

## 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 ability
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 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 Report             | 20/05/2016 10:19                    |
| Date Of Accident           | 19/05/2016 13:05                    |
| Exact Location Of Accident | CARPARK NEAR B/115 BUKIT MERAH VIEW |
| Country/State of Loss      | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH3983C             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | NG BENG CHAI         |
| NRIC No                     | S1344414E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96934948 |
| Alternative Phone No        | Others-96934948      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | YAMAHA             |
| Model  | JUPITER 135 MANUAL |
| Exact Purpose for which vehicle was being used at time of accident           | PARKED AREA.       |
| Are you claiming under your own insurance policy for repair to your vehicle? | Yes                |
| If No, Please state action to be taken                                       |                    |
| Vehicle Category   | Motorcycle         |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type Of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5071759884                             |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | NG BENG CHAI         |
| NRIC No              | S1344414E            |
| Date Of Birth        | 20/11/1959           |
| Occupation           | Outdoor              |
| Date Of Driving Pass | 06/04/1990           |
| Driving Experience   | 26 Years And 1 Month |
| Gender               | Male                 |
| Mobile Number        | (Local) +65-96934948 |
| Fax Number           |                      |
| Contact Number       | Others-96934948      |
| EEmail Address       | NOEMAIL              |

|   |   |
|---|---|
| Address   | BLK 1 TELOK BLANGAH CRESCENT<br>#10-604 |
| Postcode  | 090001                                  |
| Was driver an employee of the Insured's Company     | No                                      |
| If No, Relationship of the Driver with the Insured  | Owner                                   |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                             |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                             |

#### General Information of the Accident

|                    |                                 |
|--------------------|---------------------------------|
| Type Of Accident   | Unknown - DAMAGE BY FELLEN TREE |
| Weather Conditions | Clear                           |
| Road Surface       | Dry                             |

#### Other Information

|  |     |
|--|-----|
| Was any foreign vehicle involved in this accident? | No  |
| Was any body injured in the Accident?              | No  |
| Was any other material or property damaged?        | Yes |
| Was there any video captured by Car Camera?        | No  |
| Number of Passengers (Including Driver)            | 0   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | Yes  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | Bukit Merah West Npc   |
| Police Station Address                    | <b>ROAD:</b> 500 Bukit Merah View #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> Singapore |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | No   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : D/20160519/2101

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |            |
|-------------------------------------|------------|
| Vehicle Registration Number         | FALLENTREE |
| Vehicle Make/Model/Colour           |            |
| Details Of Properties               |            |
| Name of Driver                      |            |
| NRIC/Passport Number                |            |
| Contact Number                      |            |
| Address                             |            |
| Postcode                            |            |
| Insurance Company Name              |            |
| Nature Of Damage                    |            |
| No. Of Passenger (Including Driver) |            |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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' 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.

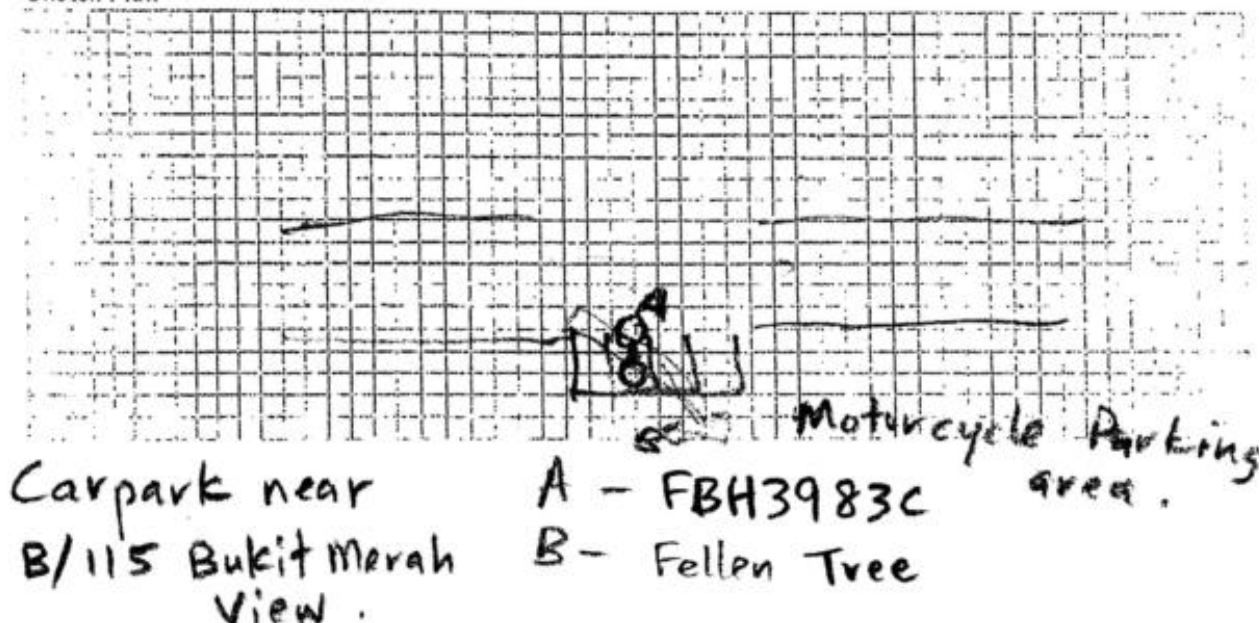
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

