

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	30/09/2022 16:12 (SGT)
Reported by	Both
Date of Accident	29/09/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BACK ALLEY OF COLEMAN LANE (LAMP POST NO. 5F)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6382U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG BENG KIAT (HUANG MINGJI)
NRIC No	S7638412F
Email Address	DRAGONSPARK135@GMAIL.COM
Mobile Phone No	(Phone) +65-96156332
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king t150
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	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114125811-02

DRIVER

Name of Driver	NG BENG KIAT (HUANG MINGJI)
NRIC No	S7638412F
Date Of Birth	15/11/1976
Occupation	Outdoor

Date Of Driving Pass	12/11/2007
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96156332
Alt. Phone Number	-
Email Address	DRAGONSPARK135@GMAIL.COM
Address	43 TEBAN GARDENS ROAD #07-389 S600043
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 2 POLICE REPORTS 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	SMU6226L
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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


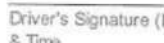

INJURED 1

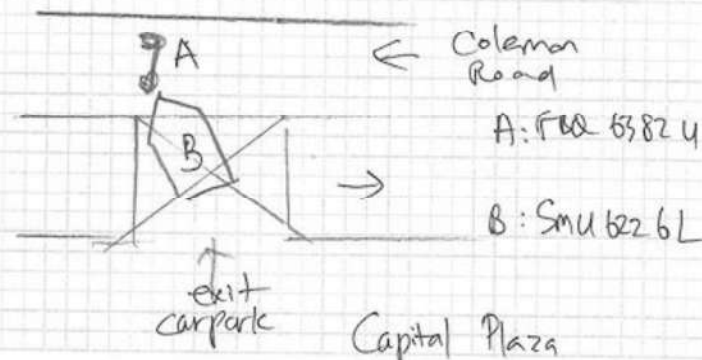
Name of injured person	NG BENG KIAT (HUANG MINGJI}
Gender	Male
Phone No	(Phone) +65-96156332
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ6382U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time 30/9/22 Sketch Plan 12.00pm	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel LEK Siu ENG
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Describe Circumstances of the Accident

Refer to police report attached.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 30/9/22
 12.00 pm

