

# 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 ..... 30/05/2023 16:33 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 30/05/2023 08:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... K.P.E Tunnel Entrance  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBJ780E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Ng Jun Rong  
NRIC No ..... S9225538G  
Email Address ..... Dylan\_njr@live.com  
Mobile Phone No ..... (Phone) +65-96430302  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... TMAX530(DX)  
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 ..... 530

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... MC/00955300

### DRIVER

Name of Driver ..... Ng Jun Rong  
NRIC No ..... S9225538G  
Date Of Birth ..... 21/07/1992  
Occupation ..... Indoor

Date Of Driving Pass .....	15/09/2015
Driving experience .....	7 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96430302
Alt. Phone Number .....	-
Email Address .....	Dylan_njr@live.com
Address .....	Blk 145 Rivervale Drive #02-529
Address complement .....	-
Postcode .....	540145
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 - Change/cross lane
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 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 .....	SKX4799X
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) ..... -

**SKETCH PLAN**

**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 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.

*[Signature]*

Policyholder's Signature / Date & Time

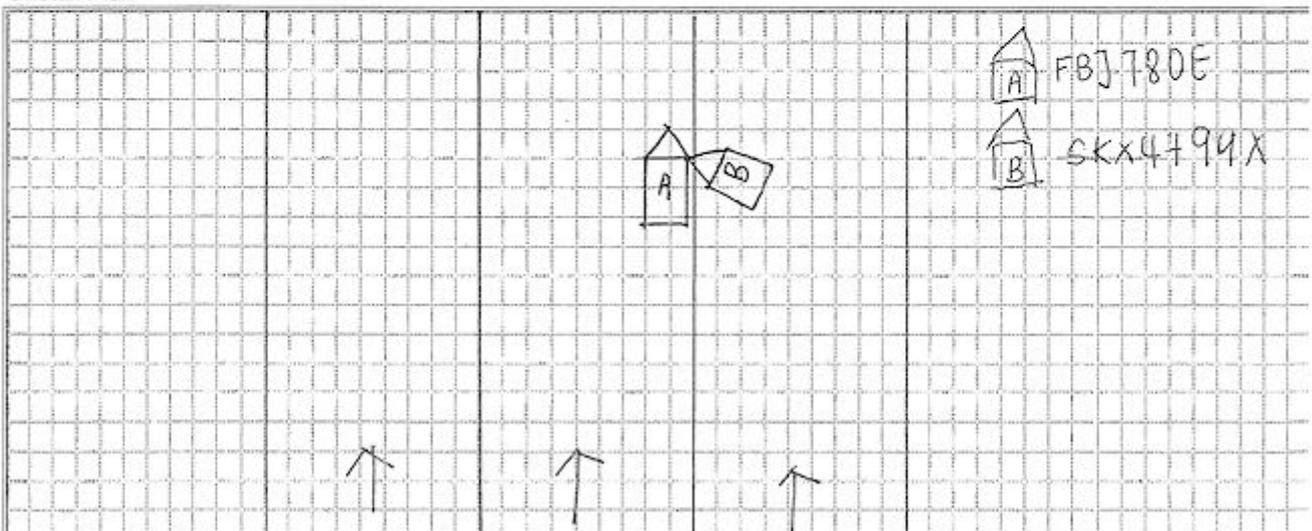
*[Signature]*

FION GOH

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

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

**Sketch Plan**



Describe Circumstance of the Accident

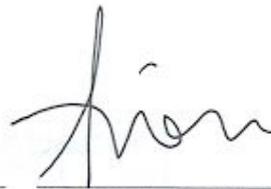
I was traveling on the lane and on the way ~~to~~ via KPE Tunnel while the car from first lane straight turn over my lane and knock me off.

