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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	16/04/2018 20:36
Date Of Accident	13/04/2018 07:10
Exact Location Of Accident	SLIP ROAD FROM MANDAI ROAD TOWARDS BKE (PIE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR5646R
Insured/Policyholder	
Name Of Registered Owner	GUAN HUI QI ROXANNE
NRIC No	S9242938E
Email Address	ROXANNE.GUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88664234
Alternative Phone No	OTHERS-88664234
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092729260
Cover Note Number	
Driver	
Name of Driver	GUAN HUI QI ROXANNE

NRIC No S9242938E

Date Of Birth 13/11/1992

Occupation OUTDOOR

Date Of Driving Pass 03/10/2014

Driving Experience 3 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-88664234

Fax Number

Contact Number OTHERS-88664234

EMail Address ROXANNE.GUAN@GMAIL.COM

Address BLK 416 PASIR RIS DRIVE 6

#03-239

Postcode 510416

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 - HEAD TO REAR

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? NO

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?

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?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER SKETCH AND POLICE REPORT T/20180414/7002

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 FBK4041Z

Vehicle Make/Model/Colour VESPA

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MUHAMMAD NASIRUDDIN BIN ANUAR

NRIC/Passport Number S8600838F Contact Number 92484224

Address Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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)
 - (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
- 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.
- 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.:

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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
has on towelling on a	i slip road entering BKE(FIE) from Mandai Road when I heard a
	owed by a loud thurd and a jerk from the rear of my vehicle-
Morning & peak pen	od and traffic was heavy. I was gradually braking my wehicle when
the collision happens	
the collinor torpes	
# 1 m . 1 n 1 . H . 1 .	to the second of
17 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	It side mirror and saw a motorist motoriyalist fall from his like.
	iped my car and turned on the hazard lights to cheek on the
victim. Motorcycli	ist was conscious and sustained some possible bruisings from the
fall.	
	1
POLICK RA	POR7 T/2018 0414/7002
1	
DECLARATION	
DECLARATION I/We declare the foregoing partic	ulars are true in every respect.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20180414/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2018 12:00		lade:	Vide Report No.:	Station Diary No.:		
Informan	t's Particu	ulars				
	nformant: JI QI, ROX		Address: APT BLK 416 PASIR RIS DR 510416	IVE 6 #03-239 SINGAPORE		
ID Type / ID No.: NRIC NO / S9242938E			Contact No.: Home/Office:	Mobile: 88664234		
Nationality: SINGAPORE CITIZEN		EN	Email: Roxanne.guan@gmail.com			
Sex: Age: Date of Birth; Female 25 13/11/1992			Type of Informant: Driver			
Race: Chinese		=11/4	Language: Institution / School N			
Occupation: Singapore Armed Forces personnel		orces personnel	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2018 07:08	Type of Location: Slip Road	
Location: MANDAI RO On slip road t	AD o BKE(PIE) from M	andal Road			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy	
		Not Controlled		1 loavy	

Details of V	ehicle Involve	d	COMMENT STORY			
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4041Z	Motorcycle	VESPA		White	Slightly Damaged	0
SJR5646R	Car	VOLKSWAGO N	NEW GOLF 1.4 AT 5K13G5	Silver	Slightly Damaged	0

Details of V	ehicle Insurance			THE RESERVE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180414/7002

CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR5646R	NTUC Income Insurance Co-Operative Limited	5092729260	18/07/2017	17/07/2018
Details of Po	erson Involved			
Any Pedestri	an Involved: No			

Details of Perso	n Involved	n - I			KILL	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider			TEVINOVE			
Name	Muhammad Nasiruddin Bin Anuar			ID No.		S8600838F
Related Vehicle	FBK4041Z (Motorcycle)			Contact No.		92484224
Hospital/Clinic	NIL			Class Driving Licente Expiry	g :e &	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	of Days granted Medical Leave NIL			Injury	Slight	
Driver		ALC:				
Name	GUAN HUI QI, ROXANNE			ID No.		S9242938E
Related Vehicle	SJR5646R (Car)			Conta	ct No.	88664234
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ited Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

Was on slip road entering BKE from Mandai Road when I heard a screeching sound followed by a loud thud and a jerk from the rear of my vehicle. I looked into the left side mirror and saw a motorcyclist fall from his bike. I immediately stopped my car and turned on the hazard lights to check on the victim. Victim was conscious and sustained some possible bruisings from the fall.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180414/7002

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2018 12:00
Officer In Charge Of Case: TP / TPIB / DZUL HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case:
Authentication Stamp	

























