

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	22/02/2018 16:40
Date Of Accident	21/02/2018 16:00
Exact Location Of Accident	SCOTT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY6659H
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Insured/Policyholder

Name Of Registered Owner	ROSLAN BIN ABDUL MANSOR
NRIC No	S2177855I
Email Address	ROSLAN.MANSOR@CWSERVICES.COM
Mobile Phone No	(LOCAL) +65-86857636
Alternative Phone No	OTHERS-86857636

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PX 150
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	5088919461
Cover Note Number	

Driver

Name of Driver	ROSLAN BIN ABDUL MANSOR
NRIC No	S2177855I
Date Of Birth	17/02/1960
Occupation	INDOOR
Date Of Driving Pass	16/02/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86857636
Fax Number	
Contact Number	OTHERS-86857636
Email Address	ROSLAN.MANSOR@CWSERVICES.COM

Address	BLK 28 MARSILING DRIVE #02-267
Postcode	730028
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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :

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	SHC8932Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY CHEE MUN
NRIC/Passport Number	S0511478J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ROSLAN BIN ABDUL MANSOR
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Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FY6659H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.

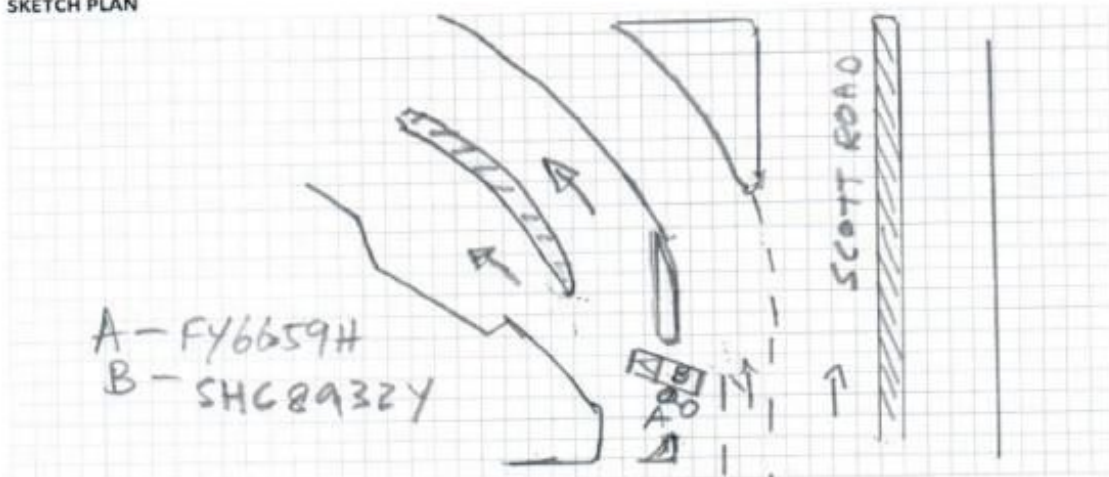
Policyholder's Signature
Date & Time:

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

Pls Refer to the Police Report
T/20180222/2113

DECLARATION

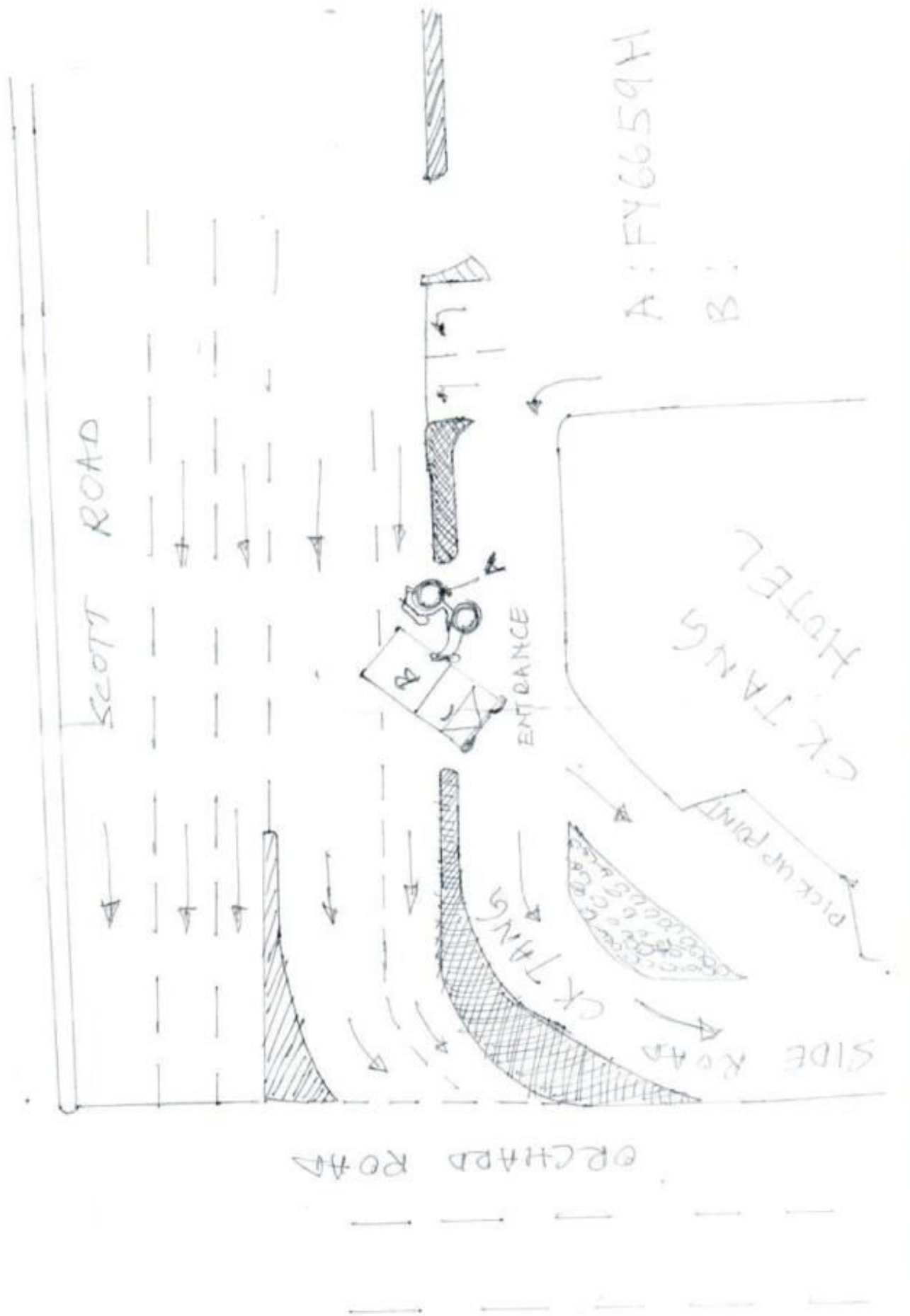
I/We declare the foregoing particulars are true in every respect.

