

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	12/06/2018 16:11
Date Of Accident	01/06/2018 08:00
Exact Location Of Accident	JUNC ADMIRALTY RD WEST & CANBERRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG245A
Insured/Policyholder	
Name Of Registered Owner	CASSAIGNEAU ALEXANDRE FREDERIC MARC
Passport No/FIN	G3173691P
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88761257
Alternative Phone No	OFFICE-88761257

Vehicle Particulars

Manufacturer	PIAGGIO
Model	MP3 400 I.E.
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
Fleet Policy	NO
Policy Number	5080445286-01
Cover Note Number	

Driver

Name of Driver	CASSAIGNEAU ALEXANDRE FREDERIC MARC
Passport No/FIN	G3173691P
Date Of Birth	23/08/1979
Occupation	INDOOR
Date Of Driving Pass	16/06/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88761257
Fax Number	
Contact Number	OFFICE-88761257
Email Address	NOEMAIL

Address	5 FARLEIGH AVENUE
Postcode	557797
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 - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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?	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	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180604/2084.

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	SLS6391P
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	CASSAIGNEAU ALEXANDRE FREDERIC MARC
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG245A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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) 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:

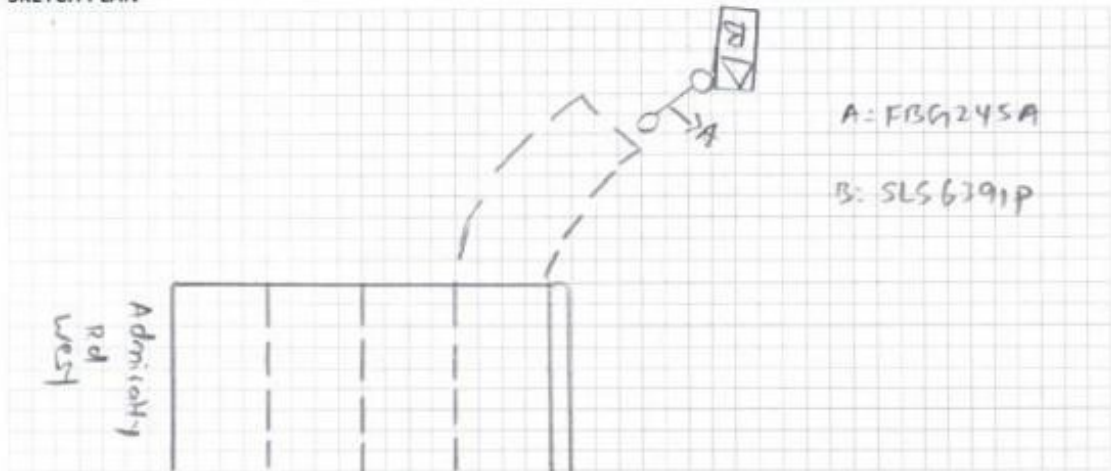
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180604/2084.

[A large diagonal line is drawn across the remaining lines of this section.]

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180604/2084

1 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20180604/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 13:55	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: CASSAIGNEAU ALEXANDRE FREDERIC MARC			Address: 5 FARLEIGH AVENUE SERANGOON GARDEN ESTATE SINGAPORE 557797	
ID Type / ID No.: FIN NO / G3173691P			Contact No.: Home/Office: Mobile: 88761257	
Nationality: FRENCH			Email:	
Sex: Male	Age: 38	Date of Birth: 23/08/1979	Type of Informant: Rider	
Race: Caucasian			Language: English	Institution / School Name:
Occupation: Engineer			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 08:00	Type of Location: X-Junction
Location: Along Road 1 ADMIRALTY ROAD WEST CANBERRA ROAD Admiralty Road West X Canberra Road				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBG245A	Motorcycle	PIAGGIO	MP3 400 I.E.	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG245A	NTUC Income Insurance Co-Operative Limited	5080445286-01	27/05/2017	28/10/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180604/2084

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

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Report No. T/20180604/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CASSAIGNEAU ALEXANDRE FREDERIC MARC	ID No.	G3173691P
Related Vehicle	FBG245A (Motorcycle)	Contact No.	88761257
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	01/06/2018	Date Discharge	02/06/2018
No. of Days granted Medical Leave	16	Degree of Injury	Serious

Brief Details.

On 01/06/2018 @0800hrs, I was riding my motorcycle (FBG245A) along Admiralty Road West. and I was travelling on the extreme right lane It was raining and the road surface was wet. When I reached the junction of Admiralty Road West and Canberra Road, I slowed down and stopped as I wanted to make a right turn to Canberra Road. After ensuring that there is no oncoming traffic, I began to make the turn As I was making the turn, suddenly a white car (unknown registration number) from the opposite direction of Admiralty Road West came and went through the junction and collided onto my motorcycle. The car was travelling on the extreme left lane. Prior to the accident, the vehicles on the second lane and right lane had already stopped. Due to the impact I was thrown off from my motorcycle. I was then conveyed to Khoo Teck Puat Hospital by ambulance. and was warded for a night. I was given 16 days medical leave after being discharged from hospital. I understand that Police did attended to the case.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180604/2084

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

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Report No. T/20180604/2084

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

SI ABDUL RASHID BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/06/2018 13:55

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SN 154

Authentication Stamp
NP168



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo

