

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 18:20
Date Of Accident	06/08/2018 18:45
Exact Location Of Accident	BLK 248 CHOACHU KANG AVENUE 2 CARPARK LOT 24 & 25
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2328L
Insured/Policyholder	
Name Of Registered Owner	TAN SHIWEI
NRIC No	S9208993B
Email Address	TANSHIWEITSW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90187666
Alternative Phone No	OTHERS-90187666

Vehicle Particulars

Manufacturer	YAMAHA
Model	LC135-134CC
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	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	5098809721
Cover Note Number	

Driver

Name of Driver	TAN SHIWEI
NRIC No	S9208993B
Date Of Birth	18/03/1992
Occupation	INDOOR