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.:

Sketch Plan #3



Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180222/2113

2 of 4

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20180222/2113

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY6659H	NTUC Income Insurance Co-Operative Limited	5088919461	21/03/2017	20/03/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLAN BIN ABDUL MANSOR		ID No. S2177855I
Related Vehicle	FY6659H (Motorcycle)		Contact No. 86857636
Hospital/Clinic	WOODLANDS MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	21/02/2018	Date Discharge	21/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY CHEE MUN		ID No. S0511478J
Related Vehicle	SHC8932Y (TAXI)		Contact No. NIL
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 the 21/02/2018 at around 1600hrs I was riding my Singapore registered motorcycle(FY6659H) along Scotts road heading towards Orchard road. As I was riding along the leftmost lane of the said road, I was passing by the CK Tang Hotel. I was riding behind a Singapore registered vehicle(Comfort Delgro Taxi SHC8932Y) with a safe distance between us. It was then the said taxi suddenly made a left turn into the Taxi pick up point of the CK Tang Hotel. Hence, I could not brake in time to avoid collision. The right hand side of my motorcycle then collided with the left hand rear side of the passenger door area of the said taxi. I manage to stay on motorcycle however I leaned towards the rear door of the said taxi. Both vehicles sustained slight damages. I then injured my left knee, right shoulder and felt a stiff neck due to the impact of the collision. However, no police or ambulance was required at scene. The driver of the said taxi and I then exchanged particulars. Both vehicles were then able to drive off from scene. I do not have any CCTV on me. I went to Woodlands Medical Centre to seek medical treatment. I was issued with Medical Certificate from 21/02/2018 to 23/02/2018.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180222/2113

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 4

Report No. T/20180222/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2018 16:07	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: ROSLAN BIN ABDUL MANSOR			Address: APT BLK 28 MARSILING DRIVE #02-267 SINGAPORE 730028	
ID Type / ID No.: NRIC NO / S21778551			Contact No.:	Mobile: 86857636
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 58	Date of Birth: 17/02/1960	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: TECHNICAL EXECUTIVE			Driving Licence Information: Class:	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SCOTTS ROAD ORCHARD ROAD EXACT LOCATION: SCOTTS ROAD HEADING TOWARDS ORCHARD ROAD OPPOSITE CK TANG HOTEL ENTRANCE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FY6659H	Motorcycle	PIAGGIO	VESPA PX 150	Blue	Slightly Damaged	0
SHC8932Y	TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180222/2113

Police Station Of Origin:
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27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 4

Report No. T/20180222/2113

CONTINUATION OF REPORT

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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLAN BIN ABDUL MANSOR	ID No.	S2177855I
Related Vehicle	FY6659H (Motorcycle)	Contact No.	86857636
Hospital/Clinic	WOODLANDS MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/02/2018	Date Discharge	21/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY CHEE MUN	ID No.	S0511478J
Related Vehicle	SHC8932Y (TAXI)	Contact No.	NIL
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

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180222/2113

3 of 4

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Report No. T/20180222/2113

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20180222/2113

Police Station Of Origin:
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730027
Tel No: 1800-3689999

4 of 4

Report No. T/20180222/2113

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:

J /

Sgt 3 KARTHIGAITCHSELVAM S/O
PARAMASILVAM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Signature Of Informant:

Date/Time:

22/02/2018 16:07

Classification Of Case:

Authentication Stamp

NP168