

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 | 06/06/2023 14:46 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 03/06/2023 12:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | STILL ROAD SOUTH |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBS8150Z |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | NG KIN CHEONG |
| NRIC No | S9071652B |
| Email Address | BRYANT9019@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-86600318 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | Aerox |
| 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 | 0 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5123235482-01 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | NG KIN CHEONG |
| NRIC No | S9071652B |
| Date Of Birth | 19/01/1990 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 05/08/2021 |
| Driving experience | 1 YEAR AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86600318 |
| Alt. Phone Number | - |
| Email Address | BRYANT9019@HOTMAIL.COM |
| Address | 536 BEDOOK NORTH STREET 3 #07-880 |
| Address complement | - |
| Postcode | 460536 |
| 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 | 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 ATTACHED

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 | SKV2904M |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------|
| Name of injured person | NG KIN CHEONG |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBS8150Z |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

Describe Circumstances of the Accident

Refer to police report.

A large rectangular area with horizontal lines for sketching or writing. A diagonal line is drawn across the middle of the area.

Declaration

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


 Policyholder's Signature
 Date & Time:

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

 Witnessed by Reporting Centre
 Personnel

SKETCH PLAN

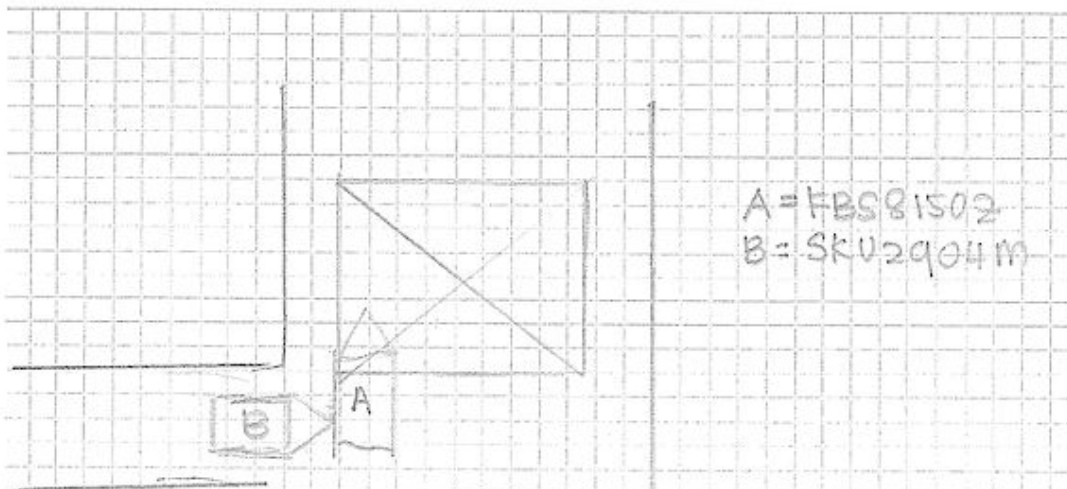
IMPORTANT NOTICE

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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
© 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20230603/7044

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

1 of 3
Report No. T/20230603/7044

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|--|
| Date/Time Report Made: 03/06/2023 21:34 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: NG KIN CHEONG | | | Address: 536 BEDOK NORTH STREET 3 #07-880 SINGAPORE 460536 | | |
| ID Type / ID No.: NRIC NO / S9071652B | | | Contact No.: Home/Office: Mobile: 86600318 | | |
| Nationality: MALAYSIAN | | | Email: BRYANT9019@HOTMAIL.COM | | |
| Sex: Male | Age: 33 | Date of Birth: 19/01/1990 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Delivery rider for food panda | | | 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: 03/06/2023 12:10 | Type of Location: Straight Road |
| Location: STILL ROAD SOUTH | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------------|--------|---------------------|-------|----------|-------|
| FBS8150Z | Motorcycle | YAMAHA | AEROX155 ABS CVT | Black | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|---------------|------------|-------------|
| FBS8150Z | NTUC Income Insurance Co-Operative Limited | 5123235482-01 | 05/08/2022 | 04/08/2023 |



**SINGAPORE
POLICE FORCE**



T/20230603/7044

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

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Report No. T/20230603/7044

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | NG KIN CHEONG | ID No. | S9071652B |
| Related Vehicle | FBS8150Z (Motorcycle) | Contact No. | 86600318 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 03/06/2023 | Date | 03/06/2023 |
| No. of Days granted Medical Leave | 07 | Degree of | Serious |

Brief Details.

On the stated date and time, I was riding my motorbike bearing plate number FBS8150Z, along still road (going straight towards ECP) on the left most lane when i suddenly felt a large impact from my vehicle left side and lost control and subsequently fell to the right. I realized I was involved in an accident at the entrance of saint Patrick's road. I realized a car bearing plate number SKU2904M had suddenly made an abrupt left turn out of saint Patrick's road to join onto still road colliding into my motorbike's left portion with the vehicle's front portion. This impact caused me to fall to the right and I sustained damage to my vehicle and injuries to my person. Traffic police and ambulance were called to the scene and I was conveyed to raffles hospital A&E via ambulance where I received treatment for my injuries sustained during the accident. I was discharged on the same day and was prescribed medication and 7 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20230603/7044

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

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Report No. T/20230603/7044

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

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

Date/Time:
03/06/2023 21:34

Classification Of Case:

NP168