

# 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 ..... 06/12/2021 13:48 (SGT)  
Date of Accident ..... 03/12/2021 13:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALEXANDER ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBT869G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHOW BENG HOCK  
NRIC No ..... S2762631I  
Email Address ..... mikelooieh@gmail.com  
Mobile Phone No ..... (Phone) +65-92369977  
Alternative Phone No ..... +65-92369977

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... NMAX 155 ABS CVT  
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 ..... 155

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5124347329  
Cover Note Number ..... 27/10/2021 TO 26/10/2022

### DRIVER

Name of Driver ..... CHOW BENG HOCK  
NRIC No ..... S2762631I

Date Of Birth .....	13/11/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	09/03/2000
Driving experience .....	21 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92369977
Alt. Phone Number .....	+65-92369977
Email Address .....	mikelooieh@gmail.com
Address .....	APT BLK 49 HOY FATT ROAD #02-105 (S) 150049
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 - 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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	River Valley Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002789999
Alt. Police Station Phone No .....	(Fax) +65-62786427
Police Station Address .....	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH 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 .....	SHD3362U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	-
Contact Number .....	(Phone) +65-90955199
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 .....	CHOW BENG HOCK
Gender .....	Male
Phone No .....	(Phone) +65-92369977
Address .....	APT BLK 49 HOY FATT ROAD #02-105 (S) 150049
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	FBT869G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.



*[Signature]*

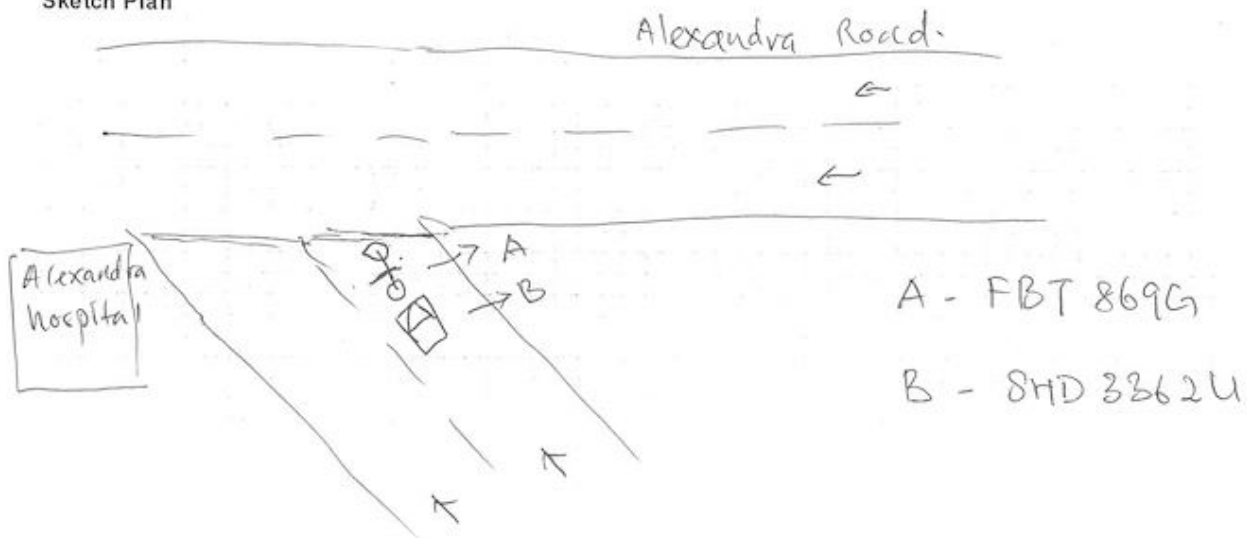
Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Declaration

Policyholder's Signature / Date &  
Time

Witnessed by Reporting Centre  
Personnel































**SINGAPORE  
POLICE FORCE**



T/20211203/2086

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

1 of 3

Report No. T/20211203/2086

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2021 16:07		Vide Report No.:		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: CHOW BENG HOCK			Address: APT BLK 49 HOY FATT ROAD #02-105 SINGAPORE 150049		
ID Type / ID No.: NRIC NO / S27626311			Contact No.: Home/Office: 92369977      Mobile:		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 55	Date of Birth: 13/11/1966	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class:      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2021 13:15	Type of Location: Straight Road
Location:  ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBT869G	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Black	Slightly Damaged	0
SHD3362U	Car				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBT869G	NTUC Income Insurance Co-Operative Limited	5124347329	27/10/2021	26/10/2022	



**SINGAPORE  
POLICE FORCE**



T/20211203/2086

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Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20211203/2086

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHOW BENG HOCK	ID No.	S2762631I
Related Vehicle	NIL	Contact No.	92369977
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 the 03/12/2021 at about 1.17pm, I was riding my motorcycle bearing FBT869G, travelling along AYE, exiting Alexandra Road. As I rode up the slope, I came to a stop, as there was a give way sign, allowing vehicles on my right to move off, before riding towards Alexandra Road. While my motorcycle was stationary, a comfort taxi vehicle bearing SHD3362U, hit my motorcycle on its rear, causing slight damage. Both of us exchange particulars. I suffered pain on my right hand and right leg, as such I went to see a doctor and I was given 3 days of medical leave.

details of taxi driver

Name: Shafiq

H/P 90955199



**SINGAPORE  
POLICE FORCE**



T/20211203/2086

3 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20211203/2086

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 /

Sr Staff Sgt LOW WEE MENG

Signature Of Informant:

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Signature Of Interpreter:  
Not applicable

Date/Time:  
03/12/2021 16:07

Officer In Charge Of Case:  
TP / AEIT /



SINGAPORE  
POLICE FORCE

Classification Of Case:

SN 069

Contact No.:

SIGNATURE

Authentication Stamp  
NP168





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5124347329

**Cover** : Third Party, Fire & Theft

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>FBT869G</b>    |
| Chassis Number  | : MH3SG5680MK096198 |
| 2. Name of Policyholder   | : CHOW BENG HOCK    |
| 3. Effective Date of Insurance  | : 27 Oct 2021       |
| 4. Expiry Date of Insurance   | : 26 Oct 2022       |
| 5. Persons or Classes of Persons entitled to drive#   |                     |
| (a) Named Driver(s) Only.   |                     |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                     |
| 6. Limitations as to Use#   |                     |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                     |
| (b) Use for food/parcel/other delivery services.  |                     |
| This Policy does not cover  |                     |
| (a) Use for hire or reward.   |                     |
| (b) Use for racing, pace-making, reliability trial or speed-testing.  |                     |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  |                     |
| (d) Use for any purpose in connection with the Motor Trade.   |                     |

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: CHOW BENG HOCK
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GP MOTORING PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)  
 Date of Issue : 27 Oct 2021 17:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive