

## 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 .....	08/07/2022 17:13 (SGT)
Reported by .....	Both
Date of Accident .....	07/07/2022 16:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PAYA LEBAR ROAD (LAMP POST NO.67)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBS7117C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KELVIN OOI HANG HUI
NRIC No .....	S9175401J
Email Address .....	KELVIN00120@GMAIL.COM
Mobile Phone No .....	(Phone) +65-94464646
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	T155
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 .....	Manual
CC .....	155

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5122914395

#### DRIVER

Name of Driver .....	KELVIN OOI HANG HUI
NRIC No .....	S9175401J
Date Of Birth .....	10/06/1991
Occupation .....	Outdoor

Date Of Driving Pass .....	25/05/2012
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94464646
Alt. Phone Number .....	-
Email Address .....	KELVIN00120@GMAIL.COM
Address .....	914 JURONG WEST ST 91 #07-200 S640914
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 .....	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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 POLICE REPORT ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	CB9928T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	KELVIN OOI HANG HUI
Gender .....	Male
Phone No .....	(Phone) +65-94464646
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS7117C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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' 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.

 2/7/2022  
2:10 p.m.

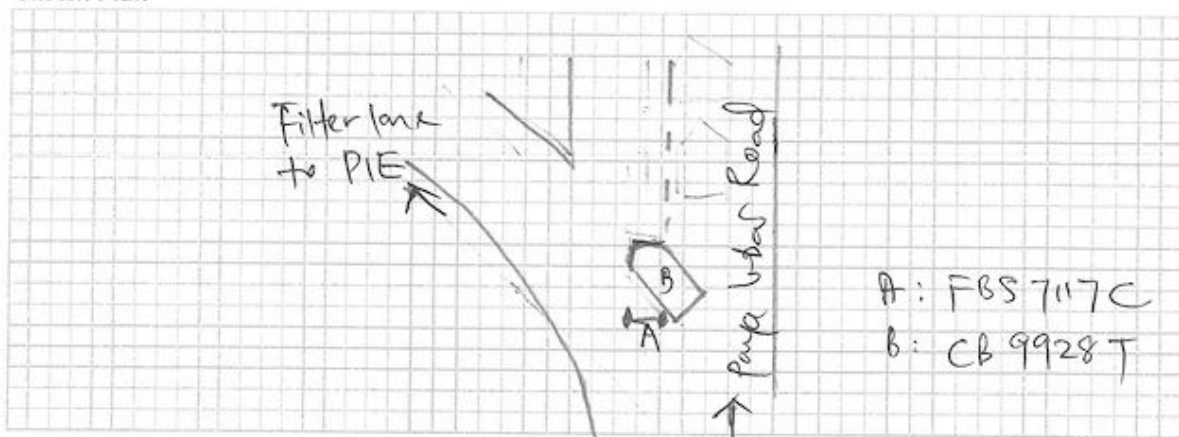
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

LEK SIA ENK

## Sketch Plan




Describe Circumstance of the Accident

Refer to police report attached.

Declaration

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

 8/4/2022  
3:00 p.m.  
Policyholder's Signature / Date & Time

 8/4/2022  
3:00 p.m.  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) LKSIEWER  
2





















