

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	26/03/2018 19:18
Date Of Accident	15/03/2018 22:00
Exact Location Of Accident	PIE (CHANGI) BEFORE BEDOK NORTH AVE 3 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8780C
Insured/Policyholder	
Name Of Registered Owner	HOW JING GUO
NRIC No	S8627898G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94362260
Alternative Phone No	OFFICE-94362260

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200I EVO CVT
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	5069787592-02
Cover Note Number	

Driver

Name of Driver	HOW JING GUO
NRIC No	S8627898G
Date Of Birth	02/10/1986
Occupation	INDOOR
Date Of Driving Pass	30/08/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94362260
Fax Number	
Contact Number	OFFICE-94362260
Email Address	NOEMAIL

Address	BLK 774 BEDOK RESERVOIR VIEW #07-103
Postcode	470774
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 - CHANGE/CROSS LANE
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)	1

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/20180321/2074.

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	SLF629M
Vehicle Make/Model/Colour	MAZDA
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 HOW JING GUO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBJ8780C

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.

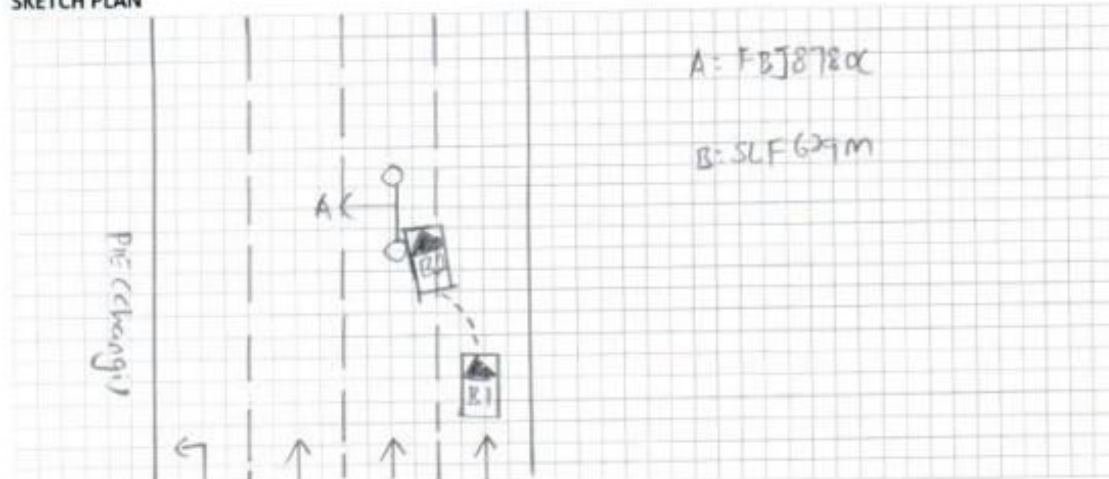

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180321/2074.

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/20180321/2074

1 of 3

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

Report No. T/20180321/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 14:21	Vide Report No.: G/20180315/0252	Station Diary No.:
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Informant's Particulars

Name of Informant: HOW JING GUO	Address: 774 BEDOK RESERVOIR VIEW #07-103 HDB-BEDOK SINGAPORE 470774		
ID Type / ID No.: NRIC NO / S8627898G	Contact No.:	Mobile: 94362260	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 31	Date of Birth: 02/10/1986	Type of Informant: Rider
Race: Chinese	Language:	Institution / School Name:	
Occupation: TEAM MANAGER	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/03/2018 22:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY BEFORE BEDOK NORTH AVE 3				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision: -	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8780C	Motorcycle	SYM	JOYRIDE 200I EVO CVT	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8780C	NTUC Income Insurance Co-Operative Limited	5069787592-02	12/06/2017	11/06/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180321/2074

2 of 3

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

Report No. T/20180321/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HOW JING GUO	ID No.	S8627898G
Related Vehicle	FBJ8780C (Motorcycle)	Contact No.	94362260
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	15/03/2018	Date Discharge	16/03/2018
No. of Days granted Medical Leave	12	Degree of Injury	Serious

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME.

I WAS TRAVELLING ALONG PAN ISLAND EXPRESSWAY AND ALL OF A SUDDEN I BLACKED OUT AND THE MOMENT I WOKE UP I WAS ALREADY LYING ON THE ROAD AND COULDN'T FEEL ANYTHING. AROUND 4 PEOPLE CAME AND HELPED CALL MY SISTER AND MY MOTHER DOWN TO THE SCENE BUT IT WAS A BLUR. AMBULANCE CAME DOWN AND SENT ME TO THE HOSPITAL. THATS ALL.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180321/2074

3 of 3

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

Report No. T/20180321/2074

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 /
TAN KIN WAH

Signature Of Interpreter:
Not applicable

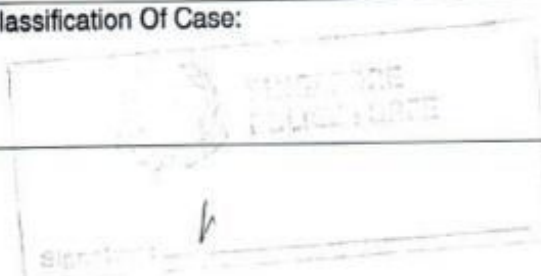
Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/03/2018 14:21

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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