

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	12/05/2018 14:58
Date Of Accident	11/05/2018 17:00
Exact Location Of Accident	ALONG JALAN BUKIT HO SWEE (INFRONT OF PSB ACADEMY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9357E
Insured/Policyholder	
Name Of Registered Owner	HO ZHI QUAN
NRIC No	S9438766C
Email Address	ZHIQUANHO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98185874
Alternative Phone No	OTHERS-98185874

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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	5098558818
Cover Note Number	

Driver

Name of Driver	HO ZHI QUAN
NRIC No	S9438766C
Date Of Birth	16/10/1984
Occupation	INDOOR
Date Of Driving Pass	16/07/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98185874
Fax Number	
Contact Number	OTHERS-98185874
Email Address	ZHIQUANHO@GMAIL.COM

Address	BLK 572B PASIR RIS STREET 51 #10-727
Postcode	512527
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	
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 TO POLICE REPORT T/20180512/2082

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ8461E
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SOON ENG
NRIC/Passport Number	S1125712G
Contact Number	97367373
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

Sketch Plan

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) investigating the accident and/or my claims;
 - (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iii) 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
 - (iv) 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: 12/05/18

03:01pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

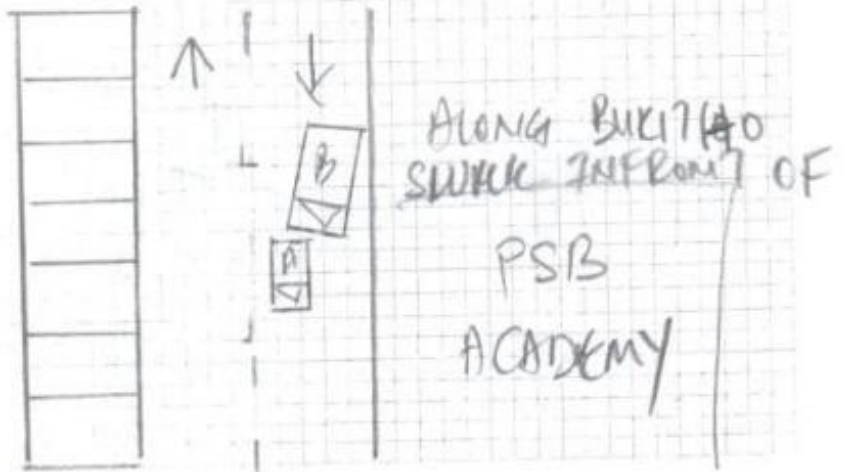
Name:

NRIC/ID No:

Sketch Plan #2

SKETCH PLAN

A) FBK9357E
B) SG28461E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20180512/2082*

DECLARATION

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

Policyholder's Signature

Date & Time: 12/05/18
03.01pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: [Signature]



**SINGAPORE
POLICE FORCE**



T/20180512/2082

1 of 2

POLICE REPORT (NP299)

Report No. T/20180512/2082

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

Date/Time Report Made 12/05/2018 14:28	Vide Report No.	Station Diary No.
Name Of Informant HO ZHI QUAN	Address 527B PASIR RIS ST 51 #10-727 SINGAPORE 512527	
ID Type / ID No. NRIC NO / S9438766C	Contact No. Home/Office	Mobile 98185874
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ADMIN	Sex Male	Age 23
Institution/School Name	Date of Birth 16/10/1994	Race Chinese
Date/Time Of Incident 11/05/2018 17:00 - 11/05/2018 17:00	Location Of Incident JALAN BUKIT HO SWEE SINGAPORE	

Brief details.

I WAS TRAVELLING ON JALAN BUKIT HO SWEE AND GAVE WAY TO PEDESTRIANS CROSSING BEFORE I CONTINUED MY JOURNEY. THERE WAS A CAR STATIONARY INFRONT OF PSB ACADEMY WITH HIS RIGHT TURN SIGNAL ON. I WAS BESIDE THE CAR WHEN I SAW THE DRIVER OF THE CAR ENGAGING THE BRAKES SO I PROCEEDED FORWARD. RIGHT WHEN I WAS ABOUT TO PASS HER, SHE TURNED RIGHT INTO ME.

THE DRIVERS CONTACTS:

Signature Of Officer Recording The Report: TP / MUHAMMAD SYUKRI BIN ABU BAKAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2018 14:28
Officer In-Charge Of Case: TP / Traffic Police Division HQ / Sr Staff Sgt MARY LEE YONG KWEE Contact No.: 65476385	Classification Of Case:
Authentication Stamp 	



**SINGAPORE
POLICE FORCE**



T/20180512/2082

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20180512/2082

97367373

TAN SOON ENG

S1125712G

VEHICLE PLATE NUMBER: SGZ8461E

Signature Of Officer Recording The Report:

TP / MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

TP / Traffic Police Division HQ /
Sr Staff Sgt MARY LEE YONG KWEE
Contact No.: 65476385

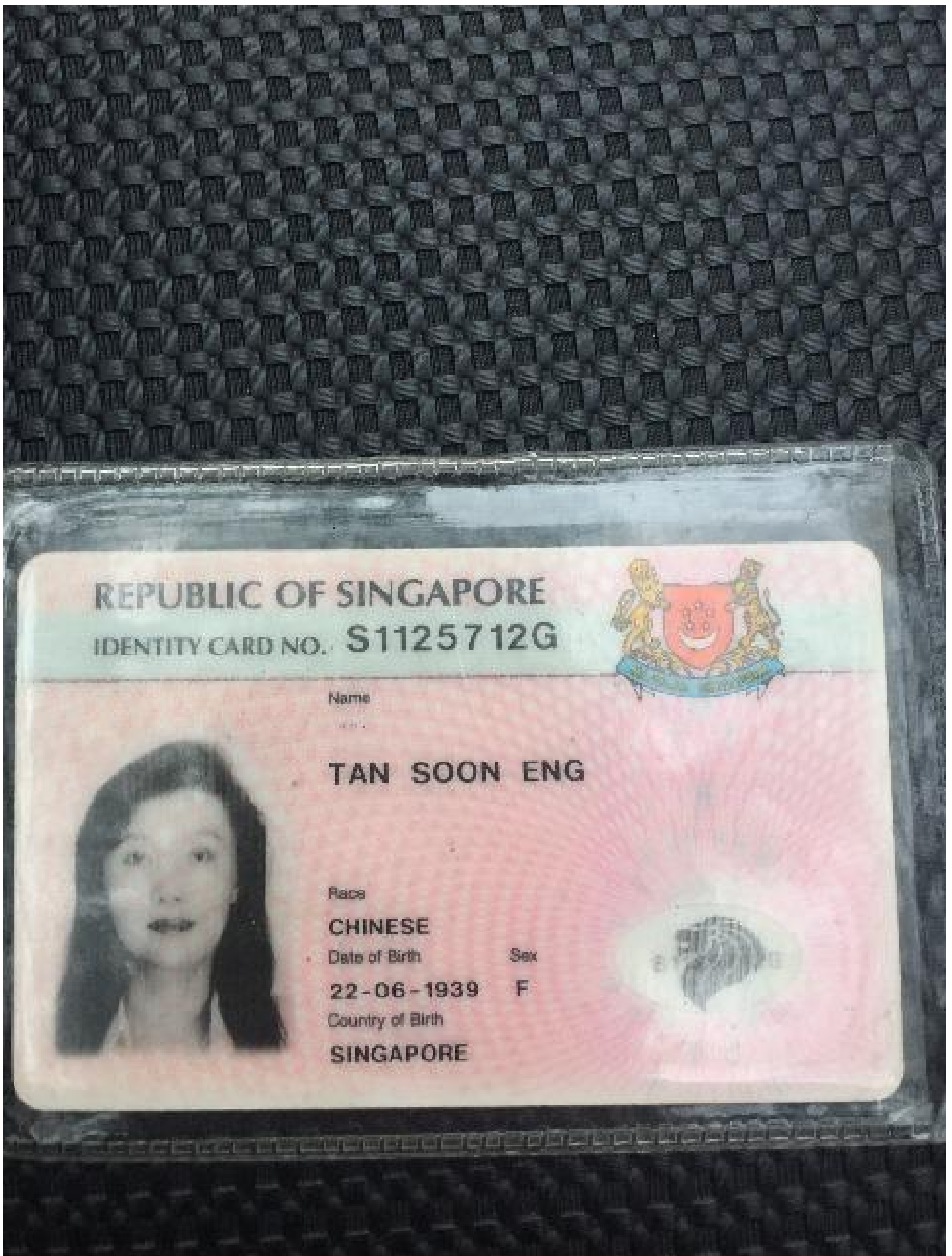
Authentication Stamp

Signature Of Informant:

Date/Time:

12/05/2018 14:28

Classification Of Case:



Accident Photo



Accident Photo



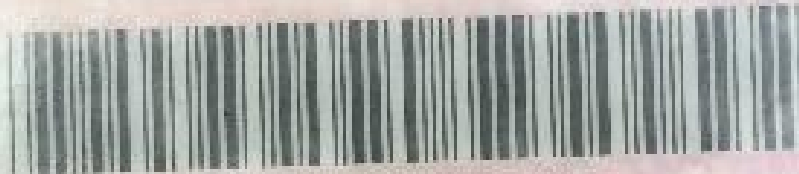
Accident Photo



Accident Photo



0 0 5 4 5 2 4



NRIC No. **S1125712G**

Blood Group

Date of Issue

O+

22-08-1991

Address

**APT BLK 239 BISHAN STREET 22
#07-208
SINGAPORE 2057**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118061926 Vehicle Registration No : FBK 9357E
Name (as shown in NRIC) : HO ZHI QUANY NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98185874
Email Address : _____
Date of Accident : 11/05/2018 Time of Accident : 17:00
Place of Accident : ALONG JALAN BUKIT HO SUKHA INFANTRY OF PSB ACADEMY
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURANCE COVERAGE SHOULD BE THIRD PARTY FIRE & THEFT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafiq Ghouse
NRIC/FIN No: _____
Date: 12/05/2018