

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 06/01/2023 19:06 (SGT)
Reported by Both
Date of Accident 30/12/2022 16:30 (SGT)
Exact Location of Accident Near Opp Old Police Acad, Singapore
Additional Location Information thomson road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG361Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner wong chee wong
NRIC No S1710691J
Email Address cheewongx@yahoo.com.sg
Mobile Phone No (Phone) +65-90912003
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Cbf150
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 Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5077913150-06

DRIVER

Name of Driver wong chee wong
NRIC No S1710691J
Date Of Birth 13/03/1954
Occupation Indoor

Date Of Driving Pass	28/02/1983
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90912003
Alt. Phone Number	-
Email Address	cheewongx@yahoo.com.sg
Address	blk 160 mei ling st #19-293
Address complement	-
Postcode	S140160
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	Side Swipe
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
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	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
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	PC7821X
Vehicle Manufacturer	Toyota
Vehicle Model	Coaster
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Bus
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	wong chee wong
Gender	Male
Phone No	(Phone) +65-90912003
Address	blk 160 mei ling st @19-293
Address Complement	-
Post Code	S140160
Approximate Age Years Old	68
Injuries Sustained	refer to medical report
Injured person in which vehicle?	FBG361Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	thiang soon jie
Phone	(Phone) +65-97718998
Email	-

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

witness: Thiana Soon Jie - 97718998

Witness: Thiang Soon Jie - 97718998

DECLARATION

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

wong 6/1/23.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature

Name: Heiko Tan
NRIC/FIN No.: 9201 1234 5678

NRIC/FIN No.: 611123







**SINGAPORE
POLICE FORCE**



T/20221230/2097

3 of 3

Report No. T/20221230/2097

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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 LEONG KAH WAI,
CLEMENT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/12/2022 22:34

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20221230/2097

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20221230/2097

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	WONG CHEE WONG	ID No.	S1710691J
Related Vehicle	FBG361Y (Motorcycle)	Contact No.	90912003
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/12/2022	Date Discharge	30/12/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/12/2022 at about 1630hrs, I was riding my motorcycle and was stationary along Thomson Lane, X junction of Thomson Road. The traffic light was red, as such I was stationary. When the traffic light turned green, I turned left onto Thomson Road. Immediately after, I was collided onto by a White Mini Bus coming from Thomson Road. The vehicle collided around the front right side of my motorcycle, causing me to fall. I then felt giddy. The driver of the Mini Bus got down to help me and called for an ambulance. Subsequently, I was conveyed to Tan Tock Seng Hospital via ambulance. I received treatment and received 5 days MC. My injuries are bruises on my right arm and elbow area and the right side of my hip and backside area. I wish to inform that the traffic light on the side of the road where the Mini Bus came from should have been red. It came from Thomson Road before Thomson Lane towards Thomson Road. My motorcycle's damages as of now are the front and right side of the motorcycle.


**SINGAPORE
POLICE FORCE**


T/20221230/2097

1 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20221230/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2022 22:34	Vide Report No.:	Station Diary No.: 113
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Informant's Particulars

Name of Informant: WONG CHEE WONG	Address: APT BLK 160 MEI LING STREET #19-293 SINGAPORE 140160		
ID Type / ID No.: NRIC NO / S1710691J	Contact No.: Home/Office: Mobile: 90912003		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 68	Date of Birth: 13/03/1954	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: TRAFFIC MANAGEMENT OFFICER	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: 30/12/2022 16:30	Type of Location: X-Junction
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG361Y	Motorcycle	HONDA	CBF150	Black		0
PC7821X		TOYOTA	COASTER SUPER LWB	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG361Y	NTUC Income Insurance Co-Operative Limited	5077913159-06	24/02/2022	23/02/2023



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S660000206 / GST Reg. No.: M4000217735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SF0C23160002 Vehicle Registration No: BG361Y
 Name (as shown in NRIC) : Wong Chee Wong NRIC/FIN/Passport No : S1710691J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 160 Mei Ling St #19-293 Singapore (140160)
 Contact (Tel) : _____ Mobile No. : 90912003
 Email Address : cheewong@yahoo.com.sg
 Date of Accident : 30/12/2022 Time of Accident : 16:30
 Place of Accident : Thomson Rd
 Insurance Company : NTUC : 5077913159-06

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

email wrong address wrong and update

wong 6/1/23
 Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name: Joshua Tan
 NRIC/FIN No.: _____
 Date: 6/1/23