

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	19/02/2018 15:34
Date Of Accident	15/02/2018 08:45
Exact Location Of Accident	ALONG QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	F2755K
Insured/Policyholder	
Name Of Registered Owner	FLEURY JASON JUDE
NRIC No	S7425546I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91169390
Alternative Phone No	OFFICE-91169390

Vehicle Particulars

Manufacturer	VESPA
Model	P150
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	0079800299-13
Cover Note Number	

Driver

Name of Driver	FLEURY JASON JUDE
NRIC No	S7425546I
Date Of Birth	12/08/1974
Occupation	INDOOR
Date Of Driving Pass	05/06/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91169390
Fax Number	
Contact Number	OFFICE-91169390
Email Address	NOEMAIL

Address	BLK 101 BISHAN STREET 12 #23-288
Postcode	570101
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : - 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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180215/7008.

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	SLM814H
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 FLEURY JASON JUDE

Approximate Age

Injuries Sustain FRACTURE LEFT LEG & ABRASION

Injured person in which vehicle? F2755K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LOW MUI CHENG ALICE

Approximate Age

Injuries Sustain RIB PAIN & ABRASION

Injured person in which vehicle? F2755K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident 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:

4/4/18
@ 2.45 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Source: Singapore, 2017

Accident Sketch Plan

SKETCH PLAN

m/cas
5cm814H

m/cas F2755K

a

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180215/7208.

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/20180215/7008

1 of 3

Report No. T/20180215/7008

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2018 17:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: FLEURY JASON JUDE			Address: APT BLK 101 BISHAN STREET 12 #23-288 SINGAPORE 570101		
ID Type / ID No.: NRIC NO / S7425546I			Contact No.: Home/Office: Mobile: 91169390		
Nationality: SINGAPORE CITIZEN			Email: jason.jude@rocketmail.com		
Sex: Male	Age: 43	Date of Birth: 12/08/1974	Type of Informant: Rider		
Race: Eurasian			Language: English		Institution / School Name:
Occupation: Management consultant			Driving Licence Information: Class: 2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/02/2018 08:46	Type of Location: Straight Road
Location: QUEENSWAY QUEENSWAY, ROAD NEAR BLK 167				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F2755K	Motorcycle					0
SLM814H	Car	MITSUBISHI		White		0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180215/7008

2 of 3

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

Report No. T/20180215/7008

CONTINUATION OF REPORT

Pillion		ID No.		S7250925J	
Name	ALICE LOW MUI CHENG			Contact No.	92309390
Related Vehicle	F2755K (Motorcycle)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Date Treatment	15/02/2018
			Date Discharge	15/02/2018	
No. of Days granted Medical Leave			05	Degree of Injury	
				Slight	
Rider		ID No.		S7425546I	
Name	FLEURY JASON JUDE			Contact No.	91169390
Related Vehicle	F2755K (Motorcycle)			Class of Driving Licence & Expiry Date	Class: 2,3,4,5 Date of Expiry: NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Date Treatment	15/02/2018
			Date Discharge	15/02/2018	
No. of Days granted Medical Leave			10	Degree of Injury	
				Serious	

Brief Details.

I was travelling on the extreme right lane of queensway when a car exit from Blk 167 side road and cut across 2 lanes to go to the extreme right lane. i hit the front left side of his vehicle. Was given 10 days hospitalization leave and a fracture knee.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20180215/7008

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Report No. T/20180215/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP168

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

Date/Time:
15/02/2018 17:35

Classification Of Case:

Medical Cert

National University Hospital (Singapore) Pte Ltd
5 Lower Kent Ridge Road, Singapore 119074
TEL: (65) 6779 5555
Business Registration No. 198500843R



MEDICAL CERTIFICATE	REPRINT	NUH18044067
NAME: LOW MUI CHENG ALICE		NRIC: S7250925J

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 5 day(s) from 15-Feb-2018 to 19-Feb-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 15-Feb-2018 09:28 to 15-Feb-2018 11:18

15-Feb-2018

Date

A member of the NUHS

TAN THONG SOON STEPHEN
(10596A)

Issued by

A&E

Location

Signature

Medical Cert

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 198500843R



MEDICAL CERTIFICATE	ORIGINAL	NUH18044076
NAME: FLEURY JASON JUDE		NRIC: S7425546I

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 10 day(s) from 15-Feb-2018 to 24-Feb-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 15-Feb-2018 09:20 to 15-Feb-2018 11:25

15-Feb-2018	JONATHAN TANG ZHE YING (18797F)	A&E	
Date	Issued by	Location	Signature

A member of the NUHS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

