

# 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 aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 28/02/2022 09:55 (SGT)  
Date of Accident ..... 18/02/2022 19:12 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LOWER DELTA ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR7685J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GALVIN NG CHEN KIAT  
NRIC No ..... SXXXX251F  
Email Address ..... GALVINNCK@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-82282754  
Alternative Phone No ..... (Home) +65-82282754

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Gdr155a  
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  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5119398207-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GALVIN NG CHEN KIAT  
NRIC No ..... SXXXX251F

Date Of Birth .....	30/07/1993
Occupation .....	Outdoor
Date Of Driving Pass .....	07/04/2021
Driving experience .....	10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82282754
Alt. Phone Number .....	(Home) +65-82282754
Email Address .....	GALVINNCK@GMAIL.COM
Address .....	BLK 118A ALKAFF CRESCENT #04-67
Address complement .....	-
Postcode .....	341118
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 on collision
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Potong Pasir Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002829999
Alt. Police Station Phone No .....	(Fax) +65-62815964
Police Station Address .....	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 .....	SMM1048J
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 .....	GALVIN NG CHEN KIAT
Gender .....	Male
Phone No .....	(Phone) +65-82282754
Address .....	BLK 118A ALKAFF CRESCENT #04-67
Address Complement .....	-
Post Code .....	341118
Approximate Age Years Old .....	-
Injuries Sustained .....	REFER TO ATTACHED
Injured person in which vehicle? .....	FBR7685J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## 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:

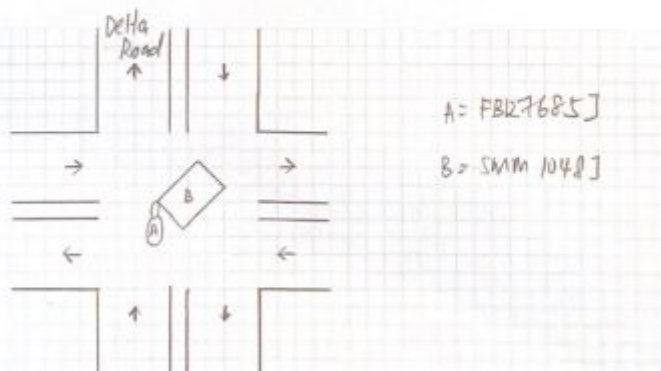
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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 sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time \_\_\_\_\_  
 Driver's Signature (If driver is not the policyholder) / Date & Time \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel \_\_\_\_\_

### Sketch Plan





# Describe Circumstances of the Accident

Please refer to police report.

