

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 04/07/2022 17:42 (SGT)
Reported by Both
Date of Accident 02/07/2022 17:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS CROSSING TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT1719A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA AIK BENG
NRIC No S7820364A
Email Address VINCENT_XYZ@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98428782
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMAX155
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 Auto
CC 160

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5124846612

DRIVER

Name of Driver CHUA AIK BENG
NRIC No S7820364A
Date Of Birth 14/07/1978

Occupation	Indoor
Date Of Driving Pass	07/02/2001
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98428782
Alt. Phone Number	-
Email Address	VINCENT_XYZ@YAHOO.COM.SG
Address	BLK 442D FAJAR ROAD #08-34
Address complement	-
Postcode	674442
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	PLS9383
Vehicle Category	Private car

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	GBK7673E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Orange
Vehicle Category	Commercial vehicle
Name of Driver	LIM SI HAN, ELTON
NRIC No	S9025237B
Contact Number	(Phone) +65-89262728
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PLS9383
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WOON CHAN SIONG
Passport No/FIN	G2879726K
Contact Number	(Phone) +65-86284760
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	CHUA AIK BENG
Gender	Male
Phone No	(Phone) +65-98428782
Address	BLK 442D FAJAR ROAD #08-34
Address Complement	-
Post Code	674442
Approximate Age Years Old	-
Injuries Sustained	ABRASIONS
Injured person in which vehicle?	FBT1719A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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.

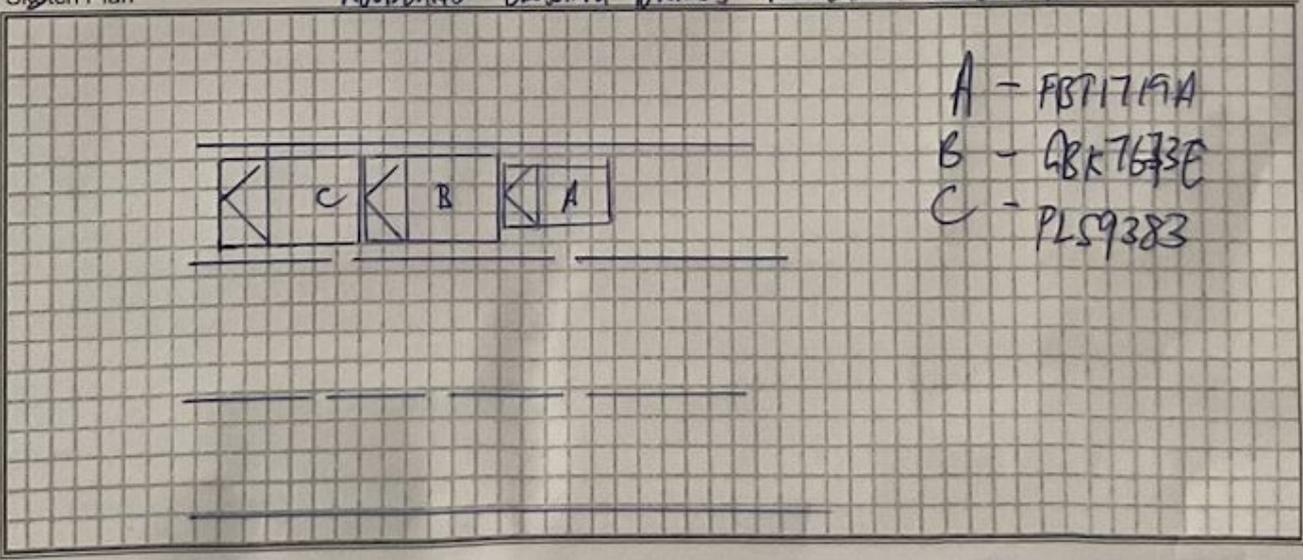
[Signature]
4/7/20
1730
Policyholder's Signature / Date & Time

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

MUHAMMAD HONIA SHAH BIN ABU ABU
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

WOODLANDS CROSSING TOWARDS WOODLANDS CHECKPOINT



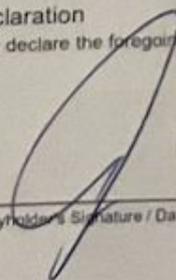
Describe Circumstance of the Accident

REFER TO REPORT NUM 1/20220703/1000

Declaration

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

Policyholder's Signature / Date & Time


4/7/22
1730

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

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

MUHAMMAD HANA SHAH BIN ABDUL
AMIR SHAH











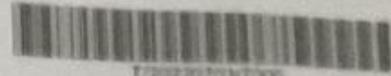







**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20220703/7000

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Report No. T/20220703/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT1719A	NTUC Income Insurance Co-Operative Limited	5124846612	02/12/2021	01/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHUA AIK BENG	ID No.	S7820364A
Related Vehicle	FBT1719A (Motorcycle)	Contact No.	98428782
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On 2/7/2022 @ 1740hrs, I was travelling to work on my bike. I exit BKE towards Woodlands Crossing. The expressway to Woodlands Crossing was very jam. I was following a Singapore van (GBK7673E) on the 1st lane about 2 vehicle away and was travelling around 20-30km/h. Lane 2 & 3 was heavily jam.

A Malaysia car bearing number (PLS9383) which was in front of the van did a sudden lane change and brake out of a sudden. My in front van was unable to react and knock behind the Malaysia car. I was unable to stop in time and collided onto the rear left side of the van. I sustained minor abrasion on my right arm.

AB#434 arrived and provide medical assistance to my injury.

TP QX886H arrived, TP officer SI Noreffendi took down my particulars and statement.



**SINGAPORE
POLICE FORCE**

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



T/20220703/7000

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Report No. T/20220703/7000

CONTINUATION OF REPORT

Sketch 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 /
TAN JUN YAN
Contact No.: 65476311

NP168

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

Date/Time:
03/07/2022 00:03

Classification Of Case: