

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 | 20/02/2018 13:52 |
| Date Of Accident | 19/02/2018 06:40 |
| Exact Location Of Accident | KALLANG PAYA LEBAR EXPRESSWAY ALONG ROAD 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH7128D |
| Insured/Policyholder | |
| Name Of Registered Owner | SIA TIONG MENG |
| NRIC No | S7329163A |
| Email Address | GPJADE33@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96225650 |
| Alternative Phone No | OFFICE-69666199 |

Vehicle Particulars

| | |
|--------------|---------|
| Manufacturer | HONDA |
| Model | NC700XD |

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

| | |
|------------------|------------|
| Vehicle Category | MOTORCYCLE |
|------------------|------------|

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VMX/P1541629 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SIA TIONG MENG |
| NRIC No | S7329163A |
| Date Of Birth | 16/08/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/11/1995 |
| Driving Experience | 22 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96225650 |
| Fax Number | |
| Contact Number | OFFICE-69666199 |
| EMail Address | GPJADE33@GMAIL.COM |

| | |
|---|-----------------------------|
| Address | BLK 35 PUNGGOL FIELD #14-26 |
| Postcode | 828818 |
| 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 | HIT BY FALLEN TREE / OTHER OBJECTS |
| Weather Conditions | UNDER TUNNEL |
| Road Surface | A PILE OF UNKNOWN LIQUID ON THE GROUND |

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? | YES |
| Was any other material or property damaged? | NO |
| 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 | 10 UBI AVENUE 3 |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHED. ** SKIDDED

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 INJURED PERSON 1

| | |
|---|----------------|
| Name | SIA TIONG MENG |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | FBH7128D |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

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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. 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:

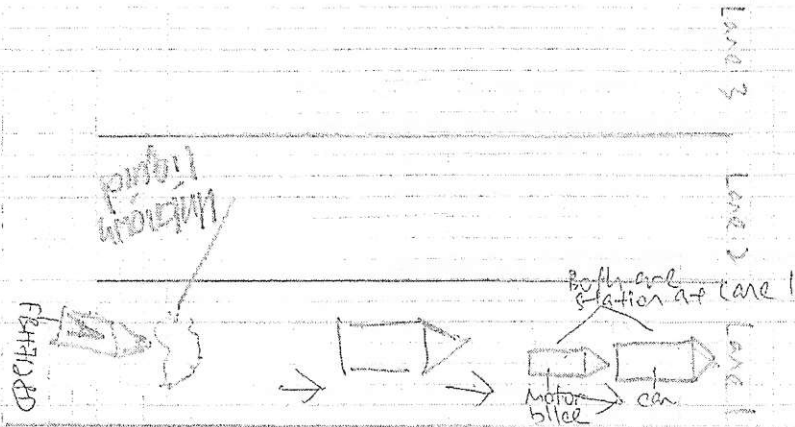


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached police report

I am not sure whether did I hit the front car (Audi) as I already on the ground waiting for Ambulance. I am not able to stand up & check due to pain.

DECLARATION

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

Policyholder's Signature

Date & Time: 20/2/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/2/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180219/2118

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

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Report No. T/20180219/2118

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 19/02/2018 18:14 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SIA TIONG MENG | | | Address: C/O 35 PUNGGOL FIELD #14-26 PRIVE SINGAPORE 828818 | | |
| ID Type / ID No.: NRIC NO / S7329163A | | | Contact No.: Home/Office: Mobile: 96225650 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 44 | Date of Birth: 16/08/1973 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Crane operator (port) | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|---------------------------------|-----------------------|---|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 19/02/2018 06:40 | Type of Location: |
| Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE TUNNEL | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

| | | | | | | |
|------------------------------------|------------|-------|---------|-------|---------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBH7128D | Motorcycle | HONDA | NC700XD | White | Slightly Damaged | 0 |

| | | | | |
|-------------------------------------|------------------------------------|--------------|------------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBH7128D | AXA INSURANCE SINGAPORE PTE LTD | P1541629 | 03/09/2017 | 02/09/2018 |

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180219/2118

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

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Report No. T/20180219/2118

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SIA TIONG MENG | ID No. | S7329163A |
| Related Vehicle | FBH7128D (Motorcycle) | Contact No. | 96225650 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 07 | Degree of Injury | NIL |

Brief Details.

ON 19/02/2018 AT ABOUT 0640 HRS,

AS I WAS RIDING MY BIKE ALONG KPE TUNNEL ON THE EXTREME RIGHT LANE, THE VEHICLE IN FRONT OF ME, AN AUDI, SUDDENLY E BRAKE CAUSING ME TO E BRAKE AS WELL. IM NOT SURE WHETHER IT'S OIL OR WATER BUT THE MOMENT I APPLIED MY BRAKE I HAPPEN TO SKID ON THAT SOLUTION CAUSING ME TO FALL OF MY BIKE. I WAITED FOR THE AMBULANCE TO ARRIVE AND SOON AFTER THAT IT CONVEYED ME TO THE HOSPITAL. WHEN I WAS AT THE GROUND I SAW A STATIONARY CAR AND MOTOCYCLE IN FRONT OF THE AUDI CAUSING THE AUDI TO E BRAKE.



**SINGAPORE
POLICE FORCE**

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



T/20180219/2118

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Report No. T/20180219/2118

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: TP / MOHAMED ANWAR BIN MOHAMED IBRAHIM | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 19/02/2018 18:14 |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246 | Classification Of Case:  SINGAPORE POLICE FORCE |
| Authentication Stamp NP168 | Signature:  |