

## 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	24/07/2018 17:03
Date Of Accident	17/07/2018 21:45
Exact Location Of Accident	JUNC OF LOR 1 TOA PAYOH & LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4937P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VIOLANO MARCO
NRIC No	G6339650N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91671676
Alternative Phone No	OFFICE-91671676

### Vehicle Particulars

Manufacturer	BMW
Model	C600 SPORT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101256674
Cover Note Number	-

### Driver

Name of Driver	VIOLANO MARCO
NRIC No	G6339650N
Date Of Birth	30/07/1977
Occupation	INDOOR
Date Of Driving Pass	01/10/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91671676
Fax Number	
Contact Number	OFFICE-91671676
Email Address	NOEMAIL

Address	1 CUSCADEN RD
Postcode	249715
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 - CROSS JUNCTION
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SKV5759R
Vehicle Make/Model/Colour	
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	VIOLANO MARCO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK4937P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

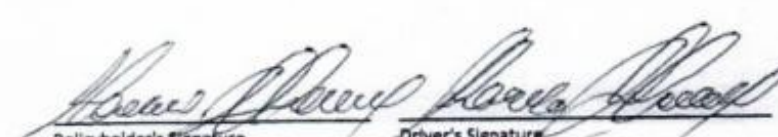
### SKETCH PLAN

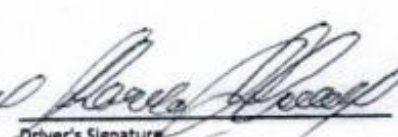
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

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

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

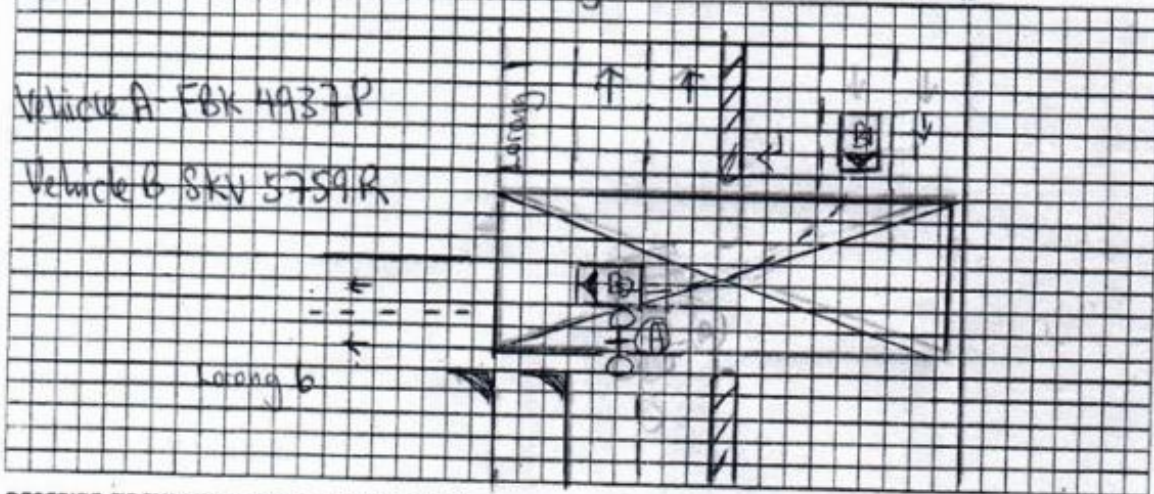
# Accident Sketch Plan

SKETCH PLAN

Junction of Toa Payoh Lor 1 and Lor 6

Vehicle A FBK 4937P

Vehicle B SKV 5759R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

## 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)

Reporting Centre Personnel's Signature

Name:



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180719/2091

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

1 of 3

Report No. T/20180719/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/07/2018 14:28		Vide Report No.: E/20180717/0162		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: VIOLANO MARCO			Address: 1 CUSCADEN RD SINGAPORE 249715		
ID Type / ID No.: FIN NO / G6339650N			Contact No.: Home/Office: Mobile: 91671676		
Nationality: ITALIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 30/07/1977	Type of Informant: Rider		
Race: Italian			Language: English		Institution / School Name:
Occupation: EXEC SOUS CHEF			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/07/2018 21:45	Type of Location:
Location: Junction of Road 1 and Road 2 LORONG 1 TOA PAYOH LORONG 6 TOA PAYOH				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBK4937P	Motorcycle	BMW	C600 SPORT	Blue		0
SKV5759R	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK4937P	NTUC Income Insurance Co-Operative Limited	5101256674	11/06/2018	22/06/2019

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180719/2091

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

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Report No. T/20180719/2091

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ON LOR 1 TOA PAYOH ON THE EXTREME LEFT LANE FROM MY SIDE AND WAS INTENDING TO GO STRAIGHT. SINCE I SAW THAT THE TRAFFIC LIGHT WAS GREEN, I PROCEEDED TO GO STRAIGHT. BEFORE THE YELLOW BOX OF THE JUNCTION WHEN SUDDENLY I SAW A CAR(SKV5759R) THAT WAS HEADING TOWARDS LOR 6 TOA PAYOH ROAD SUDDENLY BRAKED INFRONT OF ME. I BRAKED BUT COULD NOT STOP IN TIME AND COLLIDED INTO THE LEFT SIDE OF THE CAR. THE CAR REVERSED AND GOT OUT OF THE VEHICLE. WE CALLED FOR THE POLICE. I WAS CONVEYED TO TAN TOCK SENG HOSPITAL AND I WAS DISCHARGED THE NEXT DAY AND WAS GIVEN 3-DAYS MC.

WHILE WE WERE STILL AT THE PLACE OF ACCIDENT, THE PASSENGER OF THE CAR THAT WAS INVOLVED IN THE ACCIDENT SAID THAT THE CAR WAS TURNING RIGHT INTO LOR 6 FROM LOR 1 THAT WAS GOING MY OPPOSITE DIRECTION FROM THE 2ND LANE.

THE PASSENGER CONTACT: 81183895 (NIZAM)

POLICE REPORT



SINGAPORE  
POLICE FORCE

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



T/20180719/2091

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Report No. T/20180719/2091

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 /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI NG CHWEE THENG  
Contact No.: 65476397

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
19/07/2018 14:28

Classification Of Case:



SINGAPORE  
POLICE FORCE



Accident Photo



Accident Photo





Accident Photo



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