

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	19/07/2018 10:30
Date Of Accident	18/07/2018 16:00
Exact Location Of Accident	DEPOT RD INFRT OF CMPB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8138T
Insured/Policyholder	
Name Of Registered Owner	NGUYEN HUU THANH
NRIC No	G3352854Q
Email Address	NGUYENHUUTHANH038@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97881465
Alternative Phone No	OTHERS-97881465

Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5088539294-01
Cover Note Number	

Driver

Name of Driver	NGUYEN HUU THANH
NRIC No	G3352854Q
Date Of Birth	17/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97881465
Fax Number	
Contact Number	OTHERS-97881465
Email Address	NGUYENHUUTHANH038@GMAIL.COM

Address	BLK 122 BEDOK NORTH ST 2 #02-102
Postcode	460122
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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180718-2146

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	SLX8283D
Vehicle Make/Model/Colour	AUDI A6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH ZHI YONG KENNY
NRIC/Passport Number	S8118517D
Contact Number	98338187
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.



Policyholder's Signature
Date & Time:

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

 19/07/18

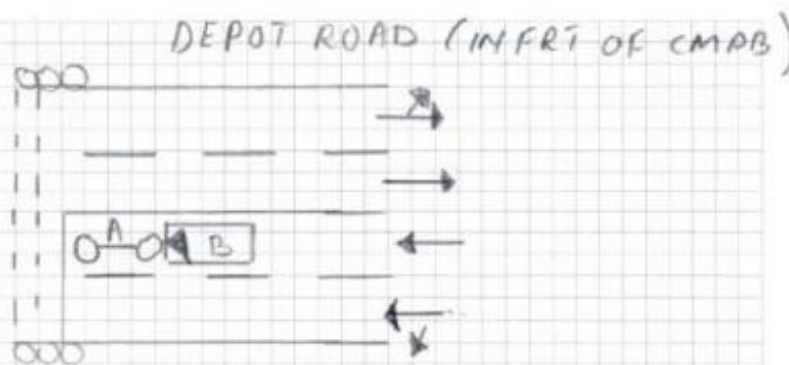
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A-FB48138T

B-54X8283D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180718/2146

DECLARATION

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

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180718/2146

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180718/2146

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NGUYEN HUU THANH	ID No.	G3352854Q
Related Vehicle	FBH8138T (Motorcycle)	Contact No.	97881465
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KOH ZHI YONG, KENNY	ID No.	S8118517D
Related Vehicle	SLX8283D (Car)	Contact No.	98338187
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 18/7/2018 at about 4.00pm, I was riding my white motorcycle (FBH8138T) along Depot Road on lane 1 of a 2 lane road. As I was approaching the junction of CMPB, I came to a stop as it was red light. While stationary, a silver car (SLX8283D) collided onto the rear of my motorcycle. My motorcycle got stuck to the middle divider of the road. I got off my motorcycle to make a check. My rear tail section is seriously damaged with dents and the tail light is broken. The rack for the box is also damaged. The car front right bumper was also dented and the front right headlight damaged. The middle divider reflective pole was also damaged as the impact pushed my motorcycle towards it. There were no injuries to both parties. We exchanged particulars and I am lodging this report for insurance claim purposes.

I wish to state that I am staying at a new address, Blk 122 Bedok North Street 2 #02-102.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/2018071802146

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2448999

Report No: T/2018071802146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 19:55	Video Report No.:	Station Diary No.: 111
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Informant's Particulars

Name of Informant: NGUYEN HUU THANH			Address: APT BLK 623 BEDOK RESERVOIR ROAD #08-1532 SINGAPORE 470623		
ID Type / ID No.: FIN NO / G3352854Q			Contact No.: Home/Office:		

General Information of the Accident

General Information on the Incident				
Type of Accident:	Non-Injury	Drink Driver: No	Date/Time of Accident: 18/07/2018 18:00	Type of Location: T-Junction
Location: Along Road 1 DEPOT ROAD				
In Front of CMPB				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8138T	Motorcycle	HONDA	ANF125M5S A	White	Seriously Damaged	0
SLX8283D	Car	AUDI	A6	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH8138T	NTUC Income Insurance Co-Operative Limited	5088539294-01	13/03/2018	12/03/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180718/2146

2 of 3

Police Station Of Origin:
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 469678
Tel No: 1800-2449898

Report No. T/20180718/2146

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NGUYEN HUU THANH	ID No.	G3352854Q
Related Vehicle	FBH8138T (Motorcycle)	Contact No.	97981465
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KOH ZHI YONG, KENNY	ID No.	S8118517D
Related Vehicle	SLX8283D (Car)	Contact No.	98338187
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.

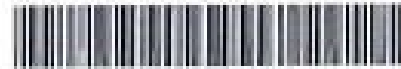
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180718/2146

3 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449889

Report No: T/20180718/2146

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:

G /

Sgt 2 MUHAMMAD SHAHZELEEMI BIN
MOHAMAD DANIEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/07/2018 19:55

Classification Of Case: