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 consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	02/06/2018 10:36
Date Of Accident	25/04/2018 08:50
Exact Location Of Accident	PUNGGOL WAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XB9969B
Insured/Policyholder	
Name Of Registered Owner	ONG PANG PUN
NRIC No	S1428637C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90013311
Alternative Phone No	OTHERS-90013311
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071850671-02
Cover Note Number	
Driver	
Name of Driver	ONG PANG PUN
NRIC No	S1428637C
Date Of Birth	06/09/1960

Occupation **OUTDOOR Date Of Driving Pass** 30/09/1993

Driving Experience 24 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90013311

Fax Number

Contact Number OTHERS-90013311

EMail Address NOEMAIL

BLK 522C TAMPINES CENTRAL 7 Address

#13-33

Postcode 523522

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

COLLISION - HEAD TO REAR Type Of Accident

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C, POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180602/2019

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBB1828M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **MOTORCYCLE**

Name of Driver **FAZRIE**

NRIC/Passport Number

Contact Number 92472313

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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)
 - 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 Senature Date & Time:

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

Name: NRIC/FIN No :

Accident Sketch Plan

KETCH PLAN				
		000	PUNG	FOL WAY
		1		
A-X	B 9969B	+ -		
B-F	B 9969B BB 1828m			~
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		0-014	= -	
		THE PARTY IN		
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT			
Pls repr to	the police	report	1:7/2018	0602/2019
0		-		
		alle esserie		
LARATION				
declare the foregoing particular	s are true in every respect.			
0 /			0	
AL 2/1/8			ofym	02/06/18
yholder's Signature	Driver's Signature		Reporting Control	Personnel's Signature
& Time	(If driver is not the policyhol Date & Time:	der)	Name: NRIC/FIN No	eraonner a agnature

Individual Statement





Police Station Of Origin:

Report No. T/20180602/2019

2 of 3

Tampines N.P.C. 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CON	IINUA	HON	OF	REPORT	

Details of V	ehicle Insurance			
THE PARTY OF THE P	Insurance Company	Insurance No	Effective	I
	NITUO I	BOOK OF THE PARTY	Ellective	Expiry Date
7150005	NTUC Income Insurance Co-Operative Limited	5071850671-02	23/06/2017	22/06/2018

Brief Details.

On the 25/04/2018 at about 0850hrs, I was driving along Punggol Way in my vehicle bearing the plate number XB9969B. I was driving at the most left lane at that point of time.

Subsequently there was a traffic light that turned red and as such I stopped my vehicle. I did not saw any motorcycles in front of me at that point of time.

When the traffic light turned green, as I was moving slowly and picking up speed, I realised that I had collided with the rear of one motorcycle bearing the plate number FBB1828M. The rider then fell down from the Collison. Both vehicles had sustained some damages from the collision. No one was injured at that point of time. I wished to state that my lorry does not have any in-car camera.

I then agreed to settle this matter privately with him and I had paid him the cost of the damages.



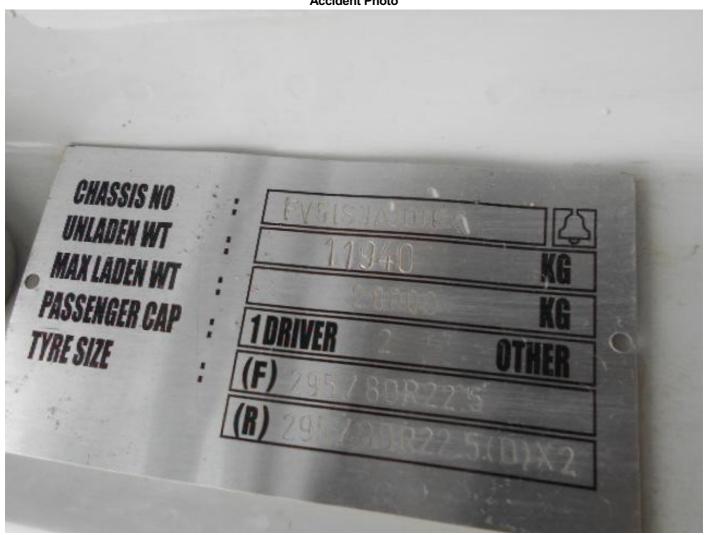












Police Report





1 of 3

Report No. T/20180602/2019

Police Station Of Origin: Tampines N.P.C 8 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT	DE A TRAFFI	ACCIDENT:		
Date/Time Report Made: 02/06/2018 09:21		Aade:	Vide Report No.:	Station Diary No.: 27
Informa	nt's Partic	ulars	THE PROPERTY OF	
	f Informant NG PUN		Address APT BLK 522C TAMPINES C 523522	ENTRAL 7 #13-33 SINGAPORE
ID Type / ID No.: NRIC NO / S1428637C		37C	Contact No.: Home/Office:	Mobile: 90013311
National SINGAP	ity: ORE CITIZ	EN .	Email:	
Sex: Male	Age: 57	Date of Birth: 06/09/1960	Type of Informant. Driver	
Race Chinese			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information. Class: 3,4,5	Date of Expiry

Type of Acadent:	Non-injury Others	Drink Drive: No	Date/Time of Accident 25/04/2018 08:50	Type of Location Straight Road
Location: Along Road 1 PUNGGOL W Weather: Clear	JAY	Road Surface.		Road Speed Limit:
Traffic Flow: Tra		Traffic Control: Not Controlled	177	Traffic Volume: Heavy
Two Way		1 1 Trace Service and Security Service		

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge:
FBB1828M	Motorcycle	0.2-0894222	lula izes		Slightly Damaged	0
XB9989B	Lorry	MITSUBISHI	FUSO FV51SJD2D FA	White	Slightly Damaged	0

Details of V	ehicle Insurance			DESCRIPTION OF THE PERSON
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20180902/2019

CONTINUATION OF REPORT

Company of the Compan	ehicle Insurance			SECTION AL
	Insurance Company	Insurance No	Effective	Expiry Date
XB9969B	NTUC Income Insurance Co-Operative Limited	5071850671-02	23/06/2017	22/06/2018

Brief Details.

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Police Report

CONTINUATION OF REPORT





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No; 1800-5871999 3:01-3 Report No. T/20180602/2019

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G /	1
Sgt 2 MOHAMAD IZWAN BIN MOHAMAD ISHAK	
Signature Of Interpreter:	
Not applicable	
Officer In Charge Of Case:	
E.S. S.	
Staff Sgt TANG SIEW PING	
Staff Sgt TANG SIEW PING	

Signature Of In	nformant: Z	
Date/Time: 02/06/2018 09	21	
Classification (de .	
-	SHANANJAR	