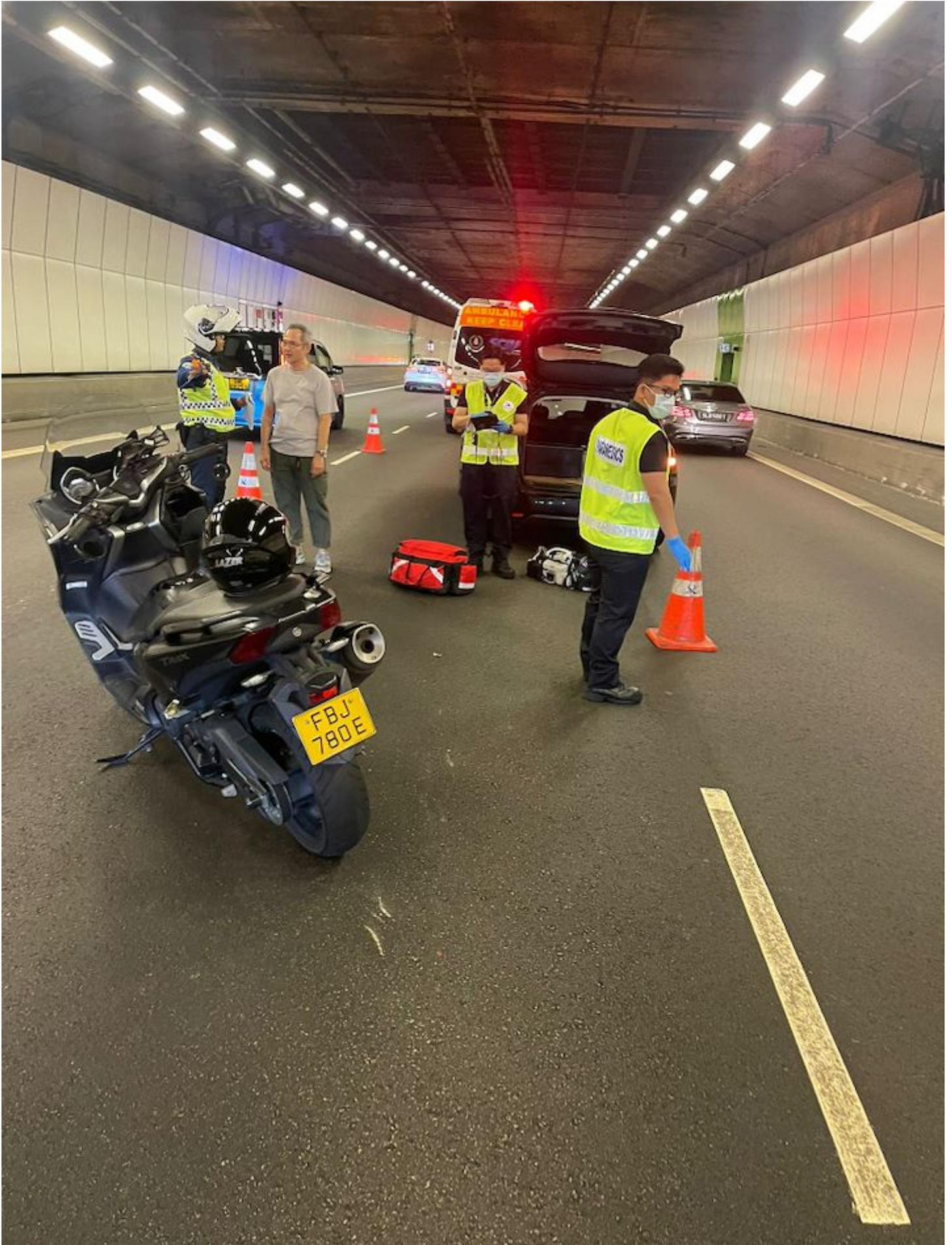
Declaration

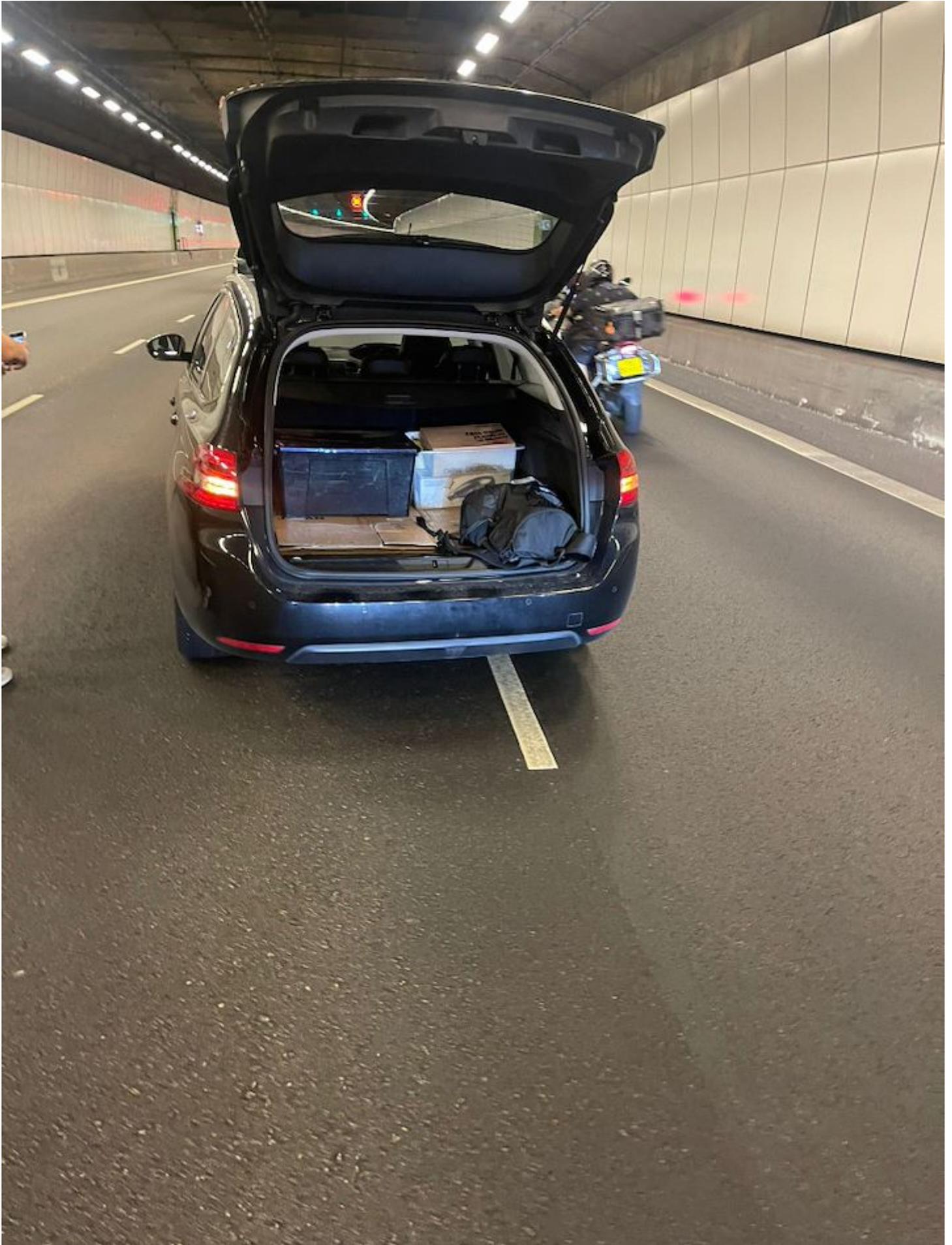
I/We declare the foregoing particulars are true in every respect.

