

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	23/02/2023 14:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 09:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR1737H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VONG TRUNG CUONG
NRIC No	S9375473E
Email Address	michael.vongtc@gmail.com
Mobile Phone No	(Phone) +65-82990239
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XSR155
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	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120950491-01

DRIVER

Name of Driver	VONG TRUNG CUONG
NRIC No	S9375473E
Date Of Birth	03/11/1993
Occupation	Indoor

Date Of Driving Pass	04/03/2020
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82990239
Alt. Phone Number	-
Email Address	michael.vongtc@gmail.com
Address	BLK 303A #06-778
Address complement	PUNGGOL CENTRAL
Postcode	821303
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 - Cross Junction
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SMF6663L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEAN CHUNG
NRIC No	S7706467B
Contact Number	(Phone) +65-93682110
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VONG TRUNG CUONG
Gender	Male
Phone No	(Phone) +65-82990239
Address	BLK 303A #06-778
Address Complement	PUNGGOL CENTRAL
Post Code	821303
Approximate Age Years Old	29
Injuries Sustained	Refer to Police Report
Injured person in which vehicle?	FBR1737H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	AFAD
Phone	(Phone) +65-87903691
Email	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

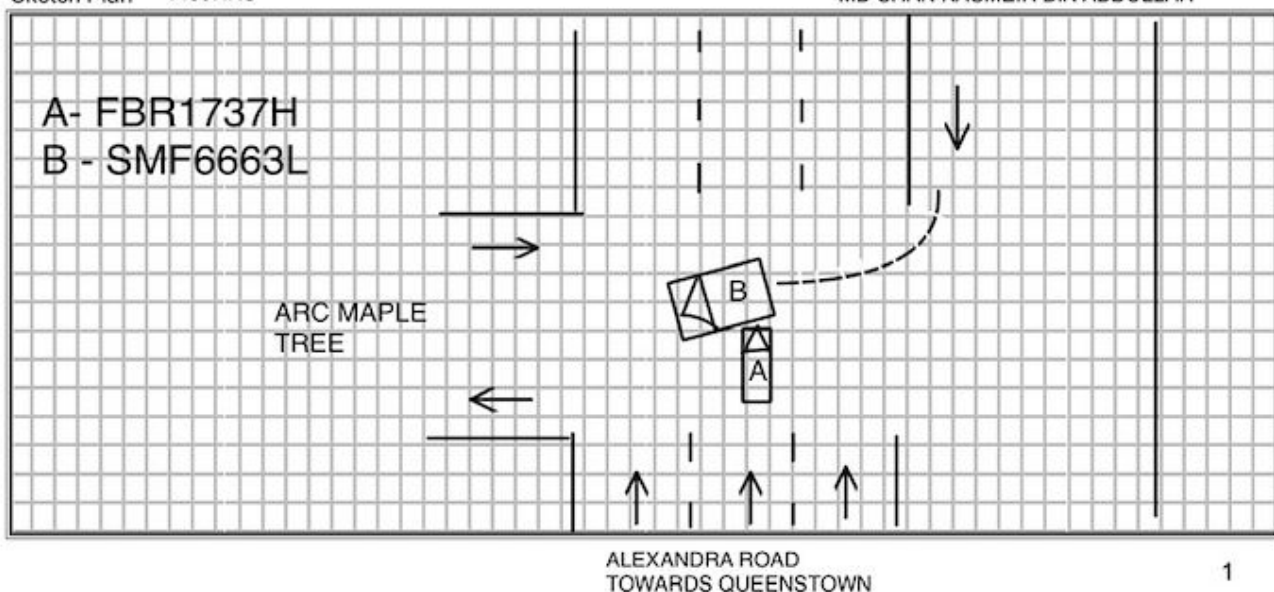
Policyholder's Signature / Date & Time
23/02/2023

