

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 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	22/01/2018 12:33
Date Of Accident	21/01/2018 14:00
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT NEAR EXIT 11 PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5706Y
Insured/Policyholder	
Name Of Registered Owner	ZHANG JUNWEI
NRIC No	G6685214N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81111217
Alternative Phone No	OTHERS-81111217

Vehicle Particulars

Manufacturer	HONDA
Model	CBX400X-399CC
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMMPHQ17-000944
Cover Note Number	

Driver

Name of Driver	ZHANG JUNWEI
NRIC No	G6685214N
Date Of Birth	28/02/1987
Occupation	INDOOR
Date Of Driving Pass	29/08/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81111217
Fax Number	
Contact Number	OTHERS-81111217
EEmail Address	NOEMAIL

Address	BLK 672A KLANG LANE #19-109
Postcode	211672
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	SIDE SWIPE
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 PLAN

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	SLK9787D
Vehicle Make/Model/Colour	TOYOTA COROLLA AXIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIVAPATHAM SUNDRALINGAM
NRIC/Passport Number	S1222605E
Contact Number	98323259
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name ZHANG JUNWEI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBM5706Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

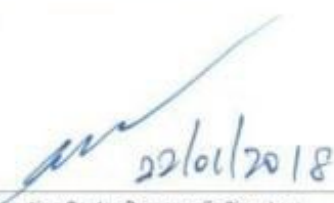
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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: Rosli Wajid
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

Pin towards Cotonou Airport near to EXIT !! PAYALABOR



A) IBM 5706 V
B) SLK 9787 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
1/20/80/22/2044

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: Reza Wani
NRIC/FIN No.: 9201 1234 5678

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180122/2044

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

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Report No: T/20180122/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 11:36		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: ZHANG JUNWEI			Address: APT BLK 672A KLANG LANE #19-109 SINGAPORE 211672		
ID Type / ID No.: FIN NO / G6685214N			Contact No.: Home/Office: Mobile: 81111217		
Nationality: CHINESE			Email:		
Sex: Male	Age: 30	Date of Birth: 28/02/1987	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES DIRECTOR			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE towards Changi Airport near to exit 11 Paya Lebar				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBM5706Y	Motorcycle	HONDA	CB400X	Silver	Slightly Damaged	0
SLK9787D	Car	TOYOTA	COROLLA AXIO HYBRID 1.5G CVT	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180122/2044

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

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Report No. T/20180122/2044

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5706Y	EQ INSURANCE COMPANY LTD.	DMMPHQ17-000944	16/12/2017	15/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZHANG JUNWEI		ID No. G6685214N
Related Vehicle	FBM5706Y (Motorcycle)		Contact No. 81111217
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A Date of Expiry: NIL
Date Treatment	21/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Sivapatham Sundralingam		ID No. S1222605E
Related Vehicle	SLK9787D (Car)		Contact No. 98323259
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 21/01/2018 at about 1400 hrs, I was riding my motorcycle FBM5706Y along PIE towards Changi Airport near to exit 11 Paya Lebar. I was travelling straight in the middle of lane 1 and 2 of 4 lanes from the right. As I was approaching vehicle SLK 9787D who was travelling on the most right lane, suddenly, the said vehicle filtered left. I noticed that the said vehicle did not signal prior to filtering left. The said vehicle left side mirror collided onto the right side of my motorcycle. Subsequently, I fell onto the ground. I tried to avoid collision however was unable to.

The damages to my bike are scratches and dents on the handle bar, body and box. The mirror of my motorcycle was also broken. I am not sure of the damage to the other vehicle. Subsequently, we exchanged particulars and left. I then went to Changi General Hospital for medical attention. I was given 3 days of MC from 21/01/2018 to 23/01/2018.

No government property damaged. Traffic Police and Ambulance were not at scene. I am lodging this report for claiming of insurance purposes.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180122/2044

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

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Report No. T/20180122/2044

CONTINUATION OF REPORT

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180122/2044

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

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Report No. T/20180122/2044

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 HIDAYAT BIN SELAMAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP166

Signature Of Informant:

Date/Time:
22/01/2018 11:36

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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