20/5/2016

#### Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

— P/s Refer to the Police Report —  
D/20160519/2101

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ci 20/5/2016



1 of 2

## Report No. D/20160519/2101

|  |   |                         |                             |
|--|---|-------------------------|-----------------------------|
| Date/Time Report Made<br>19/05/2016 20:09                    | Vide Report No.<br>D/20160519/0060                                      | Station Diary No.<br>88 |                             |
| Name Of Informant<br>NG BENG CHAI                            | Address<br>APT BLK 1 TELOK BLANGAH CRESCENT #10-604<br>SINGAPORE 090001 |                         |                             |
| ID Type / ID No.<br>NRIC NO / S1344414E                      | Contact No.   |                         |                             |
|  | Home/Office   | Mobile                  |                             |
|  |   | 96934948                |                             |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address   |                         |                             |
| Occupation<br>Crane operator (port)                          | Sex<br>Male   | Age<br>56               | Date of Birth<br>20/11/1959 |
| Institution/School Name                                      | Race<br>Chinese   |                         |                             |
|  | Language  |                         |                             |
| Date/Time Of Incident<br>19/05/2016 13:05 - 19/05/2016 13:05 | Location Of Incident<br>Carpark near B/115 Bukit Merah View             |                         |                             |

On 19/05/2016 at around 1050hrs, I had parked my motorcycle FBH3983C in parking lot no.2 at the carpark next to B/115 Bukit Merah View. After which, I proceeded to meet up with a friend at the wet market. On the same day at around 1305hrs, I was seated in the market while facing the carpark when I noticed a tree had fallen to the ground. I then went out to make a check and discovered that the fallen tree had landed onto my parked motorcycle and caused it to fall over onto the motorcycle parked next to mine. The incident had caused parts of my motorcycle to be misaligned. I am lodging this report for the purpose of insurance claims.

Signature Of Informant:


Date/Time:  
19/05/2016 20:09

**Classification Of Case:**

SN 041



Signature :

 Singapore Police Force

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Police Report



**SINGAPORE  
POLICE FORCE**



D/20160519/2101

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20160519/2101

Police Station Of Origin  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

|  |  |   |           |                             |
|--|--|---|-----------|-----------------------------|
| Date/Time Report Made<br>19/05/2016 20:09                    |  | Vide Report No.<br>D/20160519/0060                                      |           | Station Diary No.<br>88     |
| Name Of Informant<br>NG BENG CHAI                            |  | Address<br>APT BLK 1 TELOK BLANGAH CRESCENT #10-604<br>SINGAPORE 090001 |           |                             |
| ID Type / ID No.<br>NRIC NO / S1344414E                      |  | Contact No.<br>Home/Office                      Mobile<br>96934948      |           |                             |
| Nationality<br>SINGAPORE CITIZEN                             |  | Email Address   |           |                             |
| Occupation<br>Crane operator (port)                          |  | Sex<br>Male   | Age<br>56 | Date of Birth<br>20/11/1959 |
| Institution/School Name                                      |  | Race<br>Chinese   |           |                             |
| Date/Time Of Incident<br>19/05/2016 13:05 - 19/05/2016 13:05 |  | Location Of Incident<br>Carpark near B/115 Bukit Merah View             |           |                             |

**Brief details.**

On 19/05/2016 at around 1050hrs, I had parked my motorcycle FBH3983C in parking lot no.2 at the carpark next to B/115 Bukit Merah View. After which, I proceeded to meet up with a friend at the wet market. On the same day at around 1305hrs, I was seated in the market while facing the carpark when I noticed a tree had fallen to the ground. I then went out to make a check and discovered that the fallen tree had landed onto my parked motorcycle and caused it to fall over onto the motorcycle parked next to mine. The incident had caused parts of my motorcycle to be misaligned. I am lodging this report for the purpose of insurance claims.

|   |                                |
|---|--------------------------------|
| Signature Of Officer Recording The Report:<br>D / Staff Sgt MUHAMMAD FADLEY BIN MASHWARI  | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>19/05/2016 20:09 |
| Officer In-Charge Of Case:<br>D / Clementi Police Divisional Investigation Branch /<br>Insp NG KANG RUI, DONOVAN<br>Contact No.: 67740000 | Classification Of Case:        |



Police Report



**SINGAPORE  
POLICE FORCE**



D/20160519/2101

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20160519/2101

Signature Of Officer Recording The Report:

D / Staff Sgt MUHAMMAD FADLEY BIN MASHWARI

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
Insp NG KANG RUI, DONOVAN  
Contact No.: 67740000

Authentication Stamp



Signature 1

Singapore Police Force

Signature Of Informant:

Date/Time:  
19/05/2016 20:09

Classification Of Case:

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

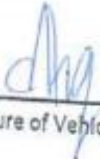
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA416060621 Vehicle Registration No : FBH 39836  
Name(as shown in NRIC) : NIG EROG CHT01  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S134441YE  
Address : BLK 1 TELUK BLANGAH  
Contact (Tel) : 96934948 (H/P) : \_\_\_\_\_  
(Email) : \_\_\_\_\_  
Date of Accident : 19/05/2016 Time of Accident : 13:05  
Place of Accident : CARPARK NEAR BLK 115 BKT MERAH VILAGE  
Insurance Company : ANIC

(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:

To change from TP to own damage claims

  
Signature of Vehicle Owner / Driver  
Date: \_\_\_\_\_