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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 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 constantoresaid	and to the archiving of this report at the centre and to copies of the report being made available
ASSESSMENT OF THE PROPERTY OF	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
is in such a second at the second of	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	ON THE WAY TO WORK

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

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

GUAN HUI QI ROXANNE Name of Driver

S9242938E NRIC No Date Of Birth 13/11/1992 OUTDOOR Occupation 03/10/2014 Date Of Driving Pass

Driving Experience 3 YEARS AND 6 MONTHS

FEMALE Gender

(LOCAL) +65-88664234 Mobile Number

Fax Number

OTHERS-88664234 Contact Number

ROXANNE.GUAN@GMAIL.COM EMail Address

BLK 416 PASIR RIS DRIVE 6 Address

#03-239

COLLISION - HEAD TO REAR

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

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO 2

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES

NO

NO

1

Details of Police Action

Was the accident reported to the police?

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 Was notice of intended Prosecution given?

TEL NO: 65470000 - FAX NO: 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

- 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 liability.
- 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. 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.
- 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)

Lunderstand, 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
- 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.:

was on travelling on a slip road entering BKE(PIE) from Mondai Road when I heard	l a
screeching sound followed by a loud third and a jerk from the rear of my vehicl	€-
Morning of peak period and traffic was heavy. I was gradually broking my ve	hicle when
the collision happened.	
I looked into the left side mirror and soul a motorist motorcyclist fall from	his like.
I immediately stopped my car and turned on the hazard lights to check	
viction. Motorcyclist was conscious and sustained some possible basisin	
fall.	
POLICK REPORT T/2018 0414/7002	

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: Lage Will NRIC/FIN No .:





1 of 3 Report No. T/20180414/7002

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

REPORT OF	A TRAF	FIC AC	CIDENT
REFURIUE	AIRAF	FIL MU	CIDEIA

	Date/Time Report Made: 14/04/2018 12:00		Vide Report No.: Station Diary N				
Informan	t's Particu	ılars					
	nformant: JI QI, ROX		Address: APT BLK 416 PASIR RIS DRI 510416	VE 6 #03-239 SINGAPORE			
ID Type / ID No.: NRIC NO / S9242938E		38E	Contact No.: Home/Office:	Mobile: 88664234			
Nationalit	y: ORE CITIZ	EN	Email: Roxanne.guan@gmail.com				
Sex: Female	Age: 25	Date of Birth: 13/11/1992	Type of Informant: Driver				
Race: Chinese	Lutinos		Language: English	Institution / School Name:			
Occupation		orces personnel	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:				

General Infor	nation of the Accid	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2018 07:08	Type of Location Slip Road	
Location: MANDAI ROA On slip road to	AD to BKE(PIE) from M	andai Road			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
One Way		Not Controlled		neavy	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
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			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20180414/7002

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

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 Perso	n Involved	110				Managar Park	
Any Pedestrian Ir	nvolved: No						
No. of Pedestrian	s Injured: NIL	18	Use of Pedestrian Crossing: NA				
Rider				VIII			
Name	Muhammad Nasiruddin Bin	Anuar		ID No.		S8600838F	
Related Vehicle	FBK4041Z (Motorcycle)		(Contact No.		92484224	
Hospital/Clinic	NIL		I I	Class of Driving Licence & Expiry Date		Class: 2B,3A Date of Expiry: NIL	
Date Treatment	NIL		Date Discha	arge	NIL		
No. of Days gran	ted Medical Leave NIL		Degree of Ir	njury	Sligh		
Driver							
Name	GUAN HUI QI, ROXANNE			ID No	0	S9242938E	
Related Vehicle	SJR5646R (Car)		3	Contact No.		88664234	
Hospital/Clinic	NIL		Class of Driving Licence Expiry D		g ce &	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discha	arge	NIL		
No. of Days gran	ted Medical Leave NIL		Degree of I	njury	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

Authentication Stamp

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:

