

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	29/06/2018 15:09
Date Of Accident	16/06/2018 20:15
Exact Location Of Accident	ALG 61 CHOA CHU KANG LOOP NORTHVALE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9417L
Insured/Policyholder	
Name Of Registered Owner	CHERLY CHAI JING YI
NRIC No	S9530753A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98238066
Alternative Phone No	OFFICE-98238066

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5099235761
Cover Note Number	

Driver

Name of Driver	CHERLY CHAI JING YI
NRIC No	S9530753A
Date Of Birth	05/09/1995
Occupation	INDOOR
Date Of Driving Pass	02/11/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98238066
Fax Number	
Contact Number	OFFICE-98238066
Email Address	NOEMAIL

Address	NIL
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	SIDE SWIPE
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?	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 [OTHER]	JURONG POLICE DIVISIONAL HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to police report no: J/20180618/7006 I am a motorist who was riding straight ahead when I collided into a car turning right into the condominium. The car turned in one sweep motion and I did not have the time or space to react/manuvre as the car was in my entire lane. I could not avoid the collision. I was flung from my bike and landed 2m from the impact on the grass patch. I was conscious and could not feel my right leg. The driver got down from his vehicle to offer water. He then insisted to move his car from the accident scene into the condominium carpark before the traffic police arrived. There are passer-bys who came to assist me in removing my helmet and calling the ambulance but no eye witnesses have come forward. There is a CCTV facing the road belonging to the condominium that might contain footage of the accident. Addition information: Before the site of the incident, approx 50m before the accident site, I was stopped at a zebra crossing as there were 2 pedestrian crossing. I started from 0 speed from this point and collided at approx 40km/hr at the accident site.

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	SKG9172K
Vehicle Make/Model/Colour	MERCEDES BENZ C 180
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	CHERLY CHAI JING YI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBG9417L
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

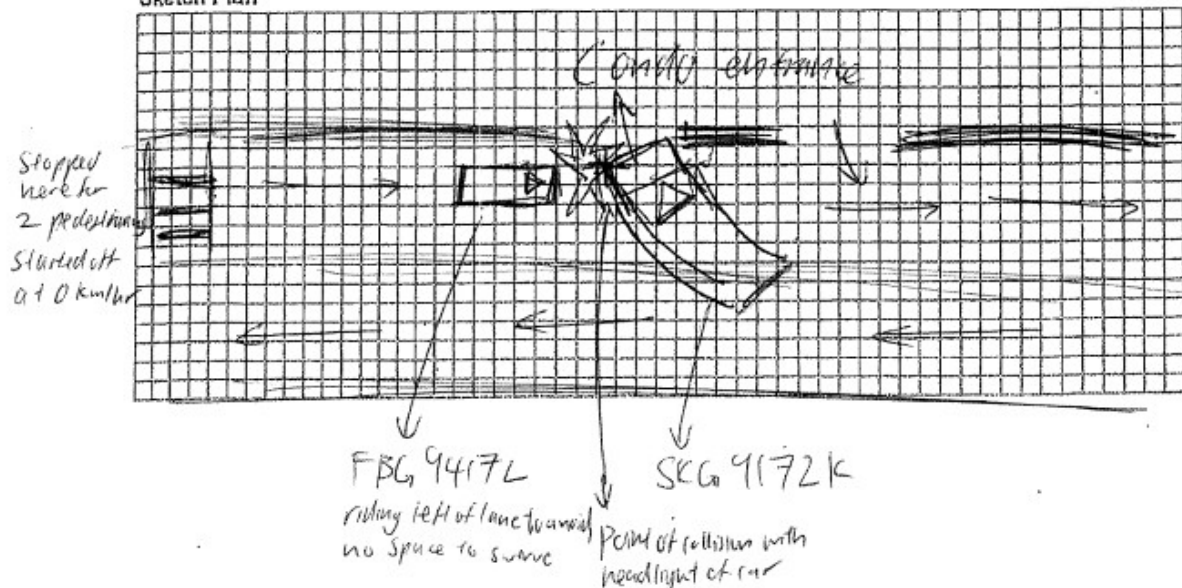
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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' 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.

[Signature] 28/10/18
2105HR
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

Refer to Police Report No. J	20180618	7006 attached
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Declaration

We declare the foregoing particulars are true in every respect.

28106118
2105 HA
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel


SKETCH PLAN

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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.

 28/06/18
2105HR

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.:



**SINGAPORE
POLICE FORCE**



J/20180618/7006

1 of 3

POLICE REPORT (NP299)

Report No. J/20180618/7006

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 18/06/2018 11:43	Vide Report No.	Station Diary No.
Name Of Informant CHERYL CHAI JING YI	Address APT BLK 506 CHOA CHU KANG STREET 51 #12-203 SINGAPORE 680506	
ID Type / ID No. NRIC NO / S9530753A	Contact No. Home/Office: Mobile: 98238066	
Nationality SINGAPORE CITIZEN	Email Address a0131000@u.nus.edu	
Occupation QUALITY SUPPORT ASSISTANT	Sex Female	Age 22
Institution/School Name	Date of Birth 05/09/1995	Race Chinese
Date/Time Of Incident 16/06/2018 20:15	Location Of Incident 61 Choa chu kang loop NORTHVALE SINGAPORE 689688	

Brief details.

I am a motorist who was riding straight ahead when i collided into a car turning right into the condominium. The car turned in one sweep motion and i did not have the time or space to react/manuvre as the car was in my entire lane. I could not avoid the collision. I was flung from my bike and landed 2m from the impact on the grass patch. I was conscious and could not feel my right leg. The driver got down from his vehicle to offer water. He then insisted to move his car from the accident scene into the condominium carpark before the traffic police arrived. There are passer-bys who came to assist me in

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2018 11:43
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20180618/7006

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180618/7006

removing my helmet and calling the ambulance but no eye witnesses have come forward. There is a CCTV facing the road belonging to the condominium that might contain footage of the accident. Additional information: Before the site of the incident, approx 50m before the accident site, i was stopped at a zebra crossing as there were 2 pedestrians crossing. I started from 0 speed from this point and collided at approx 40km/hr at the accident site

Subjects Involved			
Suspect			
Person Name	Check with IO Adeline		
ID Type	OTHERS / Check with IO	Gender	Male
	Adeline		
Age	30-40	Race	African
Victim			
Person Name	CHERYL CHAI JING YI		
ID Type	NRIC NO	ID No	S9530753A
Gender	Female	Age	22
Race	Chinese	Language	English
Occupation	QUALITY SUPPORT ASSISTANT	Address Type	
Address	APT BLK 506 CHOA CHU KANG STREET 51 #12-203 SINGAPORE 680506		Mobile No
			98238066
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

18/06/2018 11:43

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20180618/7006

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180618/7006

Person Name	CHERYL CHAI JING YI (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2018 11:43
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5099235761

Cover : Third Party

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : FBG9417L |
| Chassis Number | : ME121C0DBC2019884 |
| 2. Name of Policyholder | : CHAI JING YI CHERYL |
| 3. Effective Date of Insurance | : 23 Mar 2018 |
| 4. Expiry Date of Insurance | : 22 Mar 2019 |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
 (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: CHERYL CHAI JING YI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DIRECT BUSINESS DEPT (00000600280)

Date of Issue : 22 Mar 2018 23:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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