

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	27/01/2023 16:06 (SGT)
Reported by	Both
Date of Accident	24/01/2023 14:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEEN STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6681G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA KONG HWEE (CAI GUANGHUI)
NRIC No	S7304853B
Email Address	tom9797tom@gmail.com
Mobile Phone No	(Phone) +65-96894699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Piaggio
Model	MEDLEY 150 ABS
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	Auto
CC	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114323504-03

DRIVER

Name of Driver	CHUA KONG HWEE (CAI GUANGHUI)
NRIC No	S7304853B
Date Of Birth	15/02/1973
Occupation	Outdoor

Date Of Driving Pass	11/08/1993
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96894699
Alt. Phone Number	-
Email Address	tom9797tom@gmail.com
Address	BLK 647A SENJA CLOSE
Address complement	#08-241
Postcode	671647
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN

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	SCP87E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM CHWEE TECK
NRIC No	S1170881A
Contact Number	(Phone) +65-81878935
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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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.


27/01/2023
1615HRS

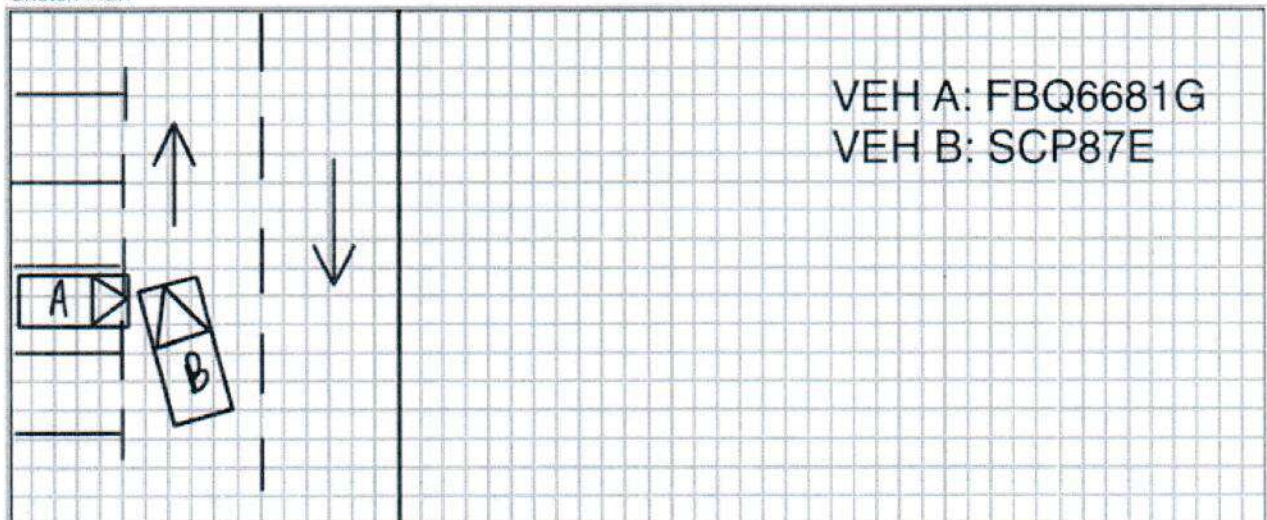
Policyholder's Signature / Date & Time

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


AHMAD SUFIYAN ASSURI
BIN MUSTAFFA
S992991

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



VEH A: FBQ6681G
VEH B: SCP87E

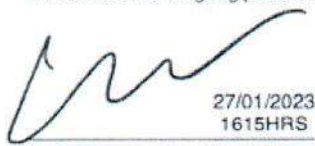
...

Describe Circumstance of the Accident

REFER TO GEARS REPORT
AND POLICE REPORT

Declaration

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


27/01/2023
1615HRS

Policyholder's Signature / Date & Time

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



AHMAD SUFIYAN ASSURI
BIN MUSTAFFA
S992991

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230125/2027

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20230125/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 12:25			Vide Report No.:		Station Diary No.: 34	
Informant's Particulars						
Name of Informant: CHUA KONG HWEE			Address: APT BLK 647A SENJA CLOSE #08-241 SINGAPORE 671647			
ID Type / ID No.: NRIC NO / S7304853B			Contact No.: Home/Office: Mobile: 96894699			
Nationality: SINGAPORE CITIZEN			Email: tom9797tom@gmail.com			
Sex: Male	Age: 49	Date of Birth: 15/02/1973	Type of Informant: Rider			
Race: Chinese			Language:		Institution / School Name:	
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2023 14:05	Type of Location: Car Park
Location: QUEEN STREET				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
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
FBQ6681G	Motorcycle	PIAGGIO	MEDLEY 150 ABS	White	Seriously Damaged	0
SCP87E	Car				Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6681G	NTUC Income Insurance Co-Operative Limited	5114323504-03	22/11/2022	21/11/2023



**SINGAPORE
POLICE FORCE**



T/20230125/2027

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20230125/2027

CONTINUATION OF REPORT

Brief Details.

On 24/01/2023 at about 1405hrs, I was working as a Food delivery for Grab Food. After I parked my vehicle (FBQ6681G) at the OSCP, I went to a nearby toilet. While I was walking back to my vehicle, I saw a lot of people was crowding at the OSCP. I then saw my vehicle fell onto the ground and spotted a vehicle (SCP87E) was reversing. I then manage to take a photo of the car plate number. He then suddenly drove forward and stopped in front. The driver and I exchanged particulars however he wanted to claim insurance. I am lodging this report for record purposes to claim insurance for the damages on my vehicle and also the food that I picked up for a customer from Grab Food was physically damaged as well. I have already informed the Grab Food company about the matter and I was advised to lodge a Police report.



**SINGAPORE
POLICE FORCE**



T/20230125/2027

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20230125/2027

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:

J /

SGT 1 ZULFADHLI BIN RASHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2023 12:25

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case: