

## 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             | 16/07/2018 19:08  |
| Date Of Accident           | 13/07/2018 20:30  |
| Exact Location Of Accident | 81 JOO CHIAT ROAD |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FD3488P               |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | TAN SEOW CHEW         |
| NRIC No                     | S0025117H             |
| Email Address               | EDWARDTFR92@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-97433119  |
| Alternative Phone No        | OTHERS-97433119       |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | YAMAHA          |
| Model  | RX115-115CC (M) |
| 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             | 5000177743-13                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN FOO RONG ,EDWARD  |
| NRIC No              | S9212611J             |
| Date Of Birth        | 16/04/1992            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 22/02/2012            |
| Driving Experience   | 6 YEARS AND 4 MONTHS  |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97433119  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97433119       |
| Email Address        | EDWARDTFR92@GMAIL.COM |

|   |                                |
|---|--------------------------------|
| Address   | BLK 16 TAMAN HO SWEE<br>#09-21 |
| Postcode  | 163016                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | CHILDREN                       |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                    |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                    |

#### 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?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | NO  |
| 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)   | 1   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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         | SKM7648L                   |
| Vehicle Make/Model/Colour           |                            |
| Details Of Properties               |                            |
| Vehicle Category                    | PRIVATE CAR                |
| Name of Driver                      | MUHAMMAD NABIL BIN AFFANDI |
| NRIC/Passport Number                | S9107687Z                  |
| Contact Number                      | 82584858                   |
| Address                             |                            |
| Postcode                            |                            |
| Insurance Company Name              |                            |
| Nature Of Damage                    |                            |
| No. Of Passenger (Including Driver) |                            |

## Sketch Plan

### SKETCH PLAN

#### 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 liability.
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. 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: 16/7/2018

5:17PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines, intended for describing the circumstances of the accident. It contains a handwritten note "REFER 2 ATTACHMENT 7" in blue ink, slanted diagonally from the bottom-left towards the top-right.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 16/7/2018 5:17PM

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

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

### Sketch Plan #3

#### Accident Report –

**Between FD 3488 P & SKM 7648 L @ 81 Joo Chiat Road on  
13/07/2018, 2030 HRS**

Report:

On 13<sup>th</sup> July 2018, Friday, at around 2020hrs to 2030hrs, I was riding my motorcycle (FD 3488 P) along Joo Chiat Road and I noticed a sand-carrying truck exiting from Joo Chiat Terrace, I begin to slow down and cautiously observe the truck. As the truck driver had surpassed the stop line, I began to slow down and stop carefully.

Vehicle number SKM 7648 L crashed into my vehicle's rear at 81 Joo Chiat Road. My (damage parts of FD 3488 P)\* was damaged from the crash. Vehicle number, SKM 7648 L, was driven by MUHAMMAD NABIL BIN AFFANDI, IC number S9107687Z. He tailgated and failed to stay with a safety distance of a car's length which resulted in the crash.

I have sustained no injuries from the crash as it was just a light bump.

\*Damaged parts of FD 3488P:

- Rear Mudguard
- License Plate

Map of incident



*16/07/2018*  
*Roshi WATARS*



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418091885 Vehicle Registration No: FD3488P  
Name (as shown in NRIC) : Tan Siew Chuan NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97433119  
Email Address : \_\_\_\_\_  
Date of Accident : 13/07/2018 Time of Accident : 20:30  
Place of Accident : 81 Joo Chuan Road  
Insurance Company : NIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS TO EDWARD.TFR92@GMAIL.COM

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Resli Winters  
NRIC/FIN No.: \_\_\_\_\_  
Date: 17/07/2018



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel: (65) 6224 0010 Fax: (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S865500200 / GST Reg. No.: M400017733

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMAV1809185-01 Vehicle Registration No: FO 3488P  
Name (as shown in NRIC): TAN FOO KONG, EDWARD NRIC/FIN/Passport No: S9212611J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 97483119

Email Address: \_\_\_\_\_

Date of Accident: 13/07/2018 Time of Accident: 20:30

Place of Accident: 81, JOO ATHER ROAD

Insurance Company: MVIC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① ~~INSURED~~ INSURED 1/C NUMBER SHOULD BE S0025117H
- ② ~~RIKKE NAME~~ RIKKE NAME SHOULD BE TAN FOO KONG, EDWARD
- ③ ~~RELATION~~ RELATION SHOULD BE FATHER & SON

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rishi  
NRIC/FIN: 26107600  
Date:



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UENI: S665500200 / GST Reg. No.: M42001735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : INA 418091885-02 Vehicle Registration No: FD 3488P  
Name (as shown in NRIC) : TAN SEOW CHEW NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver Vehicle Owner) (\*) Please delete as appropriate  
Address : B1K 16 TAMAN HO SWEE #09-21 Singapore: 163016  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97433119  
Email Address : edwardtfi92@gmail.com  
Date of Accident : 13/07/2018 Time of Accident : 20:30  
Place of Accident : 81 JOO CHIAT ROAD  
Insurance Company : NTUC INCOME

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change from Reporting Only to Third Party Claims as Vehicle SKM 7648 L  
Driver: Muhammad Nabil Bin Attandi (IC number S9107687Z) fail to comply  
to Private Settlement.

Policyholder / Driver's Signature

Date: 29/08/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Rafiq Wahid  
29/08/2018