#### 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/04/2018 16:13
Date Of Accident	02/04/2018 19:30
Exact Location Of Accident	HOUGANG AVENUE 8 BLK 615 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG3093B
Insured/Policyholder	
Name Of Registered Owner	ABDUL SAFIYAN BIN ABDUL MALIK
NRIC No	S9001865E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94287490
Alternative Phone No	OTHERS-94287490
Vehicle Particulars	
Manufacturer	RIEJU
Model	MARATHON PRO 125 MANUAL
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	5054546294-05
Cover Note Number	
Driver	
Name of Driver	ADDITI CATIVAN DIN ADDITI MALIK

Name of Driver ABDUL SAFIYAN BIN ABDUL MALIK

NRIC No S9001865E

Date Of Birth 23/01/1990

Occupation OUTDOOR

Date Of Driving Pass 06/11/2008

Driving Experience 9 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94287490

Fax Number

Contact Number OTHERS-94287490

EMail Address NOEMAIL

**BLK 614 HOUGANG AVE 8** Address

#12-410

Postcode 530614

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** 

COLLIDED INTO PARKED VEHICLE 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? NO

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.

NO

0 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **HOGANG N.P.C** 

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFR TO THE POLICE REPORT: T/20180402/2197

Attachment(s)

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

**Details of Witness 1** 

Name MR JOSEPH HO 97337030

Phone Number **Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC7248X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 17

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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  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 ladgment 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 insurers) 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")
- (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:
  - 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 Sjenature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### Sketch Plan #2

ETCH PLAN		1.1	Avenue 8
	Ban	Hougang	rivenue 6
Carpete 3-OA	racks 1.	BLK	615 Carpark,
(0+)			A-FBG3093B B-SH47248X
SCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
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	<b>()</b>	10.	7
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	Xo	a O X	
0	der 10	0/0	
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2/5			
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/			
DECLARATION	oudare are true in every re	spect	7
/We declare the foregoing parti	culars are troe in every re-	april 1	1 . 7/4/2
SA	_ 5		Reporting Centre Persagnel's Signature
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the Date & Time:	policyholder)	Name: NRIC/FIN No.:

### Sketch Plan #3





2 of 3

Report No. T/20180402/2197

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

# Brief Details.

On 2/4/18 at about 1500hrs, I parked my motorcycle with vehicle no. FBG 3093B at open carpark. All is in order. On same day at about 1950hrs, I discovered that my bike fall off. When I was waiting at the carpark, there is a witness (Mr Joseph Ho Hp: 97337030) who is one of the resident informed that there is a taxi driver hit my motorbike earlier and showed me the CCTV footage.

The footage show that on 2/4/18 at about 1930hrs, there is a taxi with vehicle SHC 7248X hit my motorbike until it fall down. Subsequently the driver drove off. There is damages on my motorbike, the rear back light, signal light and front part of the motorbike is dented.





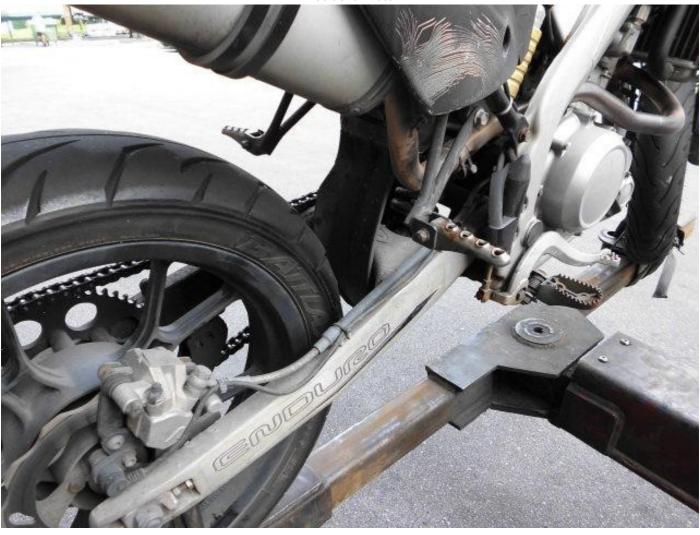












# Police Report





1 of 3

Report No. T/20180402/2197

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Wade.		ade:	Vide Report No.:	Station Diary No. 117
02/04/201				
	Informant: SAFIYAN B	N ABDUL MALIK	530614	VENUE 8 #12-410 SINGAPORE
ID Type	D Type / ID No.: NRIC NO / S9001865E Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office:	Mobile: 94287490
National			Email:	
Sex:	Age:	Date of Birth: 23/01/1990	Type of Informant: Rider	Institution / School Name:
Male Race:	20	200	Language:	Illistitution / Concerns
Malay	*ATT TO A		Driving Licence Information Class: 2B	Date of Expiry:

eneral inform	nation of the Accider	Drink	Date/Time of	Type of Location	
Type of Accident:	Non-Injury Hit and Run	Drive: Accident: 02/04/2018 19		:30 Car Park	
Location: Along Road 1 HOUGANG A BLK 615 CA	VENUE 8	Road Surface:		Road Speed Limit:	
Weather: Dry Clear Tra		Dry Traffic Control:		Traffic Volume: No Traffic	
Traffic Flow:		Not Controlled		Anyone conveyed by	

Details of V	ehicle Involve	d	Trees	Color	Condition	No of Passenge
		The State of the S	Seriously	0		
Vehicle No. FBG3093B	Motorcycle	RIEJU	MARATHON PRO 125 MANUAL	VVIIILE	Damaged	

Dotails of V	ehicle Insurance	Insurance No	Effective	Expiry Date
CONTRACTOR OF THE PARTY OF THE	Lasuronce Company	THE PROPERTY	12/06/2017	11/06/2018
FBG3093B	NTUC Income Insurance Co-Operative			

#### **Police Report**



2 of 3

Report No. T/20180402/2197

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

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### **Police Report**





3 of 3

Report No. T/20180402/2197

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 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: F / Sgt 2 NUR KHAIRIAH BINTE KHAIRIL ANWAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2018 22:09
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:  SN 3015  Signature:
Authentication Stamp NP168	Stagapera Police Force