## 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/08/2018 19:02
Date Of Accident	31/07/2018 19:20
Exact Location Of Accident	TOMLINSON ROAD TOWARDS TANGLIN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FX7076M
Insured/Policyholder	
Name Of Registered Owner	DYLAN LOU ZHI JIE
NRIC No	S9536785B
Email Address	EEQINYUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90075116
Alternative Phone No	OTHERS-98422702
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM 200M-197CC (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	5102041239
Cover Note Number	
Driver	

Name of Driver EE QIN YUN
NRIC No S9621568A
Date Of Birth 17/06/1996
Occupation INDOOR
Date Of Driving Pass 29/06/2017

Driving Experience 1 YEAR AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-98422702

Fax Number

Contact Number OTHERS-90075116

EMail Address EEQINYUN@GMAIL.COM

**BLK 260 YISHUN STREET 22** Address

#07-105 760260

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD ON COLLISION** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 31 YISHUN CENTRAL . POSTCODE: 768827 . COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 1800-8529999 - FAX NO: 68522299 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20180801/2069 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SBA3883U

Vehicle Make/Model/Colour VOLVO V40 CROSS COUNTRY D2

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver STULEMEIJER ROELAND ANTOINE PAUL

NRIC/Passport Number S6983430B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

Name EE QIN YUN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FX7076M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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)
  - 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: 01108/2015

+3 15 35

Reporting Ceptre Personnel's Signature

NRIC/FIN N

#### **Accident Sketch Plan**

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EXTOTOM MOVING TOM INJOH 1040 There was a green light ahead Tomalin Road divertion who has the intention mu high beam the I was nothway PYOU turnin a VS 335 AB 2 ONO UNO 20-30 km / hour ONLON matorbike FX7076M bios and so am of the are and applicated and not notice me per comina MOKE it amicle of he was all doughters I cam he can send me a video foo toge of his car he refused and T/20180801 RHOORT POLICIE

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 p

(If driver is not the policyholder)
Date & Time: 0 1 08 20 16

15 .35

Reporting Centre Personnel's Signature
Name:
NRIC/FIN Not: TOLAL WP 1003

Page 5 of 22

## POLICE REPORT





T/20180801/2069

1 of 3

Report No. T/20180801/2069

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 01/08/2018 14:14 Informant's Particulars Name of Informant: Address: APT BLK 260 YISHUN STREET 22 #07-105 SINGAPORE EE QIN YUN 760260 Contact No.: ID Type / ID No .: Mobile: 90075116 Home/Office: NRIC NO / S9621568A Email: Nationality: SINGAPORE CITIZEN Date of Birth: Type of Informant: Sex: Age: 17/06/1996 Rider 22 Female Institution / School Name: Language: Race: English Singapore Insitute of Chinese Management Driving Licence Information: Occupation: Class: 2B,3A Date of Expiry: Student

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2018 19:20		Type of Location X-Junction	
Location: Along Road 1 TOMLINSON  Along Tomlin Weather:		t. Martin's Drive		Roi	ad Speed Limit:	
Clear		Dry		100000000000000000000000000000000000000	50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		170.000	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			1000	yone conveyed by bulance:		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX7076M	Motorcycle	HONDA	Phantom 200 M	Grey	Seriously Damaged	16000
SBA3883U	Car	VOLVO	V40 CROSS COUNTRY	Blue	No Damage	4

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

2 of 3 Report No. T/20180801/2069

# CONTINUATION OF REPORT

Rider				
Name	EE QIN YUN		ID No.	S9621568A
Related Vehicle	FX7076M (Motorcycle)		Contact I	No. 90075116
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC		Class of Driving Licence & Expiry Da	
Date Treatment			The second secon	1/08/2018
No. of Days gran	ted Medical Leave 03			light
Driver	Without I have been		Children of the Control of the Contr	
Name	STULEMEIJER ROELAND ANTOINE PAUL		ID No.	S6983430B
Related Vehicle	SBA3883U (Car)		Contact N	No. NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Da	Niconal III	
Date Treatment	NIL	Date Di	scharge NI	L
No. of Days grant	ted Medical Leave NIL		of Injury NI	L

## Brief Details.

On 31st July 2018 at about 1920hrs. I was riding my motorcycle bearing plate number FX7076M (Grey Phantom TA 200) without pillion traveling along Tomlinson Road towards St. Martin's Drive. I was on the most right lanes of two lanes road and the traffic light junction was on my favour to proceed ahead. However, a car (SBA3883U - Blue Volvo D2) from the opposite of the road suddenly turn to the right abruptly without stopping and the next moment, I was hit by the car and fell on to the ground. I sustained minor bruises and only seek medical treatment on 1st Aug 2018.



## **POLICE REPORT**





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20180801/2069

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: F1 Sgt 2 OH HONG LI SSST MUNIONGER FOR ICE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2018 14:14
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	





























