

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 willful misrepresentation or withholding of material facts may allow Insurers companies to repudiate policy ability.
4. The issue and acceptance of this Form by Insurers 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 if so desired.

ACCIDENT STATEMENT

Date Of Report 08/01/2018 10:51
Date Of Accident 06/01/2018 14:00
Exact Location Of Accident TPE PIE BESIDE 12.5KM EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA9727E
Insured/Policyholder
Name Of Registered Owner JOMELIVIA
Co Reg No 53364571M
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98516168
Alternative Phone No OFFICE-98516188

Vehicle Particulars

Manufacturer HONDA
Model VEZEL
Exact Purpose for which vehicle was being used at time of accident PRIVATE HIRE 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 PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5092820488
Cover Note Number DRIVO CLASSIC

Driver

Name of Driver THAN KIAN BOON
NRIC No S8212398I
Date Of Birth 19/04/1982
Occupation OUTDOOR
Date Of Driving Pass 01/10/2012
Driving Experience 5 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98516168
Fax Number
Contact Number
EMail Address KBTHAN@YAHOO.COM

Address: BLK 289C #04-211
 PUNGGOL FIELD
 Postcode: 623289
 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? 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: TRAFFIC POLICE HEADQUARTERS
 Police Station Name: ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408665 .
 Police Station Address: COUNTRY: SINGAPORE
 Police Station Contact: TEL NO: - FAX NO:
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

Refer to Police Report

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: FBJ1055J
 Vehicle Make/Model/Colour:
 Details Of Properties:
 Vehicle Category: MOTORCYCLE
 Name of Driver: UNKNOWN
 NRIC/Passport Number:
 Contact Number:
 Address:
 Postcode:
 Insurance Company Name:
 Nature Of Damage:

No. Of Passenger (Including Driver) 1
 Name:
 Approximate Age:
 Injured Sustain:
 Injured person in which vehicle?
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance?
 Address:
 Postcode:

Sketch Plan Pg. 1

Report Date & Start Time: 08-01-2018
Vehicle No: SL-A9237B Reporting Time: 14:09

INCOME MOTOR SERVICE CENTRE

Report No: MIF _____ IOA: 08-01-2018
Time: 14:09 Hrs

SKETCH PLAN

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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.



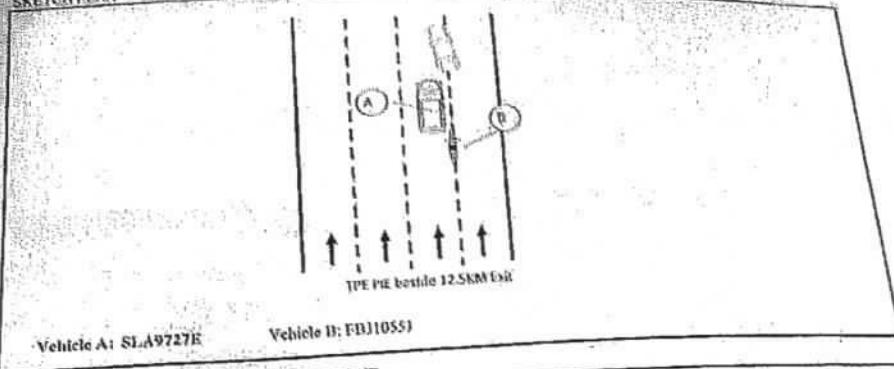
08-01-18 / 10:38
Policyholder's Signature / Date & Time

08-01-18 / 10:38
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

Sketch Plan Pii-2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Brief Details.
 ON 6/1/2018 AT ABOUT 1400 HOURS, I WAS TRAVELLING ALONG TPE ON 2ND OF 4 LANE FROM THE RIGHT. THERE IS AN TAXI (SHA7625B) TRAVELLING ON THE RIGHT LANE SLIGHTLY AHEAD OF MY VEHICLE WHEN SUDDENLY THE TAXI APPLIED HARD BRAKE AND SWITCHED LANE INTO MY LANE AND CAUSING ME TO APPLY BRAKE BUT THERE IS NO CONTACT BETWEEN ME AND THE TAXI HOWEVER A MOTORCYCLE (FBJ105J) CAME FROM MY REAR AND HIT REAR RIGHT PORTION. THE TAXI THEN JUST DRIVE OFF. THE RIDER OF THE MOTORCYCLE WAS CONVEYED TO THE HOSPITAL. I WAS NOT INJURED.

Declaration

We declare the foregoing particulars are true in every respect.