Sketch Plan 1430HRS

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

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

MD SHAN KASMEIR BIN ABDULLAH



Describe Circumstance of the Accident

Refer to Police Report

Declaration

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

Policyholder's Signature / Date & Time
23/02/2023
1430hrs

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

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

MD SHAN KASMEIR BIN ABDULLAH 2















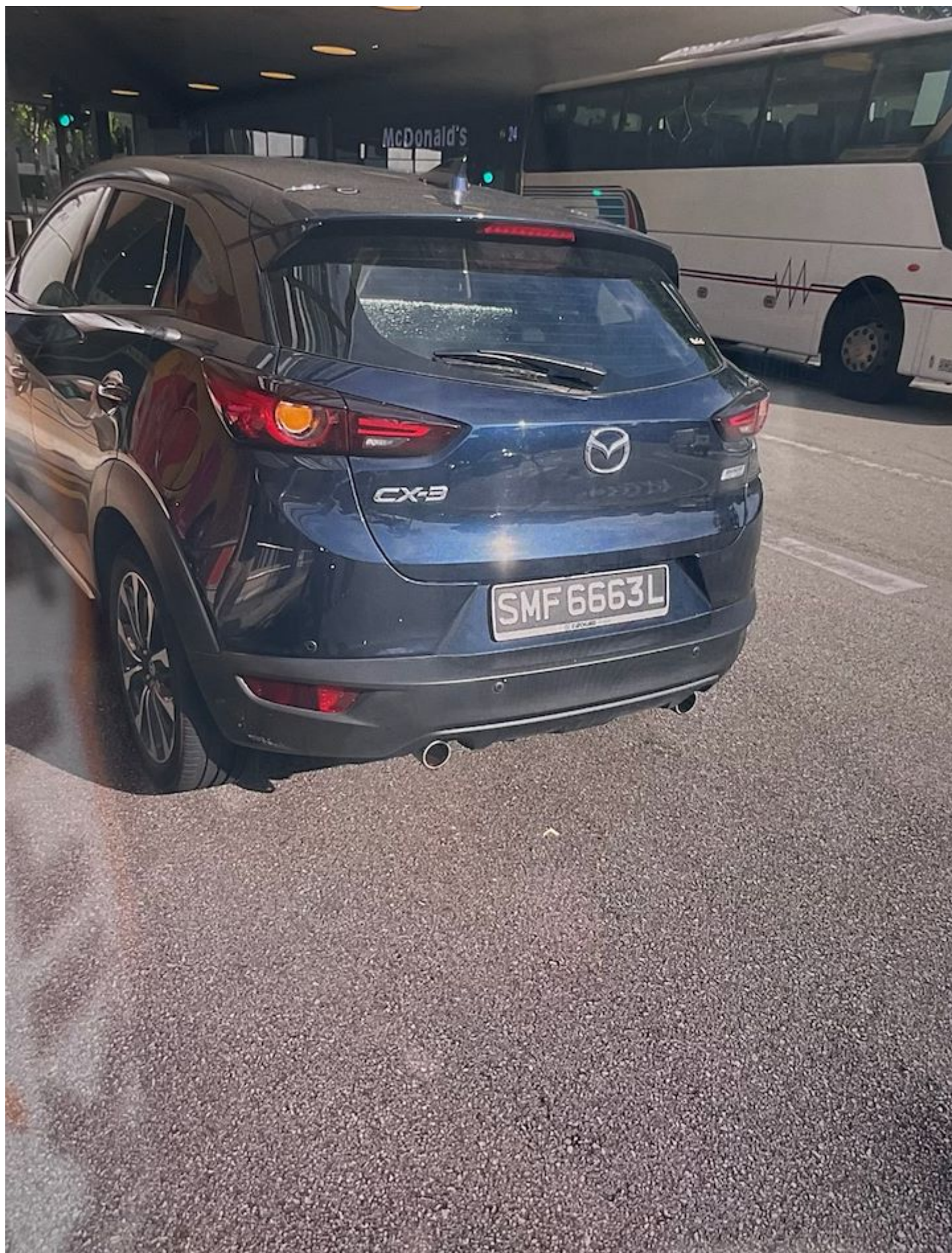
















**SINGAPORE
POLICE FORCE**



T/20230222/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230222/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2023 01:53		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: VONG TRUNG CUONG		Address: 303A PUNGGOL CENTRAL #06-778 SINGAPORE 821303	
ID Type / ID No.: NRIC NO / S9375473E		Contact No.:	Mobile: 82990239
Nationality: SINGAPORE CITIZEN		Email: MICHAEL.VONGTC@GMAIL.COM	
Sex: Male	Age: 29	Date of Birth: 03/11/1993	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2023 09:05	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR1737H	Motorcycle	YAMAHA	XSR155 MANUAL	Silver		0
SMF6663L	Car		MAZDA CX-3	Blue		1

Details of Vehicle Insurance

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



T/20230222/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230222/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR1737H	NTUC Income Insurance Co-Operative Limited	5120950491-01	08/03/2022	07/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	VONG TRUNG CUONG	ID No.	S9375473E
Related Vehicle	FBR1737H (Motorcycle)	Contact No.	82990239
Hospital/Clinic	NUHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/02/2023	Date	21/02/2023
No. of Days granted Medical Leave	01	Degree of	Slight
Driver			
Name	SEAN CHUNG	ID No.	S7706467B
Related Vehicle	SMF6663L (Car)	Contact No.	93682110
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details:

I was on my way to work at Fragrance Empire Building, after Keppel Highway, I was turning into Alexandra Road between 9-9.05 am,
It was green light, I was going straight in my right way, however upon reaching ARC junction, at Discretionary turn,
Vehicle SMF6663L was in a rush and made a right turn while I'm going straight at 50-60km/h.
I jammed brake but could not stop in time, hence my front wheel hit the left rear of the car resulted me to fall to the ground.
The impact caused my toe and heel cut, bruised on my shoulder, left shin and both ankle.
I quickly got up, limping and push my motorcycle to where SMF6663L parked. (opposite MacDonald)
Traffic Police was called so as the Ambulance, I was treated and conveyed to NUH for further examination (X-ray)
My bike was towed away based on the Police advice.



**SINGAPORE
POLICE FORCE**



T/20230222/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230222/7002

CONTINUATION OF REPORT

There is a witness called Afad , he's a rider as well , he was behind me when the accident happened.
His contact is : 87903691 - I didn't get his IC , hence I unable to key in the information.

I got cleared by Dr Tan Jung Hiong (66058B) and got discharged at about 2pm.
For Doctor Medical full Report, Dr Tan told me , if requested , IO can write to him and he will review.
Thank you

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230222/7002

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Report No. T/20230222/7002

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/02/2023 01:53

Classification Of Case: