#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	14/03/2018 17:03
Date Of Accident	12/03/2018 19:30
Exact Location Of Accident	WOODLANDS AVE 2 TWDS WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE5206R
Insured/Policyholder	
Name Of Registered Owner	CHUA SOH KHOON
NRIC No	S6805257B
Email Address	KIMHOE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97373560
Alternative Phone No	OTHERS-97373560
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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
Fleet Policy	NO
Policy Number	5050563431-06
Cover Note Number	
Driver	
Name of Driver	TAN KIM HOE
NRIC No	S1348849E
Date Of Birth	10/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97373560
Fax Number	

OTHERS-97373560

KIMHOE@HOTMAIL.COM

BLK 513 WOODLANDS DRIVE 14 Address

#09-187 HDB-WOODLANDS

Postcode 730513

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT: T/20180314/2070 / T/20180314/2111

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

### **DETAILS OF INJURED PERSON 1**

Name TAN KIM HOE

Approximate Age

Injuries Sustain SERIOUS Injured person in which vehicle? FBE5206R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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")
- 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:
  - 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

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DECLARATION		
DECLARATION  I/We declare the foregoing part	iculars are true in every respect.	
DECLARATION I/We declare the foregoing part	iculars are true in every respect.	14/3/2
DECLARATION  I/We declare the foregoing part  Policyholder's Signature		

#### Sketch Plan #3



T/20180314/2070

2 of 3

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

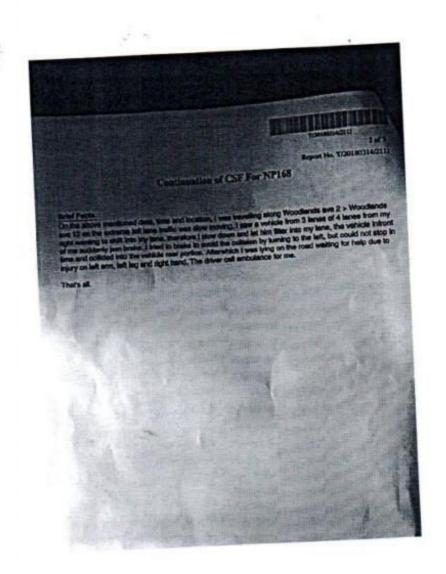
Report No. T/20180314/2070

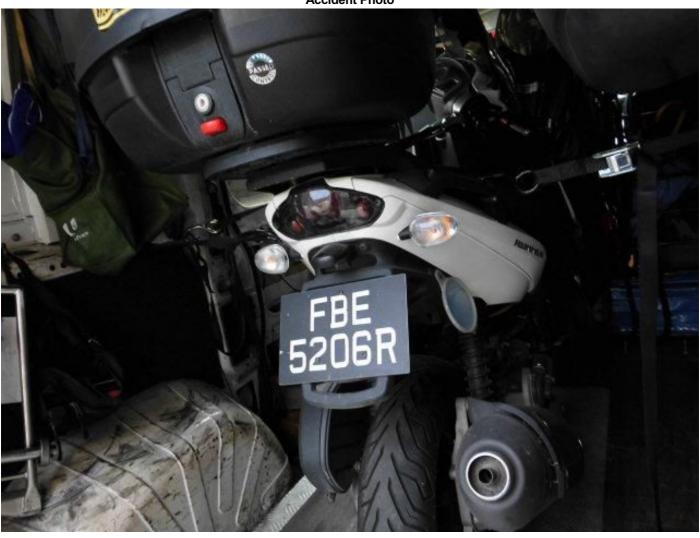
CONTINUATION OF REPORT

Brief Details.

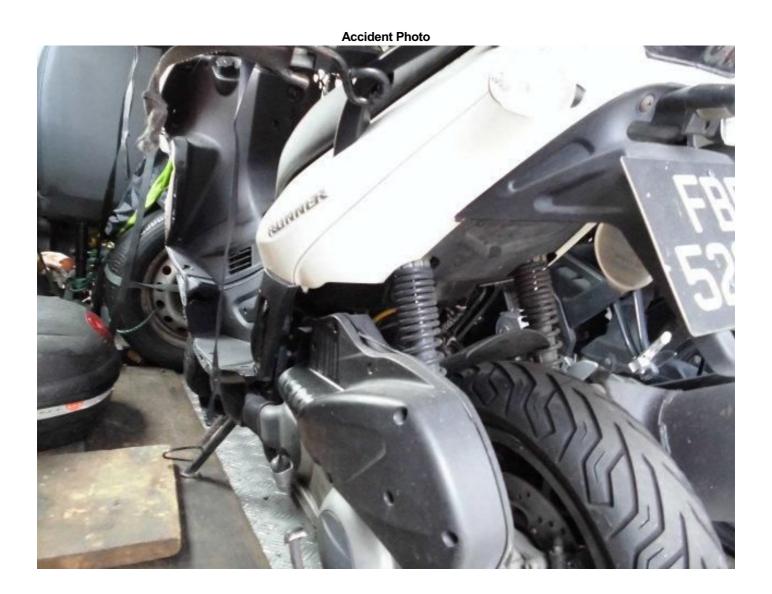
On the above mentioned date, time and location, I was travelling along woodlands ave 2 > woodlands ave 12 on the extreme left lane traffic was slow moving, there's was a vehicle infront of me suddenly jam brake. I tried to brake and avoiding the collision by turning to the left, but could not react in time and collided into the vehicle rear portion. Afterwhich I was lying on the road waiting for help due to injury on left arm, left leg and right hand. The driver call ambulance for me.

That's all.

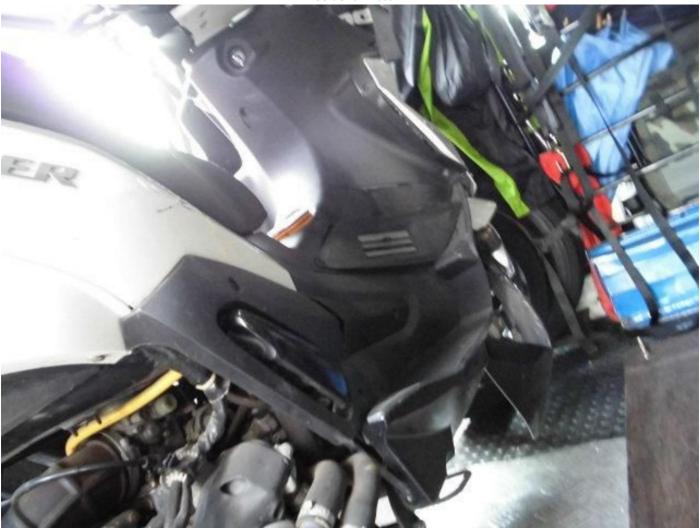






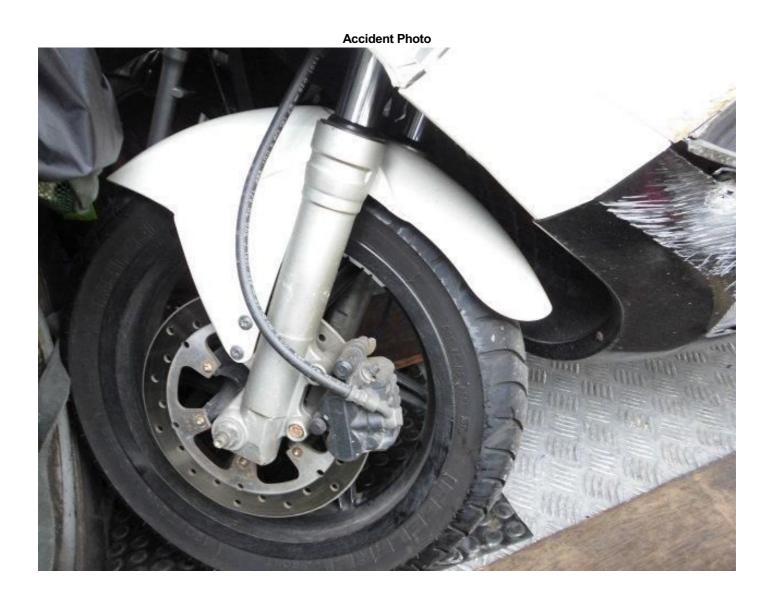
























1 of 3

Report No. T/20180314/2070

SINGAPORE POLICE FORCE

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

Date/Time Report Made: 14/03/2018 12:52		lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ulars	<b>一个人,一个人们的一个人们的</b>		
Name of Informant: TAN KIM HOE			Address: APT BLK 513 WOODLANDS DRIVE 14 #09-187 HDB- WOODLANDS SINGAPORE 730513		
ID Type / ID No.: NRIC NO / S1348849E		49E	Contact No.: Home/Office:	Mobile: 97373560	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 58	Date of Birth: 10/05/1959	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3	Date of Expiry:	

eneral Inform	nation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2018 19:30	Type of Location Straight Road	
	S AVENUE 2 S AVE 2 > WOODLANDS	Road Surface:	F	Road Speed Limit:	
Clear		Dry		40 111	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			a	Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBE5206R	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	White		0



T/20180314/2070

2 of 3

Report No. T/20180314/2070

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

#### CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was travelling along woodlands ave 2 > woodlands ave 12 on the extreme left lane traffic was slow moving, there's was a vehicle infront of me suddenly jam brake. I tried to brake and avoiding the collision by turning to the left, but could not react in time and collided into the vehicle rear portion. Afterwhich I was lying on the road waiting for help due to injury on left arm, left leg and right hand. The driver call ambulance for me.

That's all.





3 of 3

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

Report No. T/20180314/2070

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 / TONG HWEE SIONG	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2018 12:52		
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN	Classification Of Case:		
Contact No.: 65476213	LICERCICE		
Authentication Stamp NP168	2		

7/20180314/2111

