

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 | 06/06/2018 15:52 |
| Date Of Accident | 01/06/2018 10:00 |
| Exact Location Of Accident | BUKIT TIMAH RD OUTSIDE NO 73 BUKIT TIMAH RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FV5701R |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN KIM SENG |
| NRIC No | S2502466D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93811808 |
| Alternative Phone No | OFFICE-93811808 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | HONDA |
| Model | TA200-197CC PHANTOM (M) |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNMC2018-00000879 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN KIM SENG |
| NRIC No | S2502466D |
| Date Of Birth | 10/09/1955 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/09/1982 |
| Driving Experience | 35 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93811808 |
| Fax Number | |
| Contact Number | OFFICE-93811808 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | 572B WOODLANDS AVE 1 #09-836 S732572 |
| Postcode | |
| 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 | DRIZZLING |
| Road Surface | WET |

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? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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 | BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2448999 - FAX NO: 62446558 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT

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

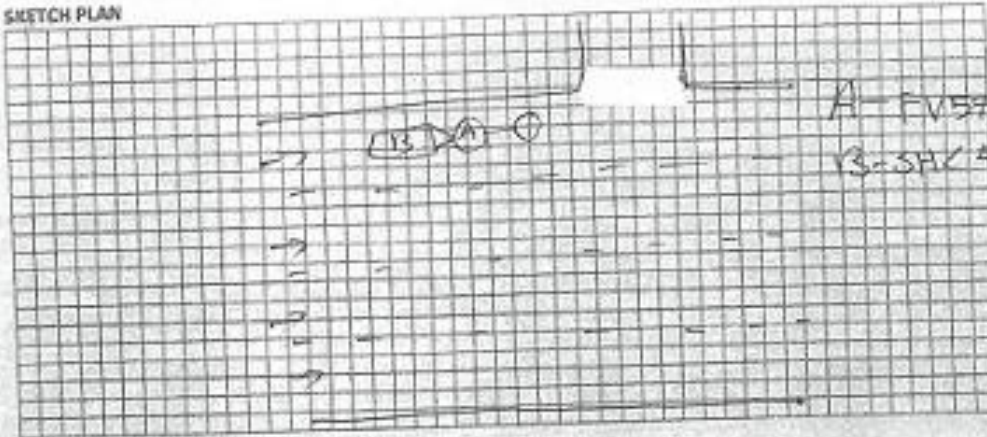
| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC4197D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|--------------|
| Name | TAN KIM SENG |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | FV5701R |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report
T/20120601/2028

DECLARATION

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

Policyholder's Signature
Date & Time:

SHRMC SketchPlanForm_V3

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

Reporting Centre Name:
NRIC/TIN No.:



Sketch Plan #2


SKETCH PLAN

IMPORTANT NOTICE

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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)

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 Person in Charge
Name:
NRIC/FIN No.:



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 489045
Tel No: 1800-2446989



1/20180001/2005

2 of 3

Report No: 1/20180001/2005

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|---|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: Nil | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN KIM SENG | ID No | S2502465D |
| Related Vehicle | FV5701R (Motorcycle) | Contact No | 93811838 |
| Hospital/Clinic | RAFFLES MEDICAL | Class of Driving Licence & Expiry Date | Class: 2B, 2A, 3 Date of Expiry: NIL |
| Date Treatment | 01/08/2018 | Date Discharge | 01/08/2018 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |

Brief Details.

On 01/08/2018 at around 1000hrs I was travelling along Bukit Timah Road on the extreme left lane on the 4 lane road on my motorcycle. I signal left and was about to turn into the carpark of the building No. 73 Bukit Timah Road (Rex House Building) when a taxi came from the rear and collided right into the rear of my motorcycle.

I fell onto my right side upon impact, but I managed to pick myself up and check on my injuries. I suffered abrasion on my right leg and a stiff neck. I later called for an ambulance. I was later conveyed to Raffles Medical Hospital for further medical treatment.

The traffic police were at scene and took down my particulars before the ambulance left for the hospital. I was not able to get the particulars of the taxi driver as I am in pain.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 462045
Tel No: 1800-2448899



T7201509112058

3 of 3

Report No. T7201509112058

CONTINUATION OF REPORT

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 65474965 stating the report number as reference.

Signature Of Officer Recording The Report

G/
Sr Staff Sgt LEE SHUWEI

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
TP / SIT /

Contact No.

Authentication Stamp

Signature Of Informant.

Date/Time:
01/06/2018 15:58

Classification Of Case.

Police Report



**SINGAPORE
POLICE FORCE**



T201006012000

1 of 3

Police Station Of Origin:
Badok South N.P.O
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2446993

Report No: T201006012000

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|------------------------------|--------------------------|----------------------------|
| Date/Time Report Made: 01/06/2018 13:58 | | Vice Report No.: | | Station Diary No.: 37 | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN KIM SENG | | Address: APT BLK 572B WOODLANDS AVE 1 #09-636 SINGAPORE 732572 | | | |
| ID Type / ID No.: NRIC NO / S2502486D | | Contact No.: Home/Office: | | Mobile: 83811808 | |
| Nationality: SINGAPORE CITIZEN | | Email: | | | |
| Sex: Male | Age: 62 | Date of Birth: 10/09/1955 | Type of Informant: Driver | | Institution / School Name: |
| Race: Chinese | Language: | | | | |
| Occupation: Carpenter | | Driving Licence Information: Class: 2B 2A 3 | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|------------------------------|--|--|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 01/06/2018 10:00 | Type of Location: Straight Road |
| Location: Along Road 1 BUKIT TIMAH ROAD | | | | |
| Outside No.73 Bukit Timah Road | | Road Surface: Wet | Road Speed Limit: | |
| Weather: Drizzling | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Traffic Flow: Dual Carriage Way | | Type of Collision: Between Moving Vehicles - Head To Side | | |
| | | Anyone conveyed by ambulance: No | | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------|-------|------------------|-----------------|
| FV5701R | Motorcycle | HONDA | TA200 | Black | Totally Damaged | 0 |
| SHC4187D | Taxi | TOYOTA | Pris | Red | Slightly Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------|-------------------|------------|-------------|
| FV5701R | TWD Singapore Pte. Ltd | PNMC2018-00000879 | 05/03/2018 | 04/03/2019 |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

