

## 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             | 09/01/2018 14:14                           |
| Date Of Accident           | 04/01/2018 06:30                           |
| Exact Location Of Accident | JUNCTION OF JURONG PORT ROAD/JALAN TERUSAN |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBA8800B              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | SIM ZUO XIAN          |
| NRIC No                     | S9025727G             |
| Email Address               | JAMES_SZX@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-93881817  |
| Alternative Phone No        | OTHERS-93881817       |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | YAMAHA          |
| Model  | FZ1-S-998CC (M) |
| 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 FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5091084360                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SIM ZUO XIAN          |
| NRIC No              | S9025727G             |
| Date Of Birth        | 19/07/1990            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 12/01/2017            |
| Driving Experience   | 0 YEAR AND 11 MONTH   |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93881817  |
| Fax Number           |                       |
| Contact Number       | OTHERS-93881817       |
| EEmail Address       | JAMES_SZX@HOTMAIL.COM |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 244 HOUGANG STREET 22<br>#07-139 |
| Postcode  | 530244                               |
| 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   | COLLISION - HEAD ON COLLISION |
| Weather Conditions | AFTER RAIN                    |
| Road Surface       | WET                           |

#### 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 |   |
| Police Station Name                       | QUEENSTOWN N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180106/2082(TYPE OF COLLISION IS HEAD TO SIDE)

#### 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 | YM7231P                 |
| Vehicle Make/Model/Colour   | LORRY BLUE              |
| Details Of Properties       |                         |
| Vehicle Category            | COMMERCIAL VEHICLE      |
| Name of Driver              | NAMACHIVAYAM MANIVANNAN |
| NRIC/Passport Number        | G7898087M               |
| Contact Number              |                         |
| Address                     |                         |
| Postcode                    |                         |
| Insurance Company Name      |                         |
| Nature Of Damage            |                         |

No. Of Passenger (Including Driver) 2

**DETAILS OF INJURED PERSON 1**

Name SIM ZUO XIAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBA8800B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

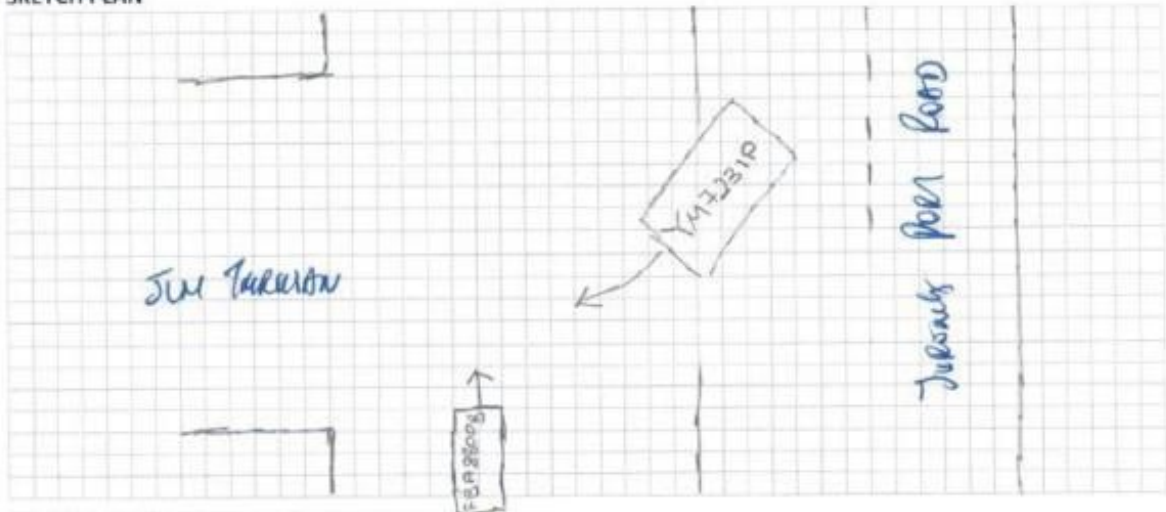
08/01/2018 @ 1200  
Policyholder's Signature  
Date & Time:

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

09/01/2018  
Reporting Centre Personnel's Signature  
Name: Rishi Naras  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
 7/2018/60/2012

