

## 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	11/06/2018 17:53
Date Of Accident	09/06/2018 18:00
Exact Location Of Accident	ALONG MARINE PARADE RD INFRONT MARINE BLUE CONDO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5639E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THEE GHEE PIAU
NRIC No	S8264779A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91143025
Alternative Phone No	OFFICE-91143025

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZG1400A
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM000000284-01-000
Cover Note Number	

### Driver

Name of Driver	TAN CHUN SENG
NRIC No	S7442146F
Date Of Birth	26/12/1974
Occupation	INDOOR
Date Of Driving Pass	28/04/1998
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91143025
Fax Number	
Contact Number	OFFICE-91143025
Email Address	NOEMAIL

Address	BLK 117 LORONG 1 TOA PAYOH #06-395
Postcode	310117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	YES
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)	2
Passenger 1	NAME: : NGUYEN THANH THAO GENDER: : FEMALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180610/7003.

#### 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	SJD4996K
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  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NGUYEN THANH THAO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD5639E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	TAN CHUN SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD5639E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

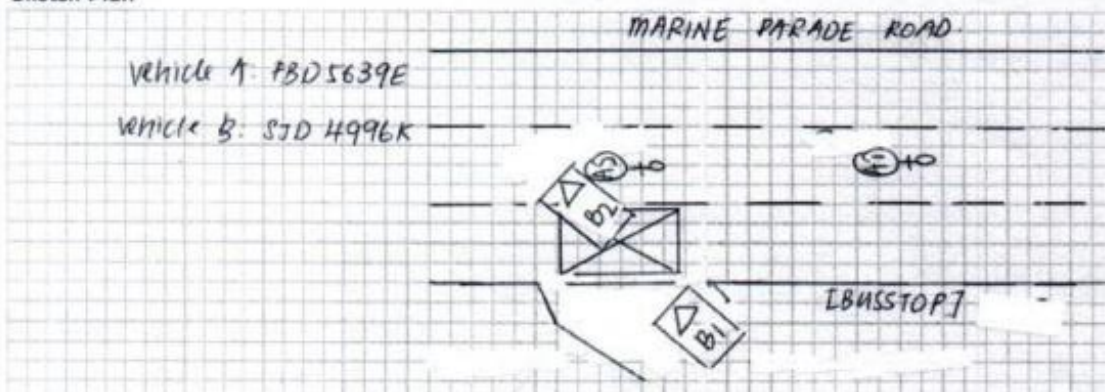
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Accident Sketch Plan

Describe Circumstances of the Accident

Refer to Polling Report.

### Declaration

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

Witnessed by Reporting Centre  
Personnel



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180610/7003

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No. T/20180610/7003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2018 13:02		Vide Report No.: G/20180609/0207		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN CHUN SENG			Address: APT BLK 117 LORONG 1 TOA PAYOH #06-395 SINGAPORE 310117		
ID Type / ID No.: NRIC NO / S7442146F			Contact No.: Home/Office: Mobile: 91143025		
Nationality: SINGAPORE CITIZEN			Email: seng3025@hotmail.com		
Sex: Male	Age: 43	Date of Birth: 26/12/1974	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CRANE OPERATOR			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/06/2018 18:00	Type of Location: Straight Road
Location:  MARINE PARADE ROAD  ALONG MARINE PARADE ROAD, IN FRONT OF MARINE BLUE CONDO				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5639E	Motorcycle	KAWASAKI			Seriously Damaged	2
SJD4996K	Car	HONDA			Seriously Damaged	2

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180610/7003

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

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Report No. T/20180610/7003

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	TAN CHUN SENG		ID No. S7442146F
Related Vehicle	FBD5639E (Motorcycle)		Contact No. 91143025
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2018	Date Discharge	09/06/2018
No. of Days granted Medical Leave	19	Degree of Injury	Serious
<b>Pillion</b>			
Name	NGUYEN THANH THAO		ID No. S8364292J
Related Vehicle	FBD5639E (Motorcycle)		Contact No. 97991822
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2018	Date Discharge	09/06/2018
No. of Days granted Medical Leave	19	Degree of Injury	Serious

### Brief Details.

ON 09/06/2018 AT ABOUT 18:00HR, I WAS RIDING MY MOTORBIKE - FBD5639E, WITH MY WIFE AS THE PILLION ALONG MARINE PARADE ROAD. JUST IN FRONT OF MARINE BLUE CONDO, SUDDENLY VEHICLE NUMBER - SJD4996K, TURN OUT FROM THE FILTER LANE AND COLLIDED ONTO MY MOTORBIKE. I WISH TO STATE THAT BEFORE THE YELLOW BOX, WHERE SJD4996K TURNED OUT FROM, THERE WAS A STOP LINE. MY MOTORBIKE WAS THREW FORWARD AND WE SKIDDED FOR A COUPLE OF METRES. MY WIFE & I SUSTAINED BODILY INJURIES & SHE WAS SUBSEQUENTLY CONVEYED TO THE HOSPITAL.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180610/7003

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

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Report No. T/20180610/7003

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Authentication Stamp  
NP168

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

Date/Time:  
10/06/2018 13:02

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