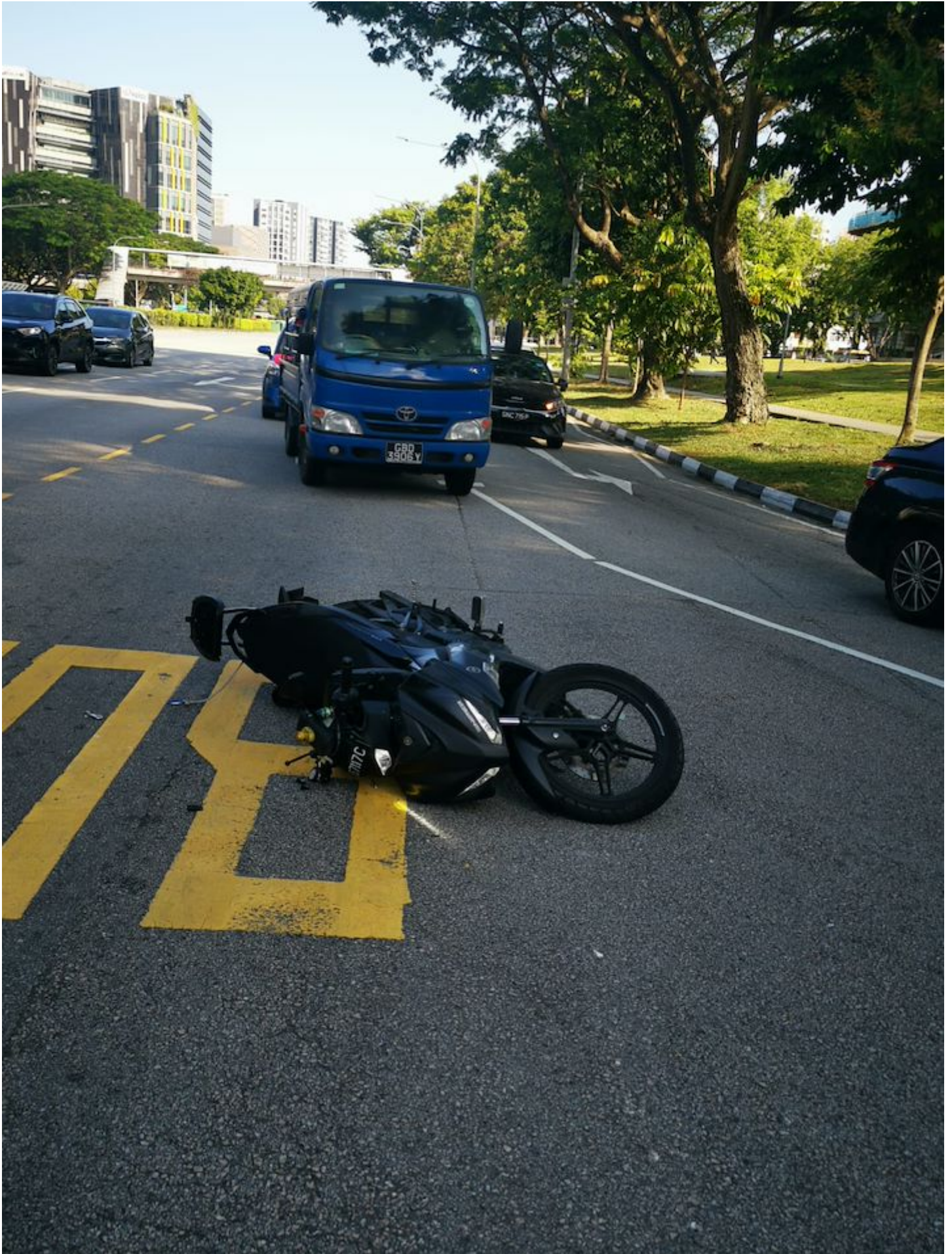
























**SINGAPORE  
POLICE FORCE**



T/20220707/2137

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

1 of 3

Report No. T/20220707/2137

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/07/2022 22:11		Vide Report No.:		Station Diary No.: 207	
<b>Informant's Particulars</b>					
Name of Informant: KELVIN OOI HANG HUI			Address: APT BLK 914 JURONG WEST STREET 91 #07-200 SINGAPORE 640914		
ID Type / ID No.: NRIC NO / S9175401J			Contact No.: Home/Office: Mobile: 94464646		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 10/06/1991	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRABFOOD RIDER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2022 16:40	Type of Location: Straight Road
Location:  PAYA LEBAR ROAD				
Lamp Post Number: 67				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB9928T	Van				Slightly Damaged	0
FBS7117C	Motorcycle	YAMAHA	T155	Black	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS7117C	NTUC Income Insurance Co-Operative Limited	5122914395	12/07/2021	11/07/2022



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T/20220707/2137

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Nanyang N.P.C  
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649482  
Tel No: 1800-7929999

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Report No. T/20220707/2137

**CONTINUATION OF REPORT****Brief Details.**

On 07/07/22 at about 4.40pm-4.45pm I was driving my vehicle (FBS7117C, Black Yamaha Sniper 155) along Payar Lebar road towards PIE near to lamppost 67. While I was riding straight, the vehicle (CB9928T, White Van) was stationary in front of me at the traffic light. Suddenly his vehicle decided to make a sharp left turn as there was a filter lane on the left. This led to a collision between his and my vehicle. I fell onto the ground and suffered some bruises and abrasion at my right arms and right leg. There was no police officer or ambulance came down. I exchange contact number with the van driver (HP:96267960).

My vehicle suffered some scratches and cracks, while the Van suffered some scratches at the left side of his vehicle

I wish to state that It was so sudden and I was riding at 30-40km/hr. There was a traffic light which is in red at that point of time. I when to see a doctor and was given 7 day MC.



**SINGAPORE  
POLICE FORCE**



T/20220707/2137

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

3 of 3

Report No. T/20220707/2137

**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 2 KOH KAI YAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/07/2022 22:11

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168