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 08/01/2018 @ 1200

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

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



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180106/2082

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

1 of 3

Report No. T/20180106/2082

## REPORT OF A TRAFFIC ACCIDENT

|  |            |   |                             |                          |
|--|------------|---|-----------------------------|--------------------------|
| Date/Time Report Made:<br>06/01/2018 14:59 |            | Vide Report No.:  |                             | Station Diary No.:<br>75 |
| <b>Informant's Particulars</b>             |            |   |                             |                          |
| Name of Informant:<br>SIM ZUO XIAN         |            | Address:<br>APT BLK 244 HOUGANG STREET 22 #07-139 SINGAPORE 530244  |                             |                          |
| ID Type / ID No.:<br>NRIC NO / S9025727G   |            | Contact No.:<br>Home/Office: Mobile: 93681817                       |                             |                          |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:  |                             |                          |
| Sex:<br>Male                               | Age:<br>27 | Date of Birth:<br>19/07/1990  | Type of Informant:<br>Rider |                          |
| Race:<br>Chinese                           |            | Language:   | Institution / School Name:  |                          |
| Occupation:<br>PORT OPERATION EXECUTIVE    |            | Driving Licence Information:<br>Class: 2B, 2A, 2, 3 Date of Expiry: |                             |                          |

## General Information of the Accident

|  |                                 |   |  |                                      |
|--|---------------------------------|---|--|--------------------------------------|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                          | Date/Time of Accident:<br>04/01/2018 06:30 | Type of Location:<br>T-Junction      |
| Location:<br>Junction of Road 1 and Road 2<br>JURONG PORT ROAD<br>JALAN TERUSAN<br>Along Jurong Port Rd at the T-junction between Jurong port rd and Jln Terusan |                                 |   |  |                                      |
| Weather:<br>After rain   |                                 | Road Surface:<br>Wet                        | Road Speed Limit:                          |                                      |
| Traffic Flow:<br>Two Way   |                                 | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                      |
| Type of Collision:<br>Between Moving Vehicles - Head To Side   |                                 |   |  | Anyone conveyed by ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make   | Model | Color | Condition         | No of Passenger |
|-------------|------------|--------|-------|-------|-------------------|-----------------|
| FBA8800B    | Motorcycle | YAMAHA | FZ1-S | Blue  | Seriously Damaged | 0               |
| YM7231P     | Van        |        |       |       | Seriously Damaged | 1               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                          | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBA8800B    | NTUC Income Insurance Co-Operative Limited | 5091084360   | 15/05/2017 | 14/05/2018  |

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180108/2082

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

2 of 3

Report No. T/20180108/2092

CONTINUATION OF REPORT

| Details of Person Involved        |                               |  |   |
|-----------------------------------|-------------------------------|--|---|
| Any Pedestrian Involved: No       |                               |  |   |
| No. of Pedestrians Injured: NIL   |                               | Use of Pedestrian Crossing: NA         |   |
| Rider                             |                               |  |   |
| Name                              | SIM ZUO XIAN                  | ID No.                                 | S9025727G                               |
| Related Vehicle                   | FBA8800B (Motorcycle)         | Contact No.                            | 93881817                                |
| Hospital/Clinic                   | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | 04/01/2018                    | Date Discharge                         | 04/01/2018                              |
| No. of Days granted Medical Leave | 05                            | Degree of Injury                       | NIL                                     |
| Driver                            |                               |  |   |
| Name                              | NAMACHIVAYAM MANIVANNAN       | ID No.                                 | G7898087M                               |
| Related Vehicle                   | NIL                           | Contact No.                            | NIL                                     |
| Hospital/Clinic                   | NIL                           | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: 05/12/2018  |
| Date Treatment                    | NIL                           | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave | NIL                           | Degree of Injury                       | NIL                                     |

**Brief Details.**

On the 04/04/2018 at about 0630hrs, I was riding along Jurong Port Rd towards Jurong Port PTE LTD for work. When I was at the T-junction between Jurong Port Rd and Jin Terusan, it was my green light and I then ride forward. The van who is on the opposite direction wanted to turn right, he then turn right without checking properly. I could not break in time and thus I collided into the left side of the van. Causing me to lie on the floor unable to move. The Traffic police and ambulance then arrived and I was conveyed by ambulance to Ng Teng Fong hospital.