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

Witnessed by Reporting Centre
 Personnel LAK SU ENG















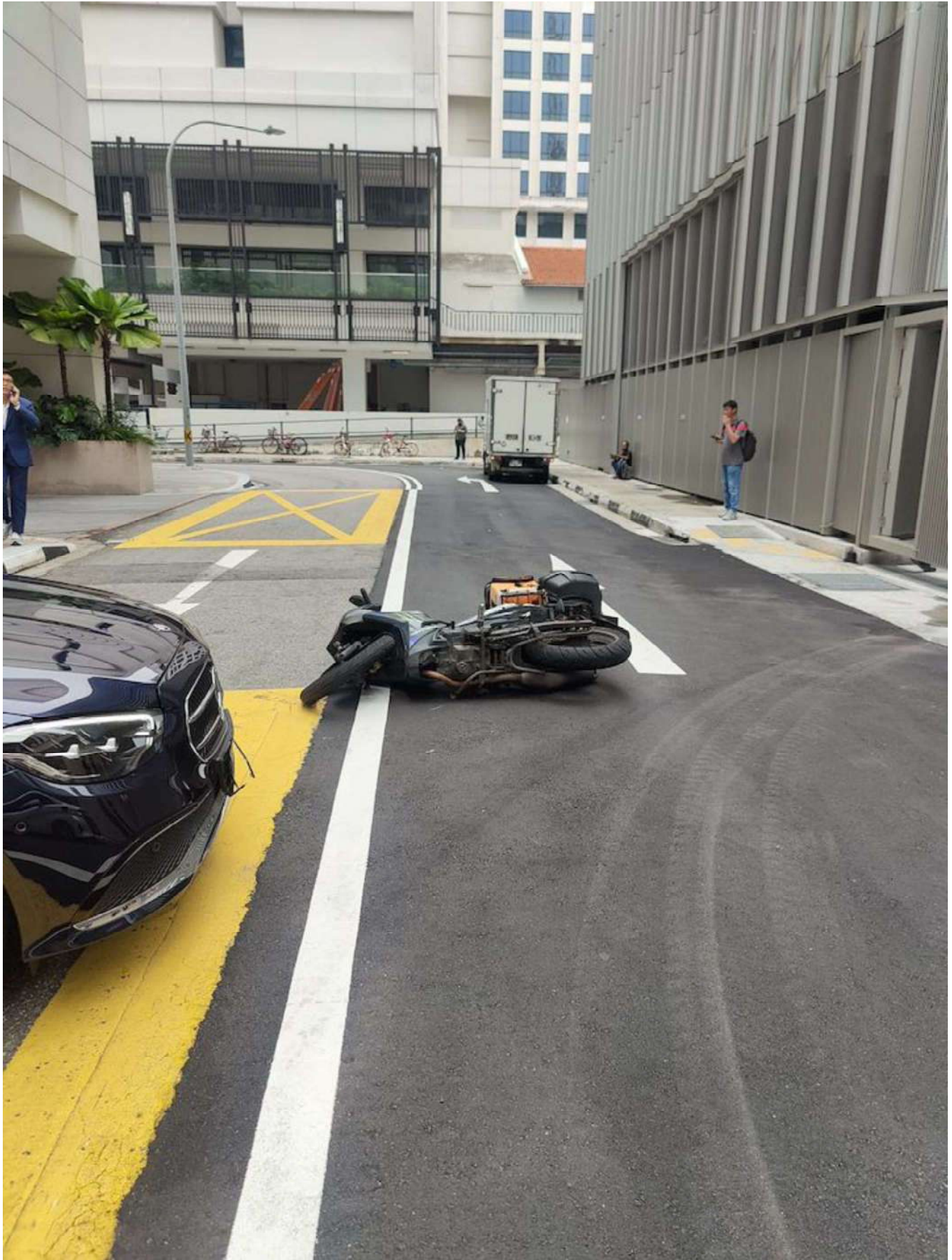




















**SINGAPORE
POLICE FORCE**



E/20220930/2020

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POLICE REPORT (NP299)

Report No. E/20220930/2020

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Date/Time Report Made 30/09/2022 11:00	Vide Report No. T/20220929/2165	Station Diary No. 41
Name Of Informant NG BENG KIAT	Address APT BLK 43 TEBAN GARDENS ROAD #07-389 SINGAPORE 600043	
ID Type / ID No. NRIC NO / S7638412F	Contact No. Home/Office Mobile 96156332	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Company Dispatch	Sex Male	Age 45
Institution/School Name	Date of Birth 15/11/1976	Race Chinese
Date/Time Of Incident 29/09/2022 13:30	Location Of Incident COLEMAN LANE SINGAPORE Back Alley of Coleman Lane	

Brief details.

On 29/09/2022, reference to Traffic Accident Report vide T/20220929/2165, my watch sustained scratches due to the accident against vehicle (SMU6226L) that caused me to fall off my motorcycle (FBQ6382U). My watch is one [UW] ROLEX GMT-MASTER II (MD: 116710BLNR SR: 445z79R5). I am lodging this report to facilitate personal claims purposes.

Signature Of Officer Recording The Report: E / SR STAFF SGT MUHAMMAD ASH SHAHIDI BIN MOHAMED PADILLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2022 11:00
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / SR STAFF SGT MOHAMAD FARHAN BIN MOHAMAD SUHAILI Contact No.: 63918464	Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220929/2165

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20220929/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2022 15:52		Vide Report No.:		Station Diary No.: 74
Informant's Particulars				
Name of Informant: NG BENG KIAT		Address: APT BLK 43 TEBAN GARDENS ROAD #07-389 SINGAPORE 600043		
ID Type / ID No.: NRIC NO / S7638412F		Contact No.: Home/Office: Mobile: 96156332		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 15/11/1976	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: COMPANY DISPATCH		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2022 13:30	Type of Location: Straight Road
Location: HILL STREET				
Lamp Post Number: 5F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBQ6382U	Motorcycle	YAMAHA	MX KING T150 MANUAL	Black	Slightly Damaged	0
SMU6226L	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220929/2165

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20220929/2165

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBQ6382U	NTUC Income Insurance Co-Operative Limited	5114125811-02	14/11/2021	13/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG BENG KIAT	ID No.	S7638412F
Related Vehicle	FBQ6382U (Motorcycle)	Contact No.	96156332
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	29/09/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LIM TJIE MINN	ID No.	S8515706Z
Related Vehicle	SMU6226L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/09/2022, at about 1330hrs, I was riding my motorcycle bearing the plate number of FBQ6382U along coleman road behind capitol plaza when another vehicle bearing the plate number of SMU6226L drove out of the building carpark and colliding into the left side of my motorcycle.

After the collision, I was stunt, so I laid for a few mins. The driver that collided with my motorcycle came out to check if I was alright. No ambulance or police was called, and no one was conveyed to the hospital.

I am lodging this report for personal claim purposes.



**SINGAPORE
POLICE FORCE**



T/20220929/2165

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20220929/2165

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:

E /

SGT 1 LEE ZHONG JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/09/2022 15:52

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168