

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 30/08/2022 11:25 (SGT)
Reported by Both
Date of Accident 29/08/2022 12:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information TANJONG KATONG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS5183Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LING BOON CHOONG
NRIC No S7183077B
Email Address JOHNLING978@GMAIL.COM
Mobile Phone No (Phone) +65-91237527
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T150
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5122186560-01

DRIVER

Name of Driver LING BOON CHOONG
NRIC No S7183077B
Date Of Birth 09/07/1971
Occupation Outdoor

Date Of Driving Pass	01/04/1999
Driving experience	23 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91237527
Alt. Phone Number	-
Email Address	JOHNLING978@GMAIL.COM
Address	2B JALAN SUKA
Address complement	-
Postcode	399412
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?	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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / 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	SHA4293U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KHUNG WILLY
NRIC No	S6832853E
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	LING BOON CHOONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS5183Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 30/08/2022 / 11:13

Report No: MT/

D.O.A: 29/08/2022

Vehicle No: F855183Z

Reporting Type:

Time: 12:10 hrs

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

I understand, acknowledge, agree and consent that:

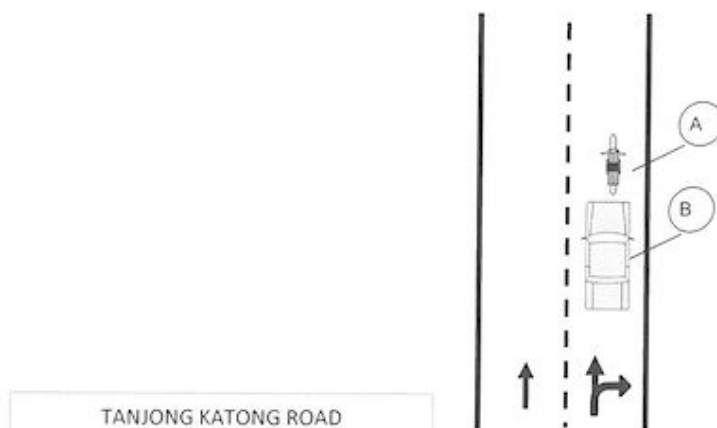
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

30/08/22 / 11:13
Policyholder's Signature / Date & Time

30/08/22 / 11:13
Driver's Signature (If driver is not the policyholder) / Date & Time

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Vehicle A: F855183Z


Vehicle B: SHA4293U

Describe Circumstances of the Accident


Refer to Police Report

Declaration

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


30/08/22 / 11:13
Policyholder's Signature / Date & Time

30/08/22 / 11:13
Driver's Signature (If driver is not the policyholder) / Date & Time

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 



















**SINGAPORE
POLICE FORCE**



T/20220829/2177

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20220829/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2022 18:21		Vide Report No.:		Station Diary No.: 100	
Informant's Particulars					
Name of Informant: LING BOON CHOONG			Address: 2B JALAN SUKA SINGAPORE 399412		
ID Type / ID No.: NRIC NO / S7183077B			Contact No.: Home/Office: Mobile: 91237527		
Nationality: MALAYSIAN			Email: johnling978@gmail.com		
Sex: Male	Age: 51	Date of Birth: 09/07/1971	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRABFOOD DELIVERY RIDER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2022 12:10	Type of Location: Straight Road
Location: TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS5183Z		YAMAHA	T150	Grey	Slightly Damaged	0
SHA4293U		HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS5183Z	NTUC Income Insurance Co-Operative Limited	5122186560-01	15/05/2022	14/05/2023



**SINGAPORE
POLICE FORCE**



T/20220829/2177

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20220829/2177

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LING BOON CHOONG	ID No.	S7183077B
Related Vehicle	FBS5183Z	Contact No.	91237527
Hospital/Clinic	GEYLANG EAST POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/08/2022	Date Discharge	29/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

This report is lodged to make the amendments to the previous report vide T/20220829/2129 as my Medical certificate was not included in the previous report.

On the above mentioned date, time and location. I was riding along the said road on the right lane when I saw a vehicle in front of me wanting to turn right. As such, I came to a complete stop behind the said car. After which I felt a bump and an impact from the rear and I flew forward. I then landed on my leg which caused bleeding on my toe and pain on my knees.

I then realized that it was a taxi (SHA4293U) that had hit me from behind. He got out of the car and checked on me and asked me if I wanted to settle the matter privately or claim insurance. I seek advice from a friend and was advised to claim insurance instead. The driver then drove off.

I then slowly made my way to the police station to lodge a police report.

Taxi Driver particulars:

Name: Khung Willy

IC: S6832853E



SINGAPORE POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220829/2177

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Report No. T/20220829/2177

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:
G /
SGT 3 TAN CHUAN SIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/08/2022 18:21

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168



SINGAPORE POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220829/2129

1 of 3

Report No. T/20220829/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2022 13:26		V ide Report No.:		Station Diary No.: 49
Informant's Particulars				
Name of Informant: LING BOON CHOONG		/Address: 2B JALAN SUKA SINGAPORE 399412		
ID Type / ID No.: NRIC NO / S7183077B		Contact No.: Home/Office: Mobile: 91237527		
Nationality: MALAYSIAN		Email: choongling978@gmail.com		
Sex: Male	Age: 51	Date of Birth: 09/07/1971	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: grabfood delivery rider		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2022 12:10	Type of Location: Straight Road
Location: TANJONG KATONG ROAD				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS5183Z	Motorcycle	YAMAHA	T150	Grey	Slightly Damaged	0
SHA4293U	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS5183Z	NTUC Income Insurance Co-Operative Limited	5122186560-01	15/05/2022	14/05/2023


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220829/2129

2 of 3

Report No. T/20220829/2129

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LING BOON CHOONG	ID No.	S7183077B
Related Vehicle	NIL	Contact No.	91237527
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was riding along the said road on the right lane when I saw a vehicle in front of me wanting to turn right. As such, I came to a complete stop behind the said car. After which, I felt a bump and an impact from the rear and I flew forward. I then landed on my leg which caused bleeding on my toe and pain on my knees.

I then realized that it was a taxi (SHA4293U) that had hit me from behind. He got out of the car and checked on me and asked me whether I wanted to settle the matter privately or claim insurance. I seek advice from my friend and he advised me to claim insurance. The driver then drove off.

I then slowly made my way to the police station to lodge a report before having my injuries checked.

Taxi Driver's particulars:

Name: Khung Willy

IC: S6832853E



**SINGAPORE
POLICE FORCE**



T/20220829/2129

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20220829/2129

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: G / SGT 2 MUHAMMAD RAIHAN BIN RAHMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2022 13:26
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168

