

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 aforsaid.

ACCIDENT STATEMENT

Date Of Report	03/03/2020 16:39
Date Of Accident	02/03/2020 09:50
Exact Location Of Accident	OUTSIDE #02-14 LEVEL 2 AUTOBAY KAKI BUKIT AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3707T
Insured/Policyholder	
Name Of Registered Owner	KONG MOON TENG
NRIC No	SXXXX540Z
Email Address	KMTENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90183587
Alternative Phone No	OFFICE-90183587
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	H2
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V12865/VMS/R00
Cover Note Number	
Driver	
Name of Driver	KONG MOON TENG
NRIC No	SXXXX540Z
Date Of Birth	23/02/1996
Occupation	INDOOR
Date Of Driving Pass	08/03/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90183587
Fax Number	
Contact Number	OFFICE-90183587
EMail Address	KMTENG@HOTMAIL.COM

Address BLK 457 HOUGANG AVE 10 #06-427
Postcode 530457
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle
Vehicle
Insurance Company of Driver's Own Vehicle

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 this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE SEE POLICE REPORT.

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 Witness 1

Name #02-10 BAN SENG TYRE
Phone Number 67455754
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU9731L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEE BOON YEE
NRIC/Passport Number
Contact Number NA

Address NA
Postcode NA
Insurance Company Name
Nature Of Damage NA
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KONG MOON TENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBK3707T
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? NO
Address BLK 457 HOUGANG AVE 10 #05-427
Postcode

Accident Sketch Plan Pg. 1


SKETCH PLAN

IMPORTANT NOTICE

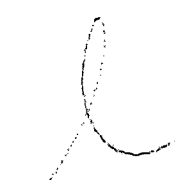
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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' lawyer/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 used 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 (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing frauds, 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;

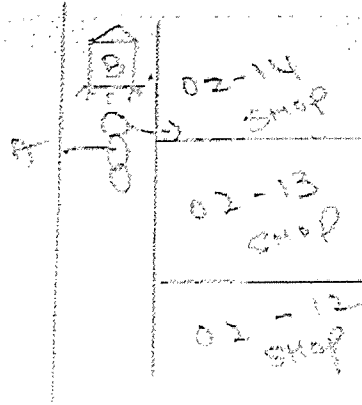
X 
Policyholder's Signature
Type & Print

03/03/2020 12:31
Insurer's Signature
of insurer's authorized signatory
Date & Time


Reporting Centre Representative's Signature
Name
Affiliation

Individual Statement Pg. 1

SKETCH PLAN



(A) FBK 3702 T

(B) SLU 9431 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see police report

<input type="checkbox"/> Driver's Name <input type="checkbox"/> Driver's Address <input type="checkbox"/> Driver's Phone <input checked="" type="checkbox"/> Driver's Signature <input type="checkbox"/> Driver's Date	<input type="checkbox"/> Witness's Name <input type="checkbox"/> Witness's Address <input type="checkbox"/> Witness's Phone <input type="checkbox"/> Witness's Signature <input type="checkbox"/> Witness's Date
--	--

@ HL cycle Pte Ltd

DECLARATION

I hereby declare the foregoing particulars are true to the best of my knowledge.

[Signature]
 Full name of declarant
 Date & time

[Signature]
 Driver's Signature
 In driver's right the police officer
 Date & time

02/03/2019 16:31

[Signature]
 Reporting Centre Name
 Address
 Phone number



SINGAPORE POLICE FORCE



T/20200303/7009

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

1 of 4

Report No. T/20200303/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2020 12:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KONG MOON TENG		Address: APT BLK 457 HOUGANG AVENUE 10 #06-427 SINGAPORE 530457			
ID Type / ID No.: NRIC NO / S9606540Z		Contact No.: Home/Office:		Mobile: 90183587	
Nationality: SINGAPORE CITIZEN		Email: kmteng@hotmail.com			
Sex: Male	Age: 24	Date of Birth: 23/02/1996		Type of Informant: Rider	
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2020 09:50	Type of Location: Straight Road
Location: AUTOBAY KAKI BUKIT AVENUE 6 LEVEL 2 OUTSIDE UNIT #02-14				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3707T	Motorcycle	KAWASAKI	H2	Silver	Slightly Damaged	0
SLU9731L	Car	TOYOTA	C-HR	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK3707T	LIBERTY INSURANCE PTE LTD	SD19V12865/VMS/R00	23/09/2019	22/09/2020



