

## 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	12/02/2018 19:44
Date Of Accident	10/02/2018 21:30
Exact Location Of Accident	SLIP RD FROM KJE INTO CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9958L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A'ADI BIN SALLEH
NRIC No	S7110940B
Email Address	JAVA74155@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90222036
Alternative Phone No	OTHERS-90222036

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FAZER 600
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	REPORTING ONLY
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	5094679147
Cover Note Number	

### Driver

Name of Driver	A'ADI BIN SALLEH
NRIC No	S7110940B
Date Of Birth	09/04/1971
Occupation	INDOOR
Date Of Driving Pass	04/01/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90222036
Fax Number	
Contact Number	OTHERS-90222036
Email Address	JAVA74155@YAHOO.COM.SG

Address	BLK 611 BUKIT PANJANG RING ROAD #06-878
Postcode	670611
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?	NO
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)	2
Passenger 1	NAME: : MARIANA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT J/20180211/7004

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HENG CHYN
NRIC/Passport Number	S7318284J
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

## Sketch Plan

### SKETCH PLAN

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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:

12/02/18 1259h.

Driver's Signature

(If driver is not the policyholder)

Date & Time:



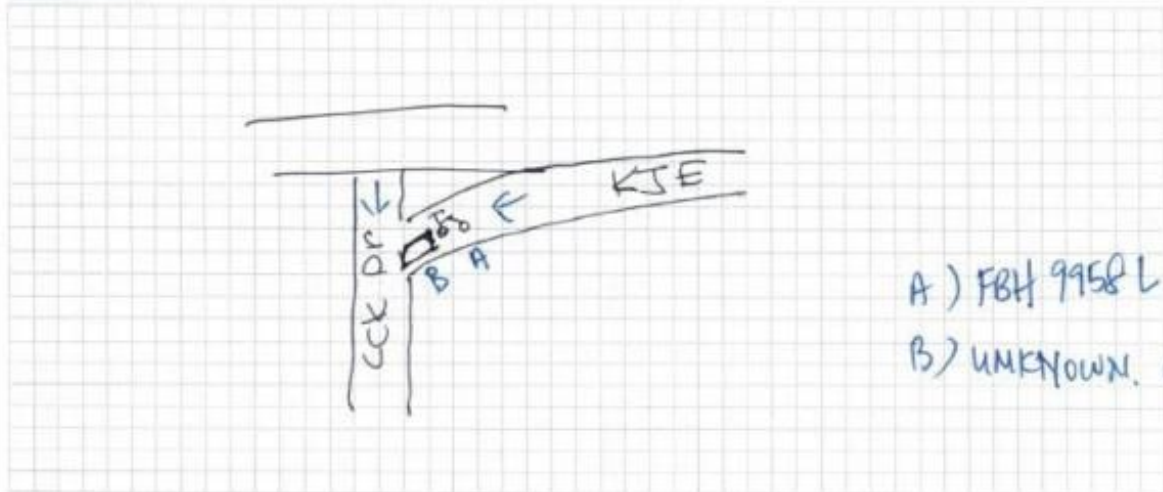
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 10.02.18 @ 2130h I was ~~involved~~ involved in an accident at the slip road junction of KJE & CCK AR.

The 3rd Party private car had stopped abruptly at the junction. I was not able to stop my ~~car~~ motorcycle in time and collided into the rear hand right side.

No injury reported by both party. The car had a dent on the RHR ~~end~~ of his car and scratches.

Police Report 5/20180211/2004

### DECLARATION

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

Policyholder's Signature

Date & Time:

12/02/18 1259h

BARMC SketchPlanForm\_102

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/02/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



J/20180211/7004

1 of 2

#### POLICE REPORT (NP299)

Report No. J/20180211/7004

Police Station Of Origin  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 11/02/2018 10:53	Vide Report No.	Station Diary No.
Name Of Informant A'ADI BIN SALLEH	Address APT BLK 611 BUKIT PANJANG RING ROAD #06-878 SINGAPORE 670611	
ID Type / ID No. NRIC NO / S7110940B	Contact No. Home/Office: Mobile: 90222036	
Nationality SINGAPORE CITIZEN	Email Address aadi@smrt.com.sg	
Occupation	Sex	Age
Supervisor	Male	46
Institution/School Name	Date of Birth	Race
	09/04/1971	Javanese
Date/Time Of Incident 10/02/2018 21:35 - 10/02/2018 21:45	Location Of Incident KRANJI EXPRESSWAY	

#### Brief details.

I was involved in an accident with a private car at the above location. At the junction, the car had stopped abruptly. I was not able to stop my motorcycle in time and collided into the RHR of the car. My motorcycle was slightly scratched and the car was slightly dented. The car is still able to move on its own.

We agreed to exchange particulars since the 3rd party driver has the intention to make a insurance claim. While in the state of confusion, I took the snapshoot before returning it to the 3rd party driver.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2018 10:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



J/20180211/7004

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180211/7004

I spoke to him for a bit and told him to contact me if he changes his mind and wants to settle this privately. We then moved off from the location.

When I arrived at the destination at Blk 118 Teck Whye Lane, I realised that I have forgotten to exchange contact numbers with him and also did not note down his vehicle number for my record.

I proceeded back to the accident location but the car was no more in sight.

I am making this report for my record purpose. I will also be reporting this accident to my insurance.

Subjects Involved			
Victim			
Person Name	Lim Heng Chyn		
ID Type	OTHERS / Driving Licence	ID No	S7318284J
Gender	Male	Age	45
Race	Chinese	Language	English
Relation To Informant	3rd Party Driver		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/02/2018 10:53

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

