

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 22/03/2022 18:10 (SGT)
Date of Accident 22/03/2022 07:40 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information KJE TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM1866A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HENG POH HONG
NRIC No SXXXX717J
Email Address LION73215@GMAIL.COM
Mobile Phone No (Phone) +65-82228992
Alternative Phone No (Home) +65-82228992

VEHICLE PARTICULARS

Manufacturer Honda
Model Accord
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 Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119947022-01
Cover Note Number -

DRIVER

Name of Driver HENG POH HONG
NRIC No SXXXX717J

Date Of Birth	15/02/1973
Occupation	Indoor
Date Of Driving Pass	17/03/2004
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-82228992
Alt. Phone Number	(Home) +65-82228992
Email Address	LION73215@GMAIL.COM
Address	APT BLK 436 WODOLANDS STREET 41 #09-376
Address complement	-
Postcode	730436
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?	No
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	FBP8934U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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

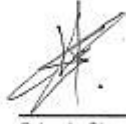
Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP8934U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

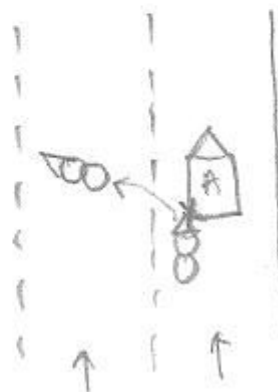
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/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



A - SJM 1866A
B - FBP 8934U.

Describe Circumstances of the Accident

As per police report.

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/20220322/2026

1 of 3

Report No. T/20220322/2026

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2022 13:26	Vide Report No.: J/20220322/0031	Station Diary No.: 80
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Informant's Particulars

Name of Informant: HENG POH HONG			Address: APT BLK 436 WOODLANDS STREET 41 #09-376 SINGAPORE 730436		
ID Type / ID No.: NRIC NO / S7306717J			Contact No.: Home/Office: Mobile: 82228992		
Nationality: SINGAPORE CITIZEN			Email: Lion73215@gmail.com		
Sex: Male	Age: 49	Date of Birth: 15/02/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LOGISTIC SUPERVISOR			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/03/2022 07:40	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP8934U	Motorcycle					0
SJM1866A	Car	HONDA	ACCORD 2.0 A	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM1866A	NTUC Income Insurance Co-Operative Limited	5119947022-01	23/12/2021	22/12/2022



**SINGAPORE
POLICE FORCE**



T/20220322/2026

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220322/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	TEE JUN XIAN VINCENT	ID No.	T0113489I
Related Vehicle	FBP8934U (Motorcycle)	Contact No.	86684573
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
Driver			
Name	HENG POH HONG	ID No.	S7306717J
Related Vehicle	SJM1866A (Car)	Contact No.	82228992
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 0740hrs I was driving my car (SJM1866A) along KJE towards tuas. The traffic was heavy, The traffic was moving intermittently. The car in front of me came to a stop as such I stopped my car as well. Suddenly, I felt something hit my car in the rear. I saw a motorcyclist (FBP8934U) falling at the side of my vehicle. I came down to help him. I helped the rider up with his motorcycle, the rider sustained some bruising on the arm and leg. I called the ambulance for help. Soon Traffic police and ambulance came to scene. I was informed to lodge a police report. I do not have injury. I have a dummy In-car camera but it does not have a memory card to record videos. I have it for deterrence.

**SINGAPORE
POLICE FORCE**

T/20220322/2026

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20220322/2026

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 3 PRAKASH S/O
SANGHA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/03/2022 13:26

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI
Contact No.: 65476904

Classification Of Case:

NP168