\* Blue Lorry X

Signature  
No 3 Queensway, Singapore 149073

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180106/2082

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

3 of 3

Report No. T/20180106/2082

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 KWONG KAI LI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Authentication Stamp  
NP188

Signature Of Informant:

Date/Time:  
06/01/2018 14:59

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

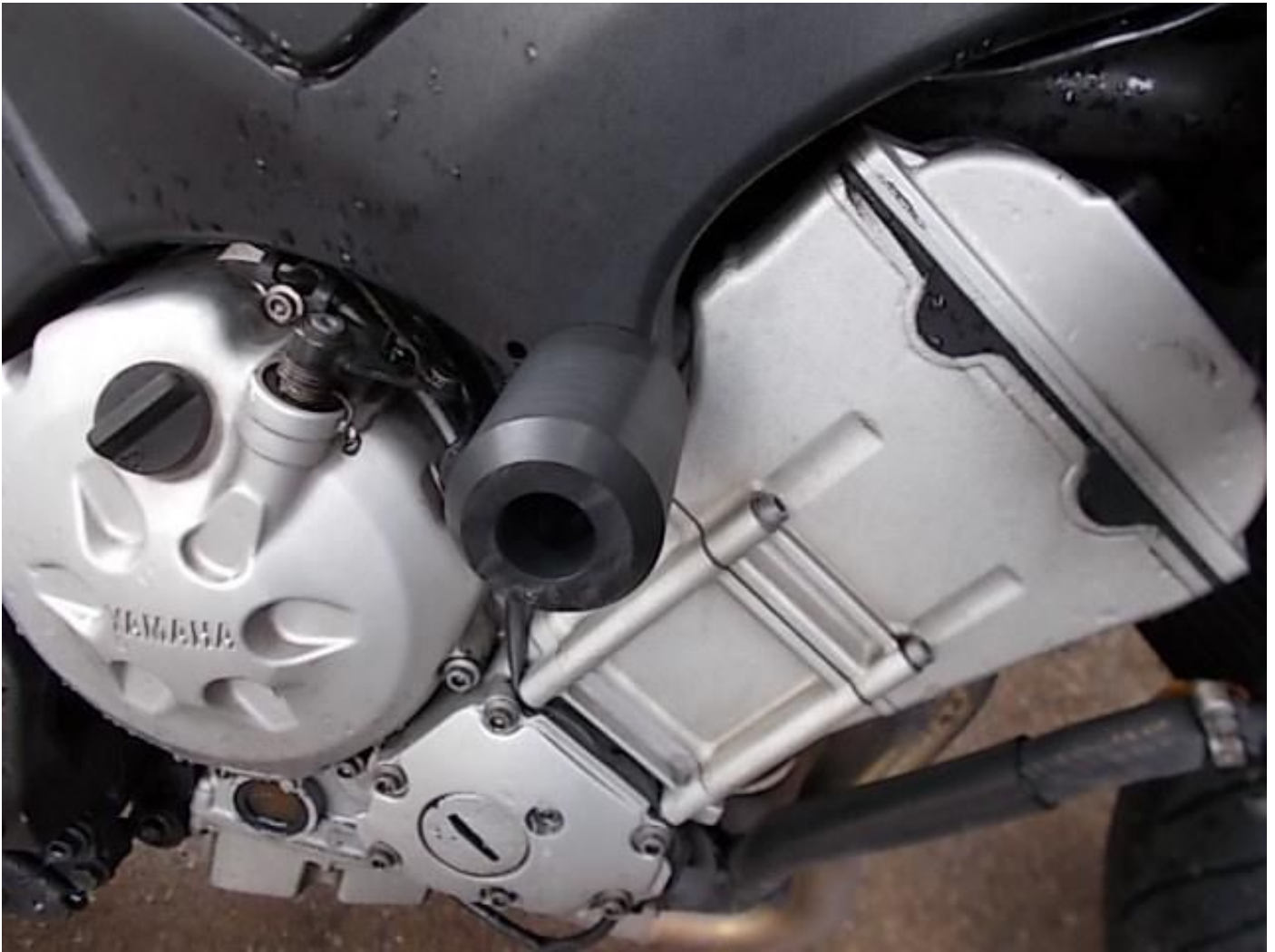


Accident Photo





Accident Photo



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