

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	27/12/2017 17:26
Date Of Accident	27/12/2017 12:00
Exact Location Of Accident	ALONG EU TONG SEN STREET TOWARDS LAVENDER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8564Y
Insured/Policyholder	
Name Of Registered Owner	CAO TINGHUI
NRIC No	G2488033N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84588851
Alternative Phone No	OTHERS-84588851

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5071746789-02
Cover Note Number	

Driver

Name of Driver	CAO TINGHUI
NRIC No	G2488033N
Date Of Birth	25/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84588851
Fax Number	
Contact Number	OTHERS-84588851
EEmail Address	NOEMAIL

Address	BLK 23 TELOK BLANGAH CRESCENT #11-30
Postcode	090023
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20171227/2103

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM850C
Vehicle Make/Model/Colour	MITSUBHISHI
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TEO AN SIONG KENNY
NRIC/Passport Number	S8616159A
Contact Number	92978509
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	CAO TINGHUI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC8564Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 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 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. 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 lodgment 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.

B. 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 14:35

27/12/2017

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

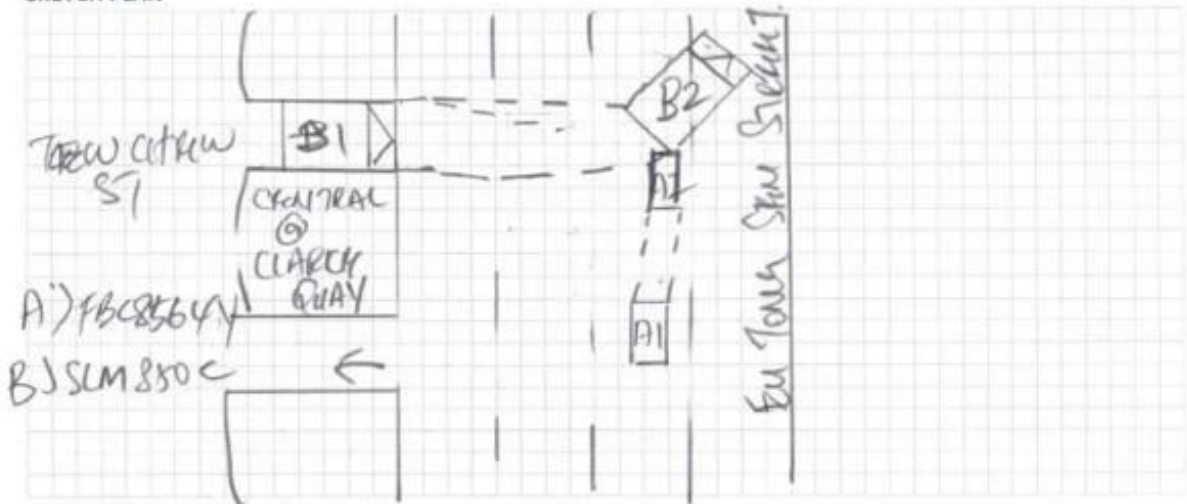
NRIC/FIN No.:

28/12/2017

Rashmi Wadhwa

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/12/2017 AT 12:00HRS I WAS TRAVELLING ALONG
EUTONG SAN STREET TOWARDS LAVANOR, SUDDENLY A CAR
SLM 850C CAME OUT FROM TAN CHAU ST. DROVE OUT OF
STRAIGHT IN 3RD LANE WHERE I WAS RIDING I TRY
TO BREAK BUT NOT IN TIME MY BIKE FLE 856BY HIT
THE REAR RIGHT SIDE OF THE CAR.

Police Report 1/2017/227/2103.

DECLARATION

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

Gao Tong hui

Policyholder's Signature
Date & Time: 14:35

27/12/2017

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

Date & Time:

Reporting Centre Personnel's Signature
Name: Rahel M

Name: Rashid Williams
NRIC/FIN No.:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171227/2103

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3
Report No. T/20171227/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2017 16:13		Vide Report No.:		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: CAO TINGHUI			Address: APT BLK 23 Telok Blangah Crescent #11-30 SINGAPORE 090023		
ID Type / ID No.: FIN NO / G2488033N			Contact No.: Home/Office: Mobile: 84588851		
Nationality: CHINESE			Email:		
Sex: Male	Age: 33	Date of Birth: 25/07/1984	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Delivery Man			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2017 12:00	Type of Location: Straight Road
Location: Along Road 1 EU TONG SEN STREET				
Towards Lavender				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8564Y	Motorcycle	YAMAHA	YBR125	Red	Slightly Damaged	0
SLM850C	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC8564Y	NTUC Income Insurance Co-Operative Limited	5071746789-02	16/07/2017	15/07/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171227/2103

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20171227/2103

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CAO TINGHUI	ID No.	G2488033N
Related Vehicle	FBC8564Y (Motorcycle)	Contact No.	84588851
Hospital/Clinic	Shalom Clinic Surgery	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 07/04/2021
Date Treatment	27/12/2017	Date Discharge	27/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Teo An Siong Kenny	ID No.	S8616159A
Related Vehicle	SLM850C (Car)	Contact No.	92978509
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/12/2017 at 1200hrs, I was travelling along Eu Tong Sen St towards Lavender, suddenly a car SLM850C came out from a building named, Central @ Clark Quay drive out straight in 3rd lane where I was riding. I tried to break but not in time, my bike FBC8564Y Hit onto the said car rear right.

I sustain a scratches from the accident. I had also seek medical treatment and was given 5 days of MC from 27/12/2017 till 31/12/2017,

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171227/2103

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20171227/2103

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:

D /

Sgt 2 TAN WEI HAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/12/2017 16:13

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

SN 46

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