08-01-18 / 10:38

Policyholder's Signature / Date & Time

08-01-18 / 10:38

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

Alan Tang (S098825)
 Customer Care Executive
 Motor Service Centre

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000



Report No: 1/20180106200



**SINGAPORE
POLICE F**
Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
06/01/2018 16:49

Vide Report No.:
F/20180106/0200

Station Diary No.

Informant's Particulars

Name of Informant:
THAN KIAN BOON

Address:
269C PUNGGOL FIELD #04-211 SINGAPORE 823269

ID Type / ID No.:
NRIC NO / S82123981

Contact No.:
Home/Office: Mobile: 98516186

Email:

Nationality:
SINGAPORE CITIZEN

Sex: Male Age: 35 Date of Birth: 19/04/1982

Type of Informant:
Driver

Institution / School Name:

Race:
Chinese

Language:
English

Occupation:
Financial/Investment adviser

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2018 14:00	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY 12.5KM				
Weather:	Road Surface:	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

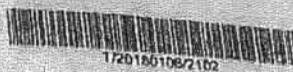
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ1055J	Motorcycle	YAMAHA	JUPITER 135	White	Slightly Damaged	0
SLA9727E	Car	HONDA	MANUAL VEZEL 1.5X CVT	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	


**SINGAPORE
POLICE FORCE**

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



T20180106/2102

2 of 3

Report No. T20180106/2102

CONTINUATION OF REPORT

Driver:		ID No.	S82123081
Name	THAN KIAN BOON	Contact No.	98518166
Related Vehicle	SLA9727E (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		

Brief Details.

ON 6/1/2018 AT ABOUT 1400 HOURS, I WAS TRAVELLING ALONG TPE ON 2ND OF 4 LANE FROM THE RIGHT. THERE IS AN TAXI (SHA7626B) TRAVELLING ON THE RIGHT LANE SLIGHTLY AHEAD OF MY VEHICLE WHEN SUDDENLY THE TAXI APPLIED HARD BRAKE AND SWITCHED LANE INTO MY LANE AND CAUSING ME TO APPLY BRAKE BUT THERE IS NO CONTACT BETWEEN ME AND THE TAXI HOWEVER A MOTORCYCLE(FBJ105J) CAME FROM MY REAR AND HIT REAR RIGHT PORTION. THE TAXI THEN JUST DRIVE OFF. THE RIDER OF THE MOTORCYCLE WAS CONVEYED TO THE HOSPITAL. I WAS NOT INJURED.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 400065
Tel No: 65470000

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:
TP /
MUHAMAD NUR SAM FASLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/01/2018 16:49

Classification Of Case:

 **SINGAPORE
POLICE FORCE**
Signature:

张景祥大律師樓
(律師公會及宣誓官)

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688

Email: KSTEOCO@singnet.com.sg

(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/E479-ACC-39604.18/sf (mc)
Your Ref : FBJ 1055 J
Date : 8 January 2018

Secretary in charge: Janice

Tel : 6333 4222 (ext 60)
Fax : 6333 5676 / 6333 5688
Email : janice.kee@ksteoptr.com

MSIG Insurance (Singapore) Pte Ltd
16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581

WITHOUT PREJUDICE
BY PDX # 8173 & FAX 6225 7402

Attn: Motor Claims Dept

Suresh A/L M Ramalingam (Owner)
Blk 38 Cambridge Road
#13-135
Singapore 210038

BY POST ONLY

PDX Intercompany Exchange Pte Ltd



010808306436

FROM **TEO KENG SIANG LLC**
PDX Box No. **8902**

Dear Sirs

RE: ACCIDENT INVOLVING SLA 9727 E / FBJ 1055 J ON 6/1/18 ALONG TPE PIE BESIDE 12.5KM EXIT

We are instructed by **Jomelivia** to notify you of a road traffic accident on **6/1/18** at about **14:00 hours ALONG TPE PIE BESIDE 12.5KM EXIT** involving our client's vehicle registration number **SLA 9727 E** and vehicle registration number **FBJ 1055 J** driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle **SLA 9727 E** is now at the following workshop:-

Edwin Garage Automotive Pte Ltd
Blk 5032 Ang Mo Kio Industrial Park 2
#01-295
Singapore 569535
Contact: 9785 6612 Edwin

Yours faithfully,


M/s Teo Keng Siang LLC
encs

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

Joseph Tan Chin Aik
LL.B (Hons) Singapore
PGDE (NTU/NIE)