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 witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	16/07/2018 16:08
Date Of Accident	14/07/2018 22:00
Exact Location Of Accident	BKE BEFORE DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN2401Y
Insured/Policyholder	
Name Of Registered Owner	BEW
Co Reg No	53344824K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97568787
Alternative Phone No	OFFICE-97568787
Vehicle Particulars	
Manufacturer	RENAULT
Model	MEGANE SEDAN 1.5 DCI AT EU6
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090705726-01
Cover Note Number	
Driver	

Name of Driver PHUAH MENG FONG

NRIC No S8714989G Date Of Birth 27/05/1987 Occupation **INDOOR** 01/08/2005 **Date Of Driving Pass**

Driving Experience 12 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97568787

Fax Number

Contact Number OFFICE-97568787

EMail Address NOEMAIL Address BLK 116B JALAN TENTERAM

#05-541

Postcode 322116

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? NO
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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WHAMPOA NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2507999 - **FAX NO**: 63554314

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180715/2072.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBM4552E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Accident 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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		
IRE		A: SLNDYOTY B= FBMYSSZE
DESCRIBE CIRCUMSTANCE		
Refer to point	5 Lebort - 1/20180212/2012	
DECLARATION We declare the foregoing par	ticulars are true in every respect.	
olicyholder's Signature iate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name:

Police Report





1 of 3

Report No. T/20180715/2072

POLICE FORCE

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE

Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 16:03	Made:	Vide Report No.: Station Diary 9		
Informa	nt's Partic	ulars		CLASS SAMES LE	
	f Informant: MENG FOI		Address: APT BLK 116B JALAN TENTI 322116	ERAM #05-541 SINGAPORE	
ID Type / ID No.: NRIC NO / S8714989G		89G	Contact No.: Home/Office:	Mobile: 97568787	
National SINGAP	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 27/05/1987	Type of Informant: Driver	22	
Race: Chinese	Race: Chinese		Language: English	Institution / School Name:	
	Occupation: SELF EMPLOYED		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident: Non-Injury Hit and Run Location:		Drink Drive: No	Date/Time of Accident: 14/07/2018 22:00	Type of Location. Straight Road	
Along Road 1 BUKIT TIMAN TOWARDS V	H EXPRESSWAY	DIARY FARM EXIT		Road Speed Limit:	
Weather: Clear		Dry		road opeed Limit.	
1100110		Traffic Control: Not Controlled		Traffic Volume: Moderate	
	sion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	· Condition	No of Passenger
FBM4552E	Motorcycle	HONDA	CB400X MANUAL	White	No Damage	0
SLN2401Y	Car	RENAULT	MEGANE SEDAN 1.5 DCI AT EU6	Black	Slightly Damaged	0

Police Report





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999

Report No. T/20180715/2072

2 of 3

CONTINUATION OF REPORT

Brief Details.

On 14/07/2018 at about 2200hours, I was driving along BKE towards Woodlands on the right most lane when suddenly I felt an impact from the back and saw a motorcycle wobbling by the left rear side of my vehicle. I then realized that he had collided onto my vehicle and slowed down and horned at him to stop by the side. My vehicle's hazard light was also on. However, the rider just kept on riding and was switching lanes, I followed him for awhile and told him to stop. We then both moved to the left most lane and slowed down my vehicle to a stop however the rider went on ahead without actually stopping. The rider ignored my calls out to him throughout. I wish to inform that I was not injured. My vehicle's rear left side has a dent and some scratches, the rear left tail lamp was also cracked. I am lodging this report for investigation purposes.

Police Report





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999 3 of 3 Report No. T/20180715/2072

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 E / Sgt 3 LEONG KAH WAI, CLE	-	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 15/07/2018 16:03
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	3	Classification Of Case:
Authentication Stamp NP168		
	· SIG	NATURE *

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INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile	(Business) of BE	EW (53344824K)			Date: 30/03/2017		
The Following Are 1	The Brief Particulars	of:					
Name of Business	ame of Business						
Former Name(s) if ar	ny	‡					
Date of Change of Na	ame	t					
Registration No.		53344824K					
Registration Date		29/08/2016					
Commencement Date	e	30/08/2016					
Status of Business		Live					
Status Date		29/08/2016					
Renewal Date		Į.					
Expiry Date		29/08/2017					
Renewal via GIRO		NO NO	NO				
Constitution of Busin	ess	Sole-Proprietor	Sole-Proprietor				
Principal Place of Business		116B JALAN TENT #05-541 TENTERAM PEAK SINGAPORE (322)					
Date of Change of Ad	ddress						
Principal Activities			SENTENCE MEN	No. of the second			
Activities (I)		PASSENGER LAN	D TRANSPORT N.E.C. (EG	PRIVATE CARS FOR HIRE	WITH OPERATOR		
Description							
Activities (II)							
Description							
Particulars of Author	orised Representative)(s)			ACCORD TABLE		
Name	ID	Nationality	Address	Address Source	Date of Appointment		
Existing Sole-Propr	rietor(s) / Partner(s)						
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position		

Page 1 of 2

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Business Profile (Business) of BEW (53344824K)

Date: 30/03/2017

incorporation/Origin Source	
	osition
PHUAH MENG FONG S8714989G SINGAPORE 116B JALAN TENTERAM OSCARS 3 CITIZEN #05-541	30/08/2016

Withdrawn Partn	er(s)					41576 6
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
	incorporation/On	and porabolit origin		000100	Position	violarawai

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA170330050418

DATE

30/03/2017

This is computer generated. Hence no signature required.

Page 2 of 2



































