

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 Actual 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	15/08/2022 11:32 (SGT)
Reported by	Both
Date of Accident	12/08/2022 02:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T JUNCTION OF CHOA CHU KANG ROAD AND TECK WHYE AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU629C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TYAN SOON
NRIC No	S9143238B
Email Address	SIMPLERISNICER@HOTMAIL.COM
Mobile Phone No	(Phone) +65-84680885
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XSR155
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	160

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5129274009

DRIVER

Name of Driver	NG TYAN SOON
NRIC No	S9143238B
Date Of Birth	16/11/1991

Occupation	Indoor
Date Of Driving Pass	01/06/2016
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84680885
Alt. Phone Number	-
Email Address	SIMPLERISNICER@HOTMAIL.COM
Address	811B CHOA CHU KANG AVENUE 7 #07-609
Address complement	-
Postcode	682811
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WOON JIE LING STEPHANIE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB2643E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KEE YU XUN
NRIC No	S9637353H
Contact Number	(Phone) +65-87184678
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG TYAN SOON
Gender	Male
Phone No	(Phone) +65-84680885
Address	811B CHOA CHU KANG AVENUE 7 #07-609
Address Complement	-
Post Code	682811
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBU629C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	WOON JIE LING STEPHANIE
Gender	Female
Phone No	(Phone) +65-86616412
Address	811B CHOA CHU KANG AVENUE 7 #07-609
Address Complement	-
Post Code	682811
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBU629C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

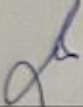
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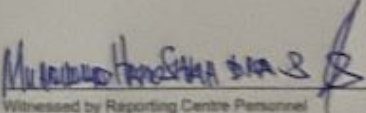
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

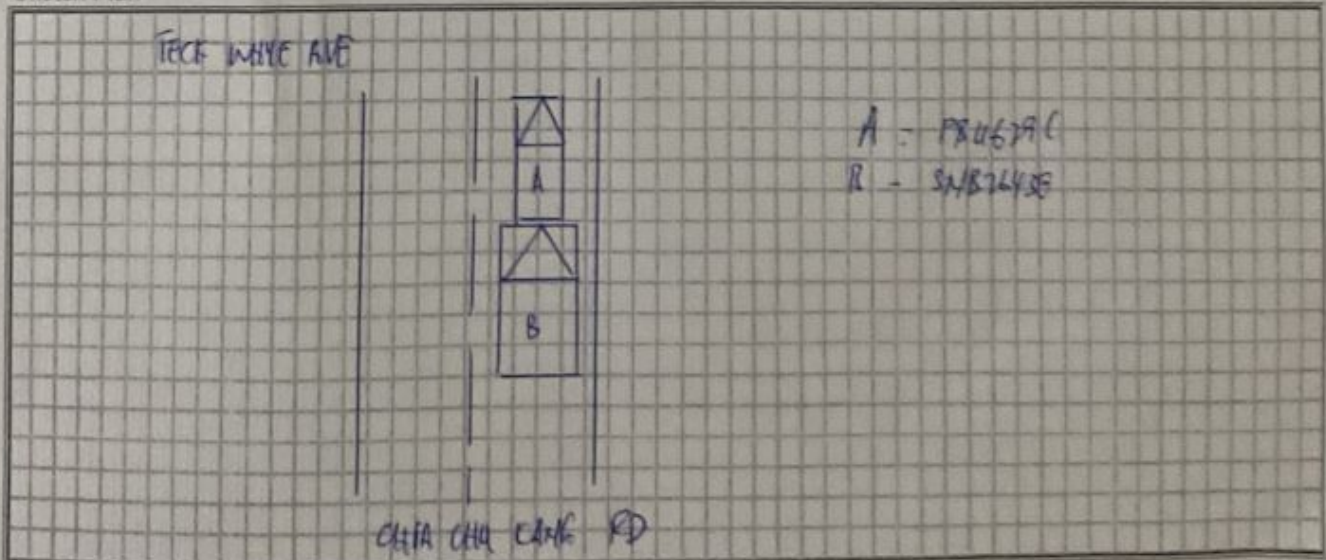
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature / Date & Time
15/7/2011

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


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

Sketch Plan




Describe Circumstance of the Accident

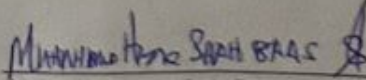
REFER TO REPORT NUM T/2020512/7052

Declaration

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


Policyholder's Signature / Date & Time
15/8/20 11:20

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


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



















SINGAPORE POLICE FORCE



T/20220812/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220812/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2022 19:43	Vide Report No.: J/20220812/0015	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG TYAN SOON		Address: 811B CHOA CHU KANG AVENUE 7 #07-609 SINGAPORE 682811	
ID Type / ID No.: NRIC NO / S9143238B		Contact No.: Home/Office: Mobile: 84680885	
Nationality: SINGAPORE CITIZEN		Email: SIMPLERISNICER@HOTMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 16/11/1991	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/08/2022 02:15	Type of Location: T-Junction
Location: CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBU629C	Motorcycle	YAMAHA	XSR155+MANUAL	Black		0
SNB2643E	Car	MERCEDES BENZ		Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220812/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220812/7052

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBU629C	NTUC Income Insurance Co-Operative Limited	5129274009	29/07/2022	28/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG TYAN SOON	ID No.	S9143238B
Related Vehicle	FBU629C (Motorcycle)	Contact No.	84680885
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Pillion			
Name	WOON JIE LING, STEPHANIE	ID No.	S9231763C
Related Vehicle	FBU629C (Motorcycle)	Contact No.	86616412
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/08/2022	Date	12/08/2022
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	KEE YU XUN	ID No.	S9637353H
Related Vehicle	SNB2643E (Car)	Contact No.	87184678
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



SINGAPORE
POLICE FORCE



T/20220812/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220812/7052

CONTINUATION OF REPORT

Brief Details.

On 12/08/2022 at about 0215hrs, I was riding my motorbike, FBU629C, along Choa Chu Kang Road towards Woodlands Road direction, travelling on the extreme right lane. My wife was my pillion at that point of time.

When I was approaching the T-junction of Choa Chu Kang Road and Teck Whye Avenue, the traffic light turned red and I stopped at the junction. I was first in line.

While waiting for the traffic light to turn green, I wanted to shift back to Gear 1, but I was not able to. As I saw that the traffic light was about to turn green, I planned to move to the side of the road. At that point of time, there was a car behind me, SNB2643E. My wife then gestured a stop sign using her right hand when the traffic light turned green.

As I just started to move my bike, I felt an impact coming from the rear of my bike and I lost my balance. As a result, my wife and I fell with the bike. I am not sure how I fell. The next thing I knew, I saw my wife lying on the road and my bike had fell on its left. I also sustained a punctured wound on my right calf and it was bleeding profusely. My wife was crying as she felt pain on her left hand. She complaint of pain on the right side of her head/neck and trobbing pain on her left arm.

Paramedics came and we were both conveyed to NTFGH for further checks. My wife was discharged after a few hours and was given 7 days of MC. I am still warded in the hospital.

I am not sure of the damages to my motorbike.



**SINGAPORE
POLICE FORCE**



T/20220812/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220812/7052

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
12/08/2022 19:43

Classification Of Case: