

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	28/06/2018 12:52
Date Of Accident	28/06/2018 07:50
Exact Location Of Accident	AYE (TUAS) EXIT 20
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD613M
Insured/Policyholder	
Name Of Registered Owner	SIM CHEE KIONG
NRIC No	S7003544H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97950404
Alternative Phone No	OFFICE-97950404

Vehicle Particulars

Manufacturer	BMW
Model	X6 M AT ABS D/AB 4WD TC 5DR GAS/D SR HUD
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090449090-01
Cover Note Number	

Driver

Name of Driver	SIM CHEE KIONG
NRIC No	S7003544H
Date Of Birth	07/02/1970
Occupation	INDOOR
Date Of Driving Pass	30/01/1993
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97950404
Fax Number	
Contact Number	OFFICE-97950404
E-Mail Address	NOEMAIL

Address	432 JOO CHIAT PLACE
Postcode	428057
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?	YES
Foreign Vehicle Registration Number	JSA8673 (MOTORCYCLE)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO POLICE REPORT - T/20180628/2057.

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	JSA8673
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NELSON MELVIN MALDASS
NRIC/Passport Number	G2611500R
Contact Number	82438601
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180628/2057

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

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Report No. T/20180628/2057

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDD613M	NTUC Income Insurance Co-Operative Limited	5090449090-01	14/06/2018	13/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SIM CHEE KIONG		ID No.	S7003544H
Related Vehicle	NIL		Contact No.	97950404
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Rider				
Name	NELSON MELVIN MALDASS		ID No.	G2611500R
Related Vehicle	NIL		Contact No.	82438601
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

ON THE ABOVE MENTION DATE AND LOCATION @ ABOUT 07.50HRS,

I WAS DRIVING MY CAR (SDD613M) ALONG AYE TWDS TUAS (EXIT 20),THE ROAD CONSIST OF 2 LANES AND I WAS AT THE 1ST LANE FROM THE RIGHT(TURNING LANE)

MY CAR WAS STATIONERY WHEN A BIKE RIDER WAS IN A HIGH SPEED,LOSS HIS CONTROL OF THE BIKE AND COLIDED ON MY CAR,IT WAS A DIRECT HIT FROM BEHIND.

AFTER THE HIT,

I APPROACHED THE RIDER,HE SAID HE WAS SUFFERING FROM PAIN AND NEEDS MEDICAL ATTENTION

I CALLED THE POLICE AND AMBULLANCE.MEANWHILE I TOOK SOME PHOTOGRAPHS OF THE DAMAGED VEHICLE AND EXCHANGED PARTICULARS.

AMBULLANCE ARRIVED @ SCENE AND THE RIDER WAS BROUGHT OVER TO THE NEAREST

Police Report



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Report No. T/20180628/2057

CONTINUATION OF REPORT

HOSPITAL.

I WAS TOLD TO LODGE THE ACCIDENT REPORT AT TRAFFIC HQ

THATS ALL

Police Report



SINGAPORE
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Report No. T/20180628/2057

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: TP / YOGENDRAN S/O RAJASAKARAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant: 
Date/Time: 28/06/2018 11:46
Classification Of Case:  SINGAPORE POLICE FORCE

Signature: 

Accident Photo



Accident Photo



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