ccident MT/9990622											
sity No.	5092729260	Vehicle No.	5385846R		GST	Registration No.					
Kcyholder Status	GUAN HUT QE KOXANNE				Folic	ynoiser NATC		9924	2938t		
oduct Code	PRIVATE CAR INSURANCE	Coxer Type	ID THE CLASSIC		Load			95			
ntara No (Mobile)	H8664234	Consult No (Office)				act No.(Home)			-		
sati Address		Special Kemark			#Cos	de:		No	* !		
K.	+ his Yes	TCA	+ 76) /Yes		#Ce:	TERROR					
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Accident Details											
port Date	17/64/2018/09/20	Accident Report Within 24 hts.	Yes		Aco	port.Type		Colli	uun - Heud	ts Reer	
ne of Accident	19/04/2018	Time of Accident 56 mm	07:10		Em	ntry of Accident		Timp	WILDS.		
porting Centre		Drange Force:			ECM	140					
cident Location	SLIP ROAD FROM MANDAL ROAD TOWARDS	SKE (PIE)									
P Benefits											
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married Drivet Excess	0.00	Outside Singapore OD Excess		800.00							
ed Party Excess	0.00	Outpide Singapure TP Escale		0.00							
45T Registered Inform		VENERAL PRINCIPALITY (1917-11)									
T Requirered	flat		551 K	egistration Date							
T Registration No. difficultion History				latus vertien		TES					
Policyholder Mailing Ar		Address 2	49.770 DEC 200	ison n	600	ress J.		site	DAPORE 12	916	
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Idraud 4			3092729290	2.5777	1,000			0499	etelli-		
ne No.		Related Police Number	244.04200								
U OI Driver Info	Secretary and secretary	Tenan Torri	Main Driver								
river forms	GUAN HUT QURDIANNE	Driver Type Driver NASC	99242938E		Dre	ver SIGB		110	13/1993		
nnamed driver Name.		Driver Age	25 25			ving Expenence		3			
agazar Date of Driver Licetor	7 02/10/2014	Contact No.(Office)	4.2			Tail An Huma					
ontact No.(Hobbe)	1000 0700 0000		SACRE OF THE	100		ress 1		2006	GAPONE 31	HAVE:	
ddrese 1	BLX 476 #03-239	Address 2	PASIA RIS DE			f. Circle		3.11			
ddress 4		Address Type	Singspore ad	PWA	198	s. Carrie		5.540	(9.11)		
HILTEL											
ives he own a Singapore equatored car?	Yes. + No	Drover Vehicle No.	ERSSANS		Ditt	ver Ensurer Comp	parry	NT.	ð.		
edantan											
Claim Type * Contact to .: Mobile Smail Address Claim Description Preferred Workship Contact Reture Finalisation Date Registered	OD-MX	Impured Name Contact Re (Home) CIT Vervice Number Insured Lisolity * Preterend Repair Option Claim Claim Date	Not at Fault Preferred W		19 19 10 • 01	rured NEIC Hisol Ne.(O'Doc) Vehicle Number ms of Preferred to A report		910 PSD	CACATE ROOFFEE	0.00	
Report Taken By	FOSLI WAHAS										
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Attachment				-							
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Service Inc.	WTIDGGGTT	Capw No.		.060							
Accident No.	M1/0940672	Claim No.		901 12/04/2018 09:30							
Accident No.	* Yes 190	Claim No. Instead Date		17/54/2018 09:30		CHIZWAYA				gana	
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		(NATIONAL ASSESSMENT CENTRE SERVICES (B RAN)) on 17 Apr 2018 09:30	Photos.	Normal	Physics 3018-4-17	Edit
1500	NAC_BURTZ_MERAH_860676 DRIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B. RAH)) on 17 Apr JULE 09:30	Photos.	Normal	Physica 3016-4-17	Ealt
1	NAC_BUNIT_MERAH_BOUNTE	NATIONAL ASSESSMENT CENTRE SERVICES (B. RAH)) on 17 Apr 2018 IV-30	Photos	Normal	Photos 2016-4-17	Edit

ACCIDENT STATEMENT

ACCIE	DENT DATE: 18 / 04/3	OLS TODYWWALLA), TIME:(<u>07:08</u>)(HH:M	M)
LOCAT	TON: Clipfood from Mc	undai Road towards	BLE (PIE) Expressively.	
1.	DETAILS OF VEHICLE	CIR 564LR	x, ** 1 a	
	blinsurance Compan	V. NTHE INCOME		
3	CIPOLICY NUMBER: 50	12729260		
	d)POLICY TYPE: (COMPR e)MAKE & MODEL:VE f)TYPE: (SALOON / COUP g)VEHICLE CATEGORY: (I	E / MPV /V AN / LORR' PRIVATE / COMMERCE ACCIDENT TIME: ON	MA MILL TO THE	
	HARF YOU CLAIMING UN	IDER YOUR OWN INSU	KANCELIESIESI	
	IF NO, PLEASE STATE (TH	IRD PARTY CLAIM / RE	PORTING ONLY	-
2.	ANAME GUAN HUI &	ER L PHXANNE	(MALE / FEMALE)	13
	TOTAL STATE OF THE PARTY OF THE	C9742938E	CONTACT: 88664234	+
	CIADDRESS: BLK 416 PA	SIRRIS DRIVE 6 #0	3-239	
	1.			
	* CONTINUE TO 3.4 IF DR	IVER ALSO POLICY HO	DLDER	
foliosen of passen go	DRIVER	AS ABOUR	(MALE / FEMALE	1
(Including driver)		112 122	CONTACT:	
(15	b)NRIC/FIN/PASSPORT:_ c)ADDRESS:			
	CIADORESS.			
	IF NO, RELATIONSHIP	OYEE OF THE INSUF OF THE DRIVER WITH	QIHERS_	2
	b)ROAD SURFACE: (DRY	/ WET / OTHERS		
6. 7.	WAS ANYBODY INJURED O REPORTED TO POLICE IF YES, PLEASE STATE W	(YES) NO) HICH POLICE STATION	N: Traffic Police HC	
the of passenger	a) VEHICLE NUMBER:	FBK40412	PAO ADMAY	_
(including driver)	o) NRIC/FIN/PASSPOR	58600838F	CONTACT: 124 8 472	4
(1)	THIRD PARTY VEHICLE			- 0
X X	d) VEHICLE NUMBER:_		MODEL:	_
t lie of prosender Clarely ding elebrar	DRIVER'S NAME:		CONTACT	
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Place = NIL

VIDEO : WL









eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language Change Password · Log Out " My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 13/04/2018 17:59 Vehicle No. (For Motor) SJR5646R 5earch Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Policy No. Select Product Cover Type Expiry Date GUAN HUI QI ROXANNE 5092729260 59242938E drivo CLASSIC SIR5646R SIR5646R 17/07/2018 GPC 18/07/2017 Continue