

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	07/08/2018 18:03
Date Of Accident	06/08/2018 19:40
Exact Location Of Accident	BLK 163 WOODLANDS STREET 13 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1966E
Insured/Policyholder	
Name Of Registered Owner	LIM KAI FENG @TAY HAO WEI
NRIC No	S8420280J
Email Address	KAIFENG99@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93880730
Alternative Phone No	OTHERS-93880730

Vehicle Particulars

Manufacturer	HONDA
Model	MSX125-125CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5064133969-04
Cover Note Number	

Driver

Name of Driver	LIM KAI FENG @TAY HAO WEI
NRIC No	S8420280J
Date Of Birth	06/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93880730
Fax Number	
Contact Number	OTHERS-93880730
Email Address	KAIFENG99@OUTLOOK.COM

Address	BLK 765 JURONG WEST STREET 71 #06-86
Postcode	640705
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180807/2015

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	FZ2775X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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: 07.8.2018

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

BIK 163 WOODLANDS ST 13 OFFER CARPARK

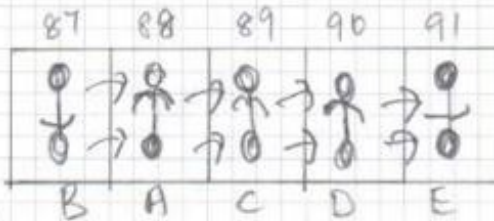
A) FB51996 E

B) FZ2725 X

C) UNKNOWN BIKER

D) UNKNOWN BIKER

E) UNKNOWN BIKER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
D/201807/2015

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20180807/2015

1 of 2

POLICE REPORT (NP299)

Report No. D/20180807/2015

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Date/Time Report Made 07/08/2018 10:42	Vide Report No. J/20180806/0204	Station Diary No. 31	
Name Of Informant LIM KAI FENG	Address APT BLK 705 JURONG WEST STREET 71 #06-86 SINGAPORE 640705		
ID Type / ID No. NRIC NO / S8420280J	Contact No. Home/Office	Mobile 93880730	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation ENFORCEMENT OFFICER	Sex Male	Age 34	Date of Birth 06/07/1984
Institution/School Name	Race Chinese		
Date/Time Of Incident 06/08/2018 19:40	Language		
	Location Of Incident 163 WOODLANDS STREET 13 HDB-WOODLANDS SINGAPORE 730163 OPEN SPACE CARPARK		

Brief details.

On 06/08/2018 at about 2005hrs, while I had came back from Malaysia, JB and I had parked my said vehicle with registration plate number FBJ1966E at the said carpark since 1030hrs on the same day and had left to Malaysia. The motorvehicle had parked stationary and secured. Before I left, I had checked that the motorvehicle was in good condition and everything was intact and not damaged. I then after returning from Malaysia and was shocked to find out that the other few motorvehicles that had parked

Signature Of Officer Recording The Report: D / Sgt 1 GABRIEL CHAN WEE KEEN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ANG BENG HWA Contact No.: 67740000
Authentication Stamp

Signature Of Informant:
Date/Time: 07/08/2018 10:42
Classification Of Case:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20180807/2015

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180807/2015

beside me had all fell. I do not have any suspect in mind and there was police officer at scene hence I was inform to lodge a police report and also for my insurance claims purposes. The damages to my motorvehicle is left side handlebar, steering cone and clutch misalignment, dented on the rear foot rest and rider foot rest, Right signal light cracked and another "unknown" motor parts on the right damaged. This is the first time such incident had happened. I do not have any suspects in mind. I was inform by the police officers that the motorvehicles had toppled from LOT 87-91 at the open space carpark.

Signature Of Officer Recording The Report:

D / Sgt 1 GABRIEL CHAN WEE KEEN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp ANG BENG HWA
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Date/Time:
07/08/2018 10:42

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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