

## 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	08/01/2018 13:54
Date Of Accident	29/12/2017 11:40
Exact Location Of Accident	PIE (TUAS) EXIT TO JLN EUNOS AT THE TRAFFIC JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	AR5E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAVID TAN MUI KIM
NRIC No	S1793063Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96615766
Alternative Phone No	OFFICE-96615766

### Vehicle Particulars

Manufacturer	BMW
Model	R1150GS
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
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	0086810599-14
Cover Note Number	-

### Driver

Name of Driver	DAVID TAN MUI KIM
NRIC No	S1793063Z
Date Of Birth	10/05/1967
Occupation	INDOOR
Date Of Driving Pass	08/07/1987
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96615766
Fax Number	
Contact Number	OFFICE-96615766
Email Address	NOEMAIL

Address	80 JLN SINAR BULAN
Postcode	507072
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <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

PLEASE REFER TO POLICE REPORT.

#### 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	EL2788A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name DAVID TAN MUI KIM

Approximate Age

Injuries Sustain LEG LEG, NECK

Injured person in which vehicle? AR5E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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.
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.
- (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:



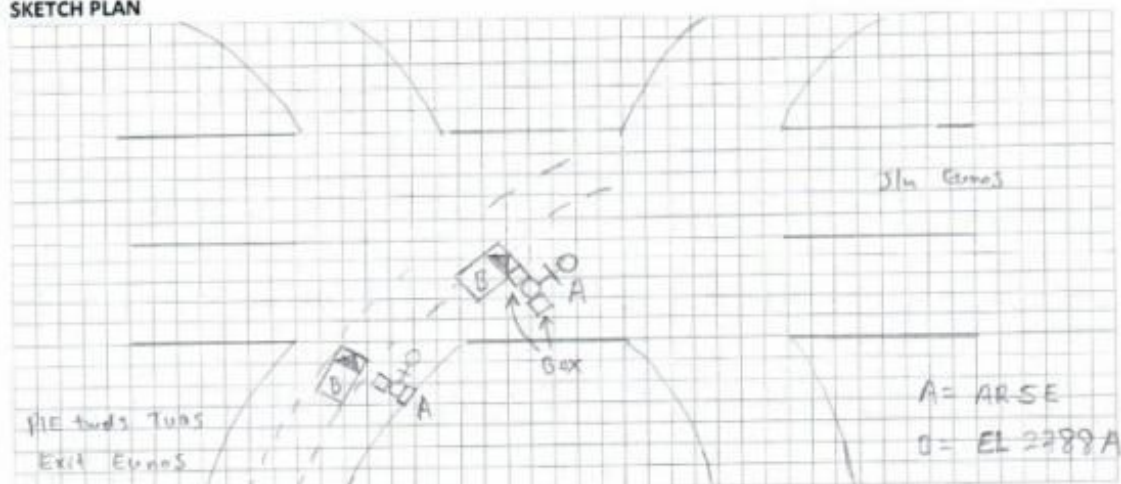
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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 policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171230/2016

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3  
Report No. T/20171230/2016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 02:44		Vide Report No.:		Station Diary No.: 18	
<b>Informant's Particulars</b>					
Name of Informant: DAVID TAN MUI KIM			Address: 80 JALAN SINAR BULAN SINGAPORE 507072		
ID Type / ID No.: NRIC NO / S1793063Z			Contact No.: Home/Office: Mobile: 96615766		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 10/05/1967	Type of Informant: Cyclist		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED.			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/12/2017 11:40	Type of Location: Bend
Location: Junction of Road 1 and Road 2 PAN ISLAND EXPRESSWAY  EUNOS FLY OVER TRAFFIC LIGHT JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AR5E	Motorcycle	BMW	R1150GS	Black	Slightly Damaged	0
EL2788A	Van	SUZUKI	SK410VTR	Blue	Slightly Damaged	0



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20171230/2016

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Tel No: 1800-5872999

2 of 3

Report No. T/20171230/2016

CONTINUATION OF REPORT

**Brief Details.**

ON 29/12/2017 AT ABOUT 1140HRS, AT THE EUNOS FLY OVER TRAFFIC JUNCTION, TURNING TOWARDS EUNOS. I WAS RIDING MY M/CYCLE ON THE EXTREME RIGHT LANE, A M/VAN EL2788A SIDE SWIPE MY M/CYCLE BY COLLIDING TO MY LEFT SIDE BOX. AS A RESULT I LOSE CONTROL HOWEVER I WAS STILL IN BALANCE. THE M/VAN THEN HIT ME AGAIN ON THE SAME SIDE AGAIN AND AGAIN I LOST CONTROL. I THEN STOPPED MY VEHICLE AND JUST PARKED IN THE MIDDLE OF THE ROAD TO SPEAK TO THE DRIVER. THE DRIVER MENTIONED THAT HE WAS USING HIS GPS WHILE HE WAS DRIVING AS HE WAS NOT FAMILIAR WITH THE ROAD.

DURING THE COLLISION THE M/VAN DID HIT ONTO MY LEFT LEG CAUSING BRUISES ON MY LEFT LEG AND ALSO PAIN ON MY NECK.

I WAS THEN COVEYED TO CHANGI HOSPITAL AND WAS GIVEN 3 DAYS MC FROM 29/12/2017 TO 31/12/2017.

I DID NOT MANAGE TO SEE THE DAMAGES ON MY M/CYCLE AS IT WAS TOWED AWAY BY TRAFFIC POLICE.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20171230/2016

Police Station Of Origin:  
Changi N.P.C.  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20171230/2016

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:  
G /  
SI MOHAMAD NASRUN BIN ABDUL RASIAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
 SINGAPORE  
POLICE FORCE  
Contact No.:

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
30/12/2017 02:44

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

