

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	08/05/2018 18:45
Date Of Accident	08/04/2018 14:45
Exact Location Of Accident	ALONG UPPER THOMSON ROAD TWDS THOMSON PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ5183L
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	CONTACT@ALORIDE.COM
Mobile Phone No	(LOCAL) +65-87513821
Alternative Phone No	OFFICE-93881120

Vehicle Particulars

Manufacturer	HONDA
Model	CB400F2V
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085645204-01
Cover Note Number	

Driver

Name of Driver	HONG SEE SIANG (FANG QIXIANG)
NRIC No	S9134601Z
Date Of Birth	19/09/1991
Occupation	INDOOR
Date Of Driving Pass	26/05/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87513821
Fax Number	
Contact Number	OTHERS-93881120
Email Address	CONTACT@ALORIDE.COM

Address	BLK 116 YISHUN RING ROAD #06-651
Postcode	760116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	UNKNOWN
Road Surface	UNKNOWN

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	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20180507/7009 (COLLISION TYPE UNKNOWN RIDER MIA)

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	SKK4937Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:

N/A SIGNATURE RIDER MIA

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

Reporting Centre Person's Signature
Name:
NRIC/FIN No:

08/05/2018
ROSLI WAHAB

SKETCH PLAN

UNKNOWN RIDER
MIA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
E/20180507/7009

DECLARATION

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



Policyholder's Signature
Date & Time:

NO SIGNATURE RIDER MIA

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

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

08/05/2018
Rishi Kumar



**SINGAPORE
POLICE FORCE**



E/20180507/7009

1 of 2

POLICE REPORT (NP299)

Report No. E/20180507/7009

Police Station Of Origin
Tanglin Police Divisional HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 07/05/2018 12:15	Vide Report No.	Station Diary No.
Name Of Informant TRINH MINH PHUC	Address APT BLK 60 ZION ROAD #06-02 ZENITH SINGAPORE 247785	
ID Type / ID No. FIN NO / G5431908N	Contact No. Home/Office:	Mobile: 93881120
Nationality VIETNAMESE	Email Address ptrinh18@gmail.com	
Occupation Software developer	Sex Male	Age 30
Institution/School Name	Language English	Date of Birth 18/03/1988
Date/Time Of Incident 08/04/2018 00:00 - 08/04/2018 00:00	Race Kinh	Location Of Incident APT BLK 60 ZION ROAD #06-02 ZENITH SINGAPORE 247785

Brief details.

I am Trinh Minh Phuc - the director of Aloride Pte. Ltd. - a motorbike rental company in Singapore.

One of our customer (Hong See Siang - S9134601Z) who rented our vehicle FQ5183L got into an accident on 8/4/2018 with another car vehicle SKK4937H.

This customer is not responding to our requests to pay for the damages, and is not making any

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: 07/05/2018 12:15
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



E/20180507/7009

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180507/7009

accident/police report about the incident.

As required by NTUC Income, we need to make this police report in order for them to handle the claim. Please also help to trace back to this customer if possible, since this might fall into a Criminal Breach of Trust case. Thank you!

Subjects Involved			
Suspect			
Person Name	Hong See Siang		
ID Type	NRIC NO	ID No	S9134601Z
Gender	Male	Address Type	HDB / HUDC
Address	APT BLK 116 Yishun Ring Road #06-651 SINGAPORE 760116		Home/Office No 87513821

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

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

Date/Time:
07/05/2018 12:15

Classification Of Case:

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/0990789

Policy No.	5085645204-01	Vehicle No.	FQ5183L	GST Registration No.	
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC	201629994W
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KFR	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	17/04/2018 18:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	09/04/2018	Time of Accident hh:mm	14:45	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UPPER THOMSON ROAD TWOS THOMSON PLAZA				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	60 ZION ROAD	Address 2	406-12 ZENITH	Address 3	SINGAPORE 247785
Address 4		Address Type	Singapore address	Post Code	247785
Unit No.	04-08	Related Policy Number	3085645204-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 [New](#)

Claim Type *	DD-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	201629994W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FQ5183L	TP Vehicle Number	SKK4537Z
Claim Description	FQ5183L / SKK4537Z ON 8 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/05/2018 00:00
Date Registered	08/05/2018 19:33	Claim Close Date			
Report Taken By	POSLI WAHAB				

Print All letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/0990789	Claim No.	002
Last Doc. Received	Yes No	Upload Date	09/05/2018 19:12

Path *	Category *	Confidential	Urgency *	Description *
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 08 May 2018 19:12	Photos	Normal	Photos 2018-5-8		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 19:12	Photos	Normal	Photos 2018-5-8		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 19:11	Photos	Normal	Photos 2018-5-8		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 May 2018 19:11	Photos	Normal	Photos 2018-5-8		Edit

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2455701&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&readAllBox=1&cl>

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

FQ5183L

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5085645204-01	ALORIDE PTE. LTD.	201629994W	GFT	Third Party	FQ5183L	FQ5183L	13/03/2018	25/04/2018