

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 18/05/2022 12:56 (SGT)
Date of Accident 12/05/2022 20:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE (CHANGI) TOWARDS KALLANG WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH4530U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG EE LING JENNY
NRIC No S7513210G
Email Address VERMOUTHNG04@GMAIL.COM
Mobile Phone No (Phone) +65-91093514
Alternative Phone No +65-82773166

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Jupiter mx 135
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 140

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5122244718
Cover Note Number -

DRIVER

Name of Driver NG EE LING JENNY
NRIC No S7513210G

Date Of Birth	29/04/1975
Occupation	Outdoor
Date Of Driving Pass	05/05/1997
Driving experience	25 YEARS
Gender	Female
Mobile Number	(Phone) +65-91093514
Alt. Phone Number	+65-82773166
Email Address	VERMOUTHNG04@GMAIL.COM
Address	BLK 67 #06-251 CIRCUIT ROAD
Address complement	-
Postcode	370067
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	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 TO POLICE REPORT G/20220514/7022

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	SMJ4081H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	UNKNOWN
-	UNKNOWN
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 EE LING JENNY
Gender	Female
Phone No	(Phone) +65-91093514
Address	BLK 67 #06-251 CIRCUIT ROAD
Address Complement	-
Post Code	370067
Approximate Age Years Old	47
Injuries Sustained	BRUISES ON LEFT ELBOW, LEFT HIP, LEFT SHIN AREA AND LEFT SIDE OF HEAD. 5 DAYS HL BY TAN TOCK SENG HOSPITAL
Injured person in which vehicle?	FBH4530U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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: **18/05/2022**
1245HRS


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


Reporting Centre Personnel's Signature
Name: **INDRA AZIZ**
NRIC/FIN No.: **S994949**

A : FBH4530U

B : SMJ4081H

PIE (CHANGI) TOWARDS KALLANG WAY

[illegible]

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

GIAMC SketchPlanForm V3

Date & Time:

NRIC/FIN No.: S994949























**SINGAPORE
POLICE FORCE**



G/20220514/7022

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POLICE REPORT (NP299)

Report No. G/20220514/7022

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

Date/Time Report Made 14/05/2022 11:43	Vide Report No.	Station Diary No.
Name Of Informant JENNY NG EE LING	Address 67 CIRCUIT ROAD #06-251 SINGAPORE 370067	
ID Type / ID No. NRIC NO / S7513210G	Contact No. Home/Office:	Mobile: 82773166
Nationality SINGAPORE CITIZEN	Email Address VERMOUTHNG04@HOTMAIL.COM	
Occupation Food delivery Rider	Sex Female	Age 47
Institution/School Name	Date of Birth 29/04/1975	Race Chinese
Date/Time Of Incident 12/05/2022 20:05	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated date and time, I was riding my motorbike FBH4530U along PIE(Changi) slip road towards Kallang Way.

I was riding along the right of 2 lanes go straight when SMJ4081H, which was initially diagonally behind me on the lane to my left, suddenly swerved into my lane and collided into left portion of my bike.

My bike started wobbling and I was frantically trying to maintain balance myself and my bike when said vehicle hit me a second time.

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: 14/05/2022 11:43
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220514/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220514/7022

This time round, SMJ4081H dragged my bike along for a short distance before I eventually fell to my left.

I suffered multiple abrasions over my left shoulder, left elbow, left little finger, left hip, left knee, left foot and left shin.

I also suffered bruises on my left elbow, left hip, left shin areas and on the left side of my head.

My bike, helmet, clothes and glove were also damaged due to accident. The bluetooth headset attached to my helmet was also missing as a result.

I was conveyed to Tan Tock Seng Hospital for treatment and was discharged the following morning with 5 days Hospitalisation Leave.

When I woke up the same day, I also started feeling soreness and aches over my neck, upper and lower back areas.

I will be following up with my family doctor for further treatment.

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: 14/05/2022 11:43
Officer In-Charge Of Case:	Classification Of Case: