211218/7033

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211218/7033

We collided and me and my bike fell to the left and I rolled for a few metres and my bike slide far apart from me.

I immediately felt sharp pain on my collarbone and i felt pain on both my arms and both legs, my neck, back and shoulders also hurts.

Passerby then came and help.

Ambulance came and I was conveyed to TTSH A&E for treatment. I was told that I had fractures on both my collarbone and needed to see specialist.

I was then given 7 days MC for the time being.

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: 18/12/2021 18:35
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20211227/7011

1 of 1

POLICE REPORT (NP299)

Report No. E/20211227/7011

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 27/12/2021 13:53	Vide Report No.	Station Diary No.
Name Of Informant LOW CHUN FEI ALDONIS	Address 17 HOUGANG AVENUE 3 #03-151 SINGAPORE 530017	
ID Type / ID No. NRIC NO / S9320205H	Contact No. Home/Office: Mobile: 97333787	
Nationality SINGAPORE CITIZEN	Email Address ALDONISLOWCF@GMAIL.COM	
Occupation Project coordinator	Sex Male	Age 28
Institution/School Name	Date of Birth 23/05/1993	Race Chinese
Date/Time Of Incident 16/12/2021 19:00	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

This is to make amendment to the date of the accident in my previous report. Report No.
E/20211218/7033.

The correct date is 16/12/2021 1900HR

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: 27/12/2021 13:53
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0721CM000T Vehicle Registration No: FBS7107G
 Name (as shown in NRIC): LOW CHUN FEI ALDONIS NRIC/FIN/Passport No: S9320205H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLOCK 17 HOUGANG AVENUE 3, #03-151 Singapore (530017)
 Contact (Tel): NA Mobile No.: 97333787
 Email Address: ALDONISLOWCF@GMAIL.COM
 Date of Accident: 16/12/2021 Time of Accident: 19:00
 Place of Accident: CTE (SLE) BEF MOULMEIN ROAD EXIT
 Insurance Company: INCOME

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Date of Accident: 16/12/2021
 Attach revised Police Report

*

Policyholder / Driver's Signature
 Date: 27/12/2021

Reporting Centre Personnel's Signature
 Name: Ignatius Lim
 NRIC/FIN No.: S991237
 Date: 27/12/2021