

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	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

DETAILS 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?	NO
If Yes, against whom?	

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

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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:

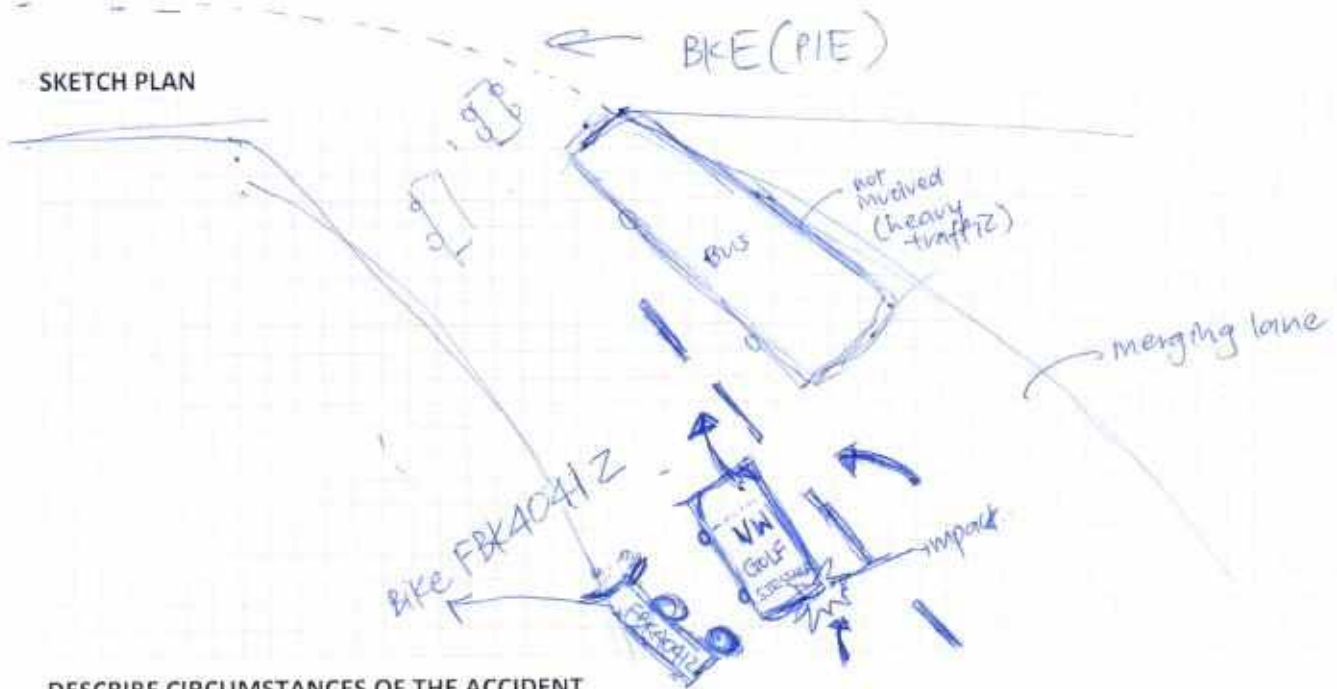
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was on travelling on a slip road entering BKE(PIE) from Mandal Road when I heard a screeching sound followed by a loud thud and a jerk from the rear of my vehicle.

Morning & peak period and traffic was heavy. I was gradually braking my vehicle when the collision happened.

I looked into the left side mirror and saw a motorist/motorcyclist fall from his bike. I immediately stopped my car and turned on the hazard lights to check on the victim. Motorcyclist was conscious and sustained some possible bruising from the fall.

POLICE REPORT T/20180414/7002

DECLARATION

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

[Signature]

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.:

[Signature] 16/04/2018
[Signature] 16/04/2018



SINGAPORE POLICE FORCE



T/20180414/7002

1 of 3

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

Report No. T/20180414/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2018 12:00	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: GUAN HUI QI, ROXANNE	Address: APT BLK 416 PASIR RIS DRIVE 6 #03-239 SINGAPORE 510416	
ID Type / ID No.: NRIC NO / S9242938E	Contact No.: Home/Office:	Mobile: 88664234
Nationality: SINGAPORE CITIZEN	Email: Roxanne.guan@gmail.com	
Sex: Female	Age: 25	Date of Birth: 13/11/1992
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation: Singapore Armed Forces personnel	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2018 07:08	Type of Location: Slip Road
Location: MANDAI ROAD On slip road to BKE(PIE) from Mandai Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

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 Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180414/7002

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

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Report No. T/20180414/7002

CONTINUATION OF REPORT

Details of Vehicle 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 Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	Muhammad Nasiruddin Bin Anuar	ID No.	S8600838F	
Related Vehicle	FBK4041Z (Motorcycle)	Contact No.	92484224	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	GUAN HUI QI, ROXANNE	ID No.	S9242938E	
Related Vehicle	SJR5646R (Car)	Contact No.	88664234	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted 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 bruising from the fall.



**SINGAPORE
POLICE FORCE**



T/20180414/7002

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

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/04/2018 12:00

Classification Of Case:

Claim Handling

Accident MT/0990622

Policy No.	5092729260	Vehicle No.	SJRS546R	GST Registration No.	
Policyholder Name	GUAN HUI QI ROXANNE			Policyholder NAIC	59242938E
Product Code	PRIVATE CAR INSURANCE	Cover Type	01+0 CLASSIC	Loading	0
Contact No.(Mobile)	88664234	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	+ No - Yes	YCR	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	17/04/2018 09:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/04/2018	Time of Accident (hh:mm)	07:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD FROM MANDAL ROAD TOWARDS SKE (PIE)				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 435 #03-239	Address 2	PA518 RIS DRIVE 8	Address 3	SINGAPORE 110416
Address 4		Address Type	Singapore address	Post Code	110416
Unit No.		Related Policy Number	5092729260		

01 Driver Info

Driver Name	GUAN HUI QI ROXANNE	Driver Type	Main Driver	Driver DOB	13/11/1994
Unnamed driver Name		Driver NAIC	59242938E	Driving Experience	3
Register Date of Driver License	03/10/2014	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	SINGAPORE 110416
Address 1	BLK 435 #03-239	Address 2	PA518 RIS DRIVE 8	Address 3	SINGAPORE 110416
Address 4		Address Type	Singapore address	Post Code	110416
Unit No.					
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.	SJRS546R	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	GUAN HUI QI ROXANNE	Insured NAIC	59242938E
Contact No.(Mobile)		Contact No.(Home)	88664234	Contact No.(Office)	
Email Address		OT Vehicle Number	SJRS546R	TP Vehicle Number	PBK4041Z
Claim Description	SJRS546R / PBK4041Z ON 13 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GSA report	Received *
Require Privatisation	Yes	Preferred Repair Option	Preferred Workshop, name unknown	Date Received	17/04/2018 00:00
Date Registered	07/04/2018 09:27	Claim Close Date			
Report Taken By	EOJL MAHAR				

Print As Letter











Save Submit

Attachment

Accident No.	MT/0990622	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/04/2018 09:30
Path *			
Choose File No file chosen	Category *	Confidential	Urgency *
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Message Read	Send Message	Upload	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Apr 2018 09:30	Photos	Normal	Photos 2018-4-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Apr 2018 09:30	Photos	Normal	Photos 2018-4-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Apr 2018 09:30	Photos	Normal	Photos 2018-4-17		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:30	Photos	Normal	Photos 2018-4-17	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:30	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:37	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:37	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:37	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:37	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:37	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:37	SAS	Normal	SAS 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B. UKIT MERAH)) on 17 Apr 2018 09:37	NRIC Driving License	Normal	NRIC Driving License 2018-4-17	Edit
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 04 / 2018) (DD/MM/YYYY), TIME: (07 : 08) (HH:MM)

LOCATION: Slip Road from Mandai Road towards BKE (PIE) Expressway.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 5646R
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 509 272 9260
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VOLKSWAGEN GOLF
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ON MY WAY TO WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GUAN HUI @ ROXANNE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9242938E CONTACT: 88664234
c) ADDRESS: BLK 416 PASIR RIS DRIVE 6 #03-239

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(1)

- DRIVER
a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (13 / 11 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 030914

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police HQ

8. THIRD PARTY VEHICLE

* No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: FBK 40412 MODEL: VESPA
b) DRIVER'S NAME: Muhammad Nasiruddin Bin Anuar
c) NRIC/FIN/PASSPORT: S8600838E CONTACT: 92484224

9. THIRD PARTY VEHICLE

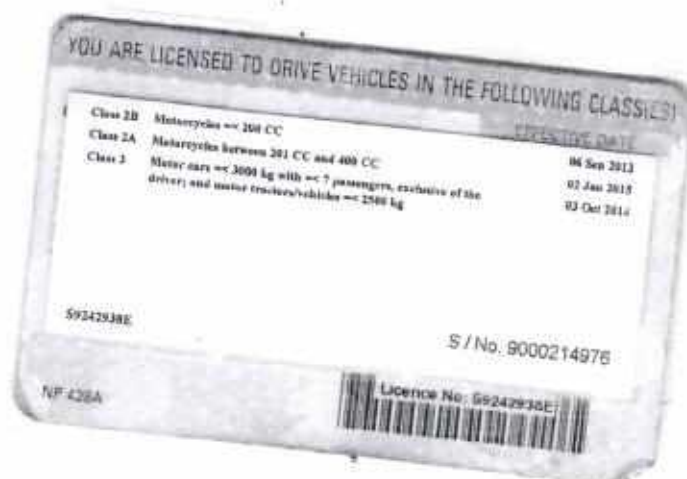
* No of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = roxanne.guan@gmail.com

fax = NIL

VIDEO = NIL



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident:	<input type="text" value="13/04/2018 17:59"/>						
Vehicle No. (For Motor)	<input type="text" value="SJR5646R"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092729260	GUAN HUI QI ROXANNE	S9242938E	GPC	drive CLASSIC	SJR5646R	SJR5646R	18/07/2017	17/07/2018
<input type="button" value="Continue"/>									