## Declaration

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

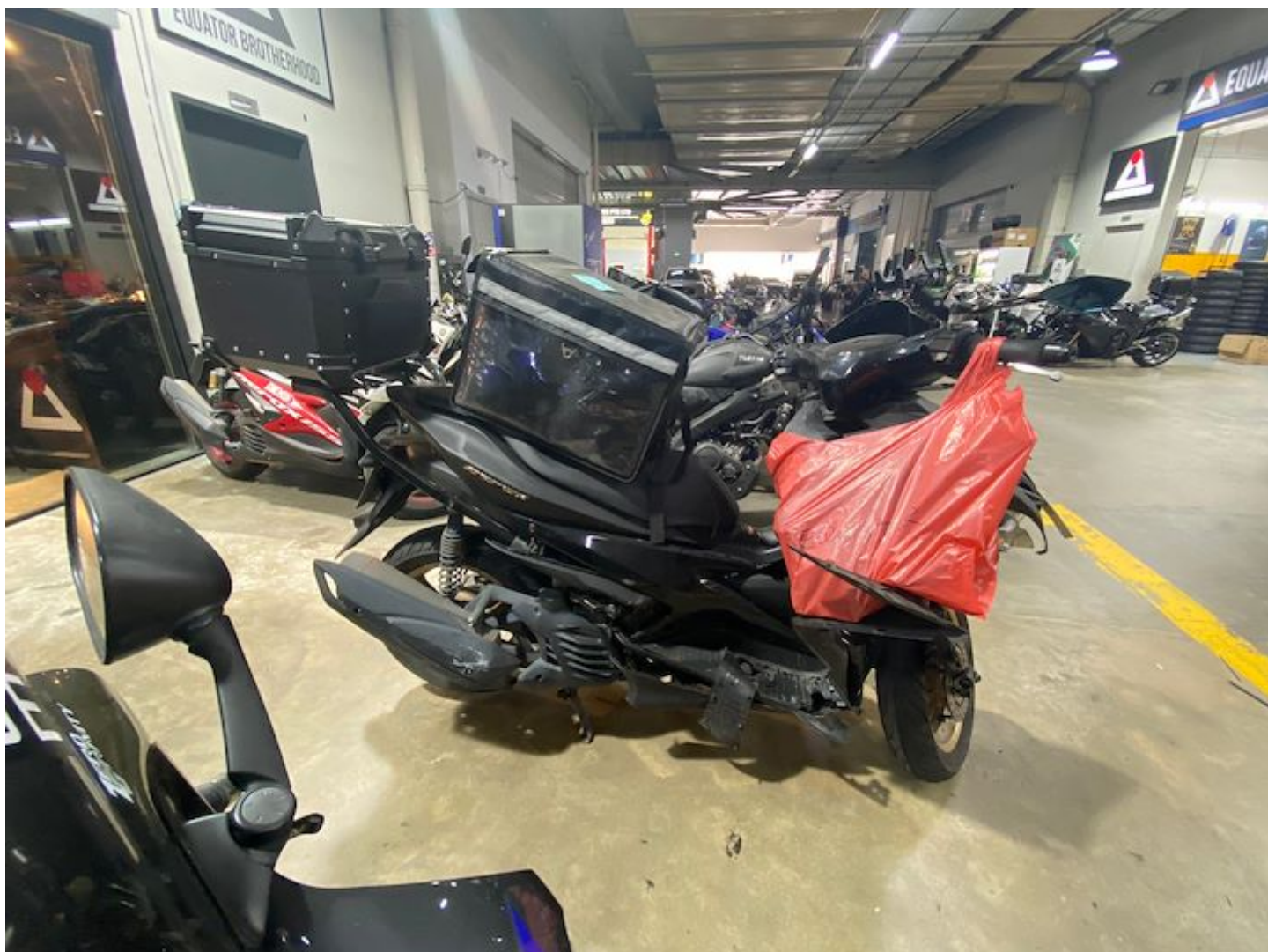
Witnessed by Reporting Centre Personnel































**SINGAPORE  
POLICE FORCE**



T/20220218/2071

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

1 of 3

Report No: T/20220218/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/02/2022 19:12	Vide Report No.:	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: GALVIN NG CHEN KIAT	Address: APT BLK 118A ALKAFF CRESCENT #04-67 SINGAPORE 341118		
ID Type / ID No.: NRIC NO / S9330251F	Contact No.: Home/Office: Mobile: 82282754		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 28	Date of Birth: 30/07/1993	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: DELIVERY RIDER	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 17/02/2022 11:30	Type of Location: X-Junction
Location:  LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7685J	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR7685J	NTUC Income Insurance Co-Operative Limited	5119398207-01	08/10/2021	07/10/2022




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Report No. T/20220218/2071

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	GALVIN NG CHEN KIAT	ID No.	S9330251F
Related Vehicle	FBR7685J (Motorcycle)	Contact No.	82282754
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/02/2022	Date Discharge	18/02/2022
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am a delivery rider.

On 17/2/2022 at about 11.30am, I was riding along Lower Delta Road and going towards Delta Road. While I was approaching the junction of Lower Delta Road and Alexandra Road, I saw that the traffic light was in my favor. I also noticed that there was a white car, at the opposite road (Delta Road), stopped at the right turn pocket to make a right turn into Alexandra road. When I crossed the line at the junction, the car moved to make the right turn and the car collided onto my bike. The impact caused me to fly off my bike. I landed about 3 meters away from my bike.

Passersby helped me by lifting me up and I spoke to the car driver. I asked the driver why did she move off and the car driver replied to me "I did not see you. It was my right of way".

Traffic Police and Ambulance came to the accident location and I was conveyed by Ambulance to the hospital. I was warded at SGH from 17/2/2022 till 18/2/2022. I sustained injuries such as: abrasions on the left side of my shoulders, body, hand and leg. I also sustained a flesh wound on my right heel and right ankle swelling.

I do not know the incident number nor the other vehicle owner particulars as I was conveyed to the hospital from the accident location.



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142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999



T/20220218/2071

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Report No. T/20220218/2071

**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 3 SATHISH KUMAR S/O  
TAMBI RAJAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Signature Of Informant:

Date/Time:  
18/02/2022 19:12

Classification Of Case:

NP168

<p>SINGAPORE POLICE FORCE</p>		<p>SN 57</p>
<p>SIGNATURE</p>		