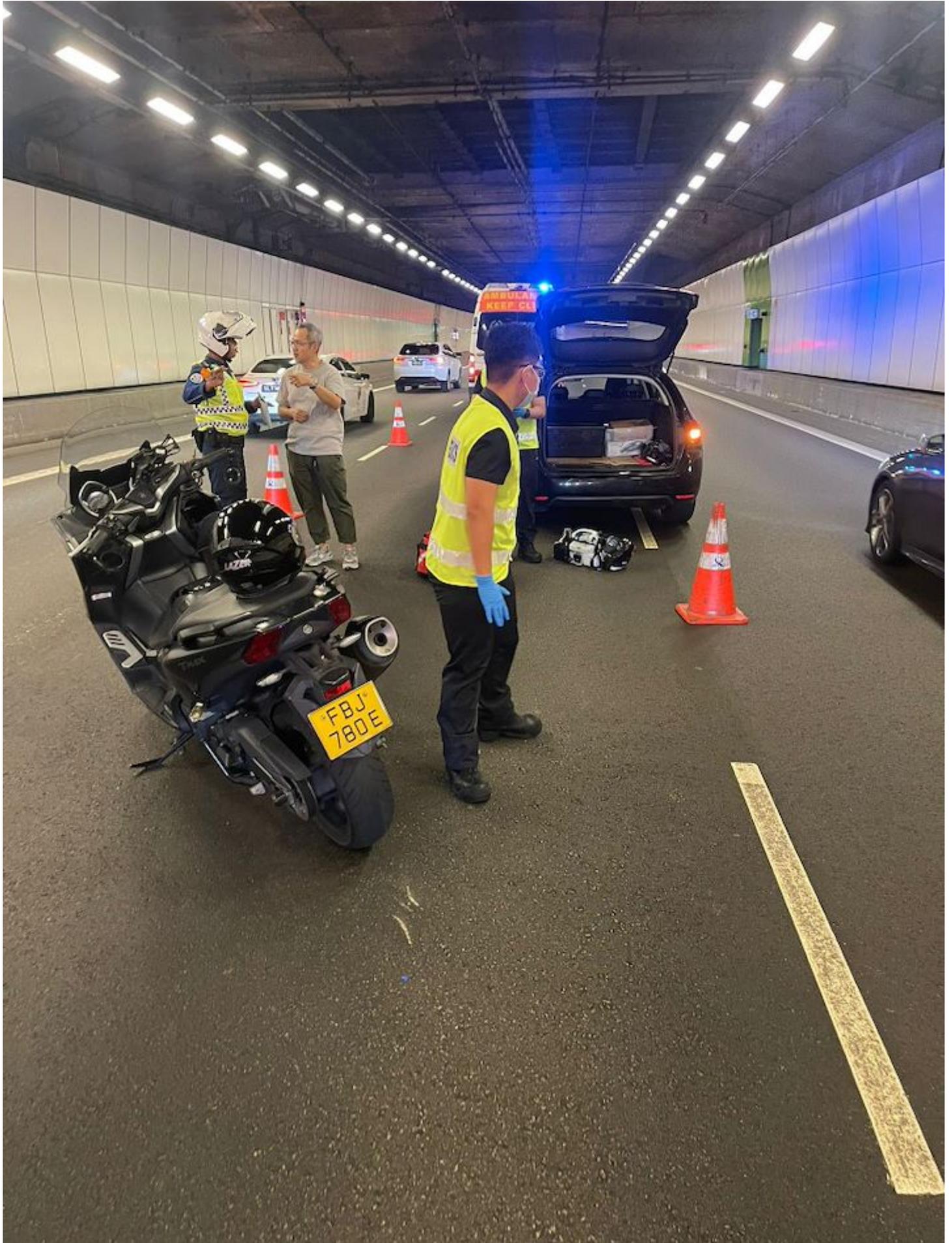
 30.5.23  
Policyholder's Signature / Date & Time