**SINGAPORE
POLICE FORCE**



T/20200303/7009

2 of 4

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

Report No. T/20200303/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KONG MOON TENG	ID No.	S9606540Z
Related Vehicle	FBK3707T (Motorcycle)	Contact No.	90183587
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/03/2020	Date Discharge	02/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE BOON YEE	ID No.	S8518324I
Related Vehicle	SLU9731L (Car)	Contact No.	84991570
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I WAS RIDING MY MOTORCYCLE IN AUTOBAY KAKI BUKIT AT LEVEL 2 AND INFRONT OF ME WAS A TOYOTA C-HR WHICH WAS MOVING AS WELL.

THE CAR THEN STOPPED ABRUPTLY AND I STOPPED MY MOTORCYCLE. THE CAR REVERSE LIGHT IMMEDIATELY TURNED ON AND THE CAR REVERSED WITHOUT CHECKING IF THERE IS ANY TRAFFIC BEHIND HIM.

I PRESSED MY HORN HOWEVER THE REAR OF THE CAR HIT ONTO THE FRONT OF MY MOTORCYCLE, CAUSING ME TO LOSE BALANCE AND FALL WITH MY MOTORCYCLE.

THE DRIVER INFORMED ME THAT HE IS A SUPPLIER & WAS DELIVERING PARTS TO #02-14 GRAND AUTO GARAGE.

THERE ARE CCTV CAMERAS LOCATED AT #02-14 GRAND AUTO GARAGE AND THERE IS AN IN-CAR CAMERA IN THE CAR ITSELF HOWEVER THE PERSON IN-CHARGE AND CAR DRIVER REFUSED TO SHOW THE FOOTAGE TO ME.

I WISH TO ADD ON THAT I HAVE A WITNESS WHO IS WORKING AT UNIT NUMBER #02-10 BAN SENG TYRE SERVICE. THE SHOP CONTACT NUMBER IS 67455754. HE WITNESSED THE INCIDENT AND IS WILLING TO TESTIFY FOR ME.

I PROCEEDED TO HEALTHPLUS CLINIC & SURGERY TO GET MY INJURIES INSPECTED AND WAS AWARDED 03 DAYS MC. I WAS THEN REFERRED TO CHANGI GENERAL HOSPITAL FOR X-



**SINGAPORE
POLICE FORCE**



T/20200303/7009

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20200303/7009

CONTINUATION OF REPORT

ON MY INJURIES.



**SINGAPORE
POLICE FORCE**



T/20200303/7009

4 of 4

Report No. T/20200303/7009

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

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

Date/Time:
03/03/2020 12:43

Classification Of Case:

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ACCIDENT STATEMENT

Date Of Report	03/03/2020 11:08
Date Of Accident	02/03/2020 09:55
Exact Location Of Accident	KAKI BUKIT AUTOBAY INFRONT #02-14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9731L
Insured/Policyholder	
Name Of Registered Owner	LEE BOON YEE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CHR
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109613108
Cover Note Number	

Driver

Name of Driver	LEE BOON YEE
NRIC No	S8518324I
Address	BLK 317A YISHUN AVE 9 #10-104

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

I STOP INFRONT KAKI BUKIT AUTOBAY #02-14, WHEN I PREPARE ALIGHTED A FEW SECOND AND OPEN A DOOR HEARD A BANG SOUND, THEN I REALIZED A BIKE FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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

FBK3707T

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name



Accident Sketch Plan

SKETCH PLAN

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Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Q2-14

A B

A = SLU 9731 L
B = FBK 3707 T

Kaki Bukit Auto bay

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Statement

DECLARATION

I/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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

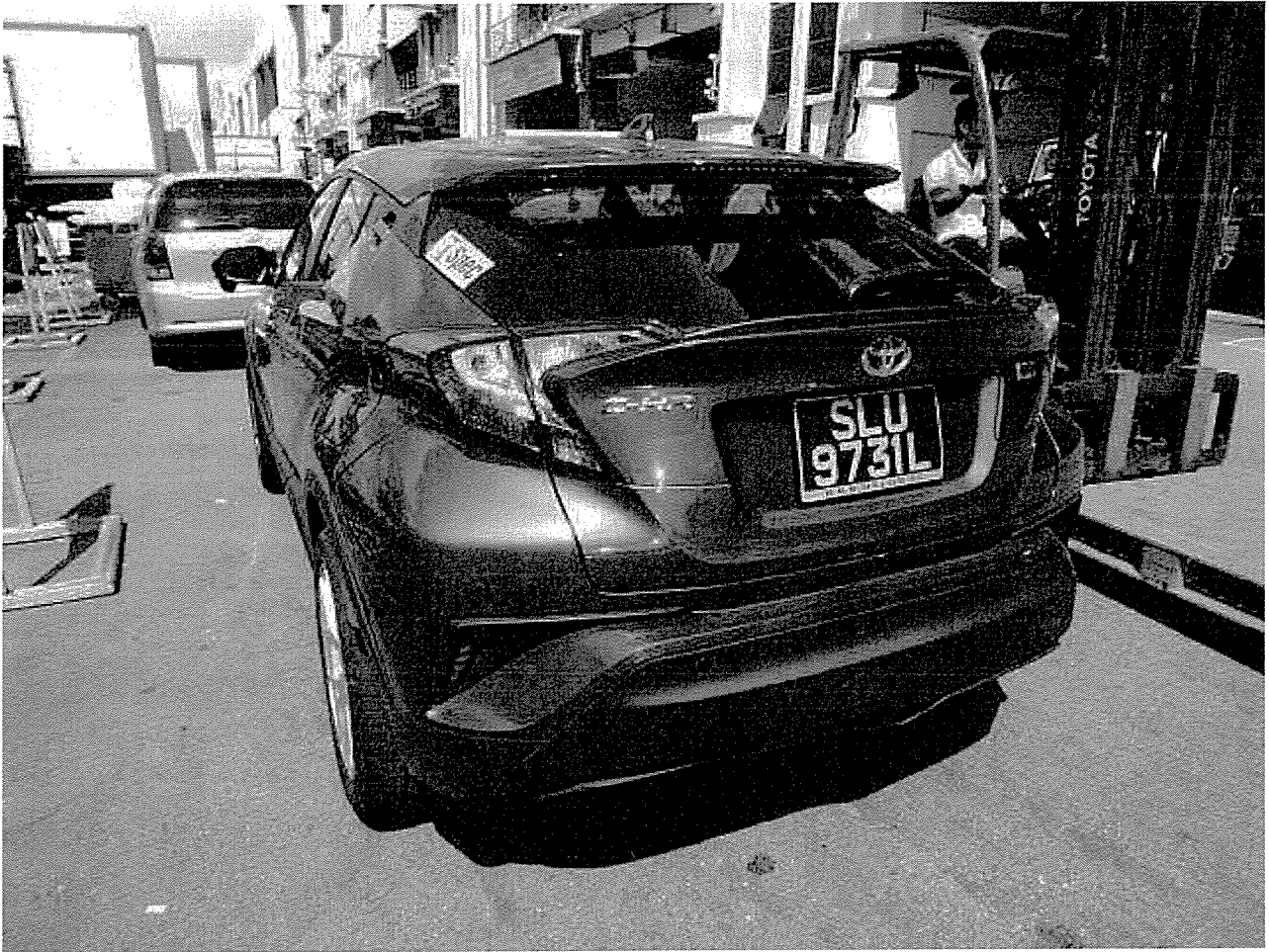
Accident Photo



Accident Photo



Accident Photo



Accident Photo



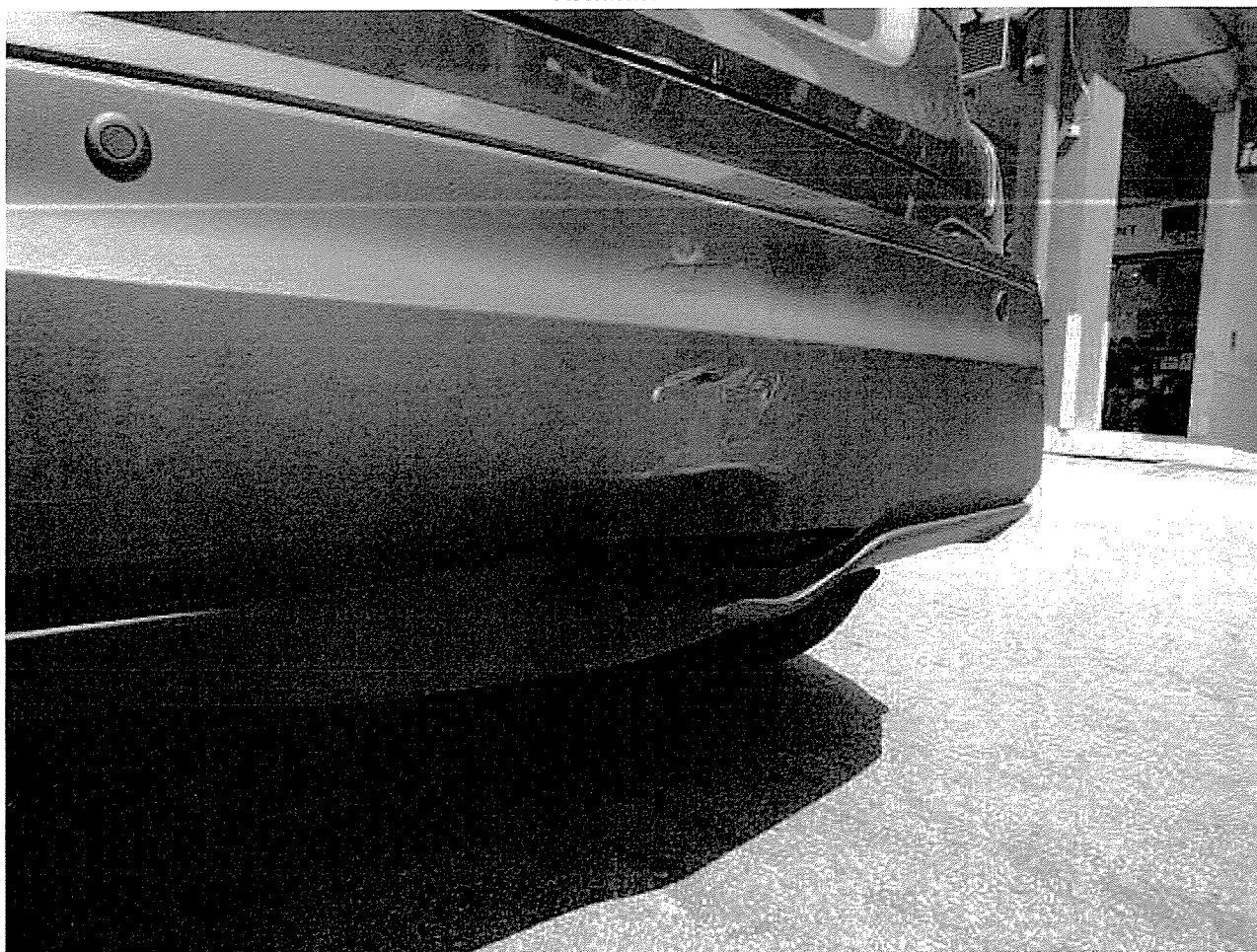
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