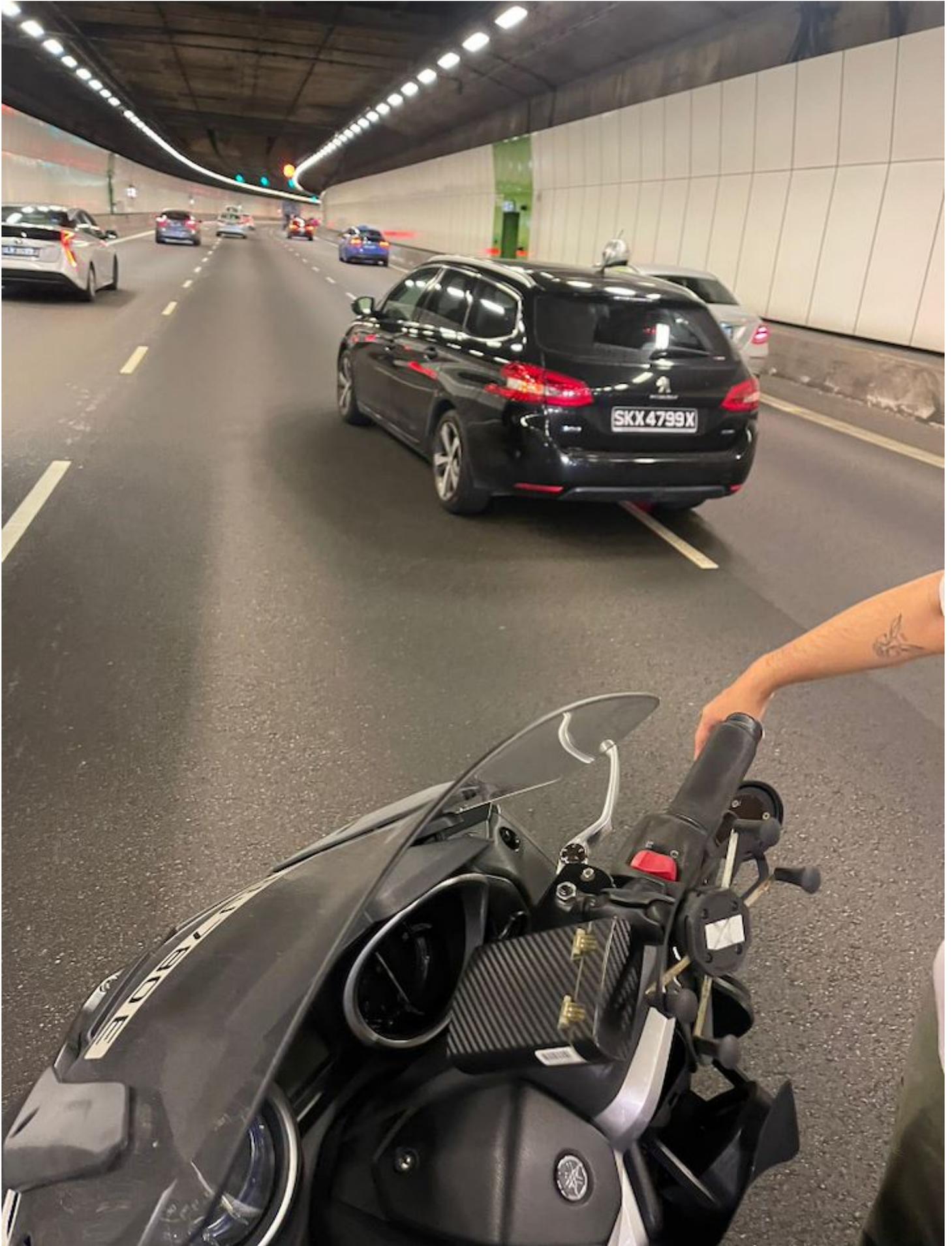
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

 FION GOH  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

























































**SINGAPORE  
POLICE FORCE**



T/20230531/7062

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

2 of 3  
Report No. T/20230531/7062

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ780E	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00955300/01	25/09/2021	24/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NG JUN RONG		ID No.	S9225538G
Related Vehicle	FBJ780E (Motorcycle)		Contact No.	96430302
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	TAN THUANG TEE		ID No.	S7121668C
Related Vehicle	SKX4799X (Car)		Contact No.	96803904
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 travelling towards entrance KPE at straight lane, vehicle no (SKX4799X) changed lane without checking blind spot and hit onto me.

During the accident scene, after I was being hit by the Driver, vehicle no (SKX4799X) he had got down his car to move my motorcycle by bringing it up as I was being pulled down by my motorcycle and hit on the road.



**SINGAPORE  
POLICE FORCE**



T/20230531/7062

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

3 of 3  
Report No. T/20230531/7062

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG LESLIE Contact No.: 65476151

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 31/05/2023 20:26
Classification Of Case:

NP168



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

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SBOF235U0001 Vehicle Registration No: FBJ 780E  
 Name (as shown in NRIC): Ng Jun Rong NRIC/FIN/Passport No: S9225538G  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Blk 145 Rivervale Drive #02-529 Singapore (540145)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9643 0302  
 Email Address: Dylan\_njr@live.com  
 Date of Accident: 30/05/2023 Time of Accident: 08:30 HRS  
 Place of Accident: K.P.E. Tunnel Entrance  
 Insurance Company: Direct Asia Insurance (Singapore) Pte Ltd

**(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:

Attached Police Report NO. 7/20230531/7062

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card): FION GOH  
 Date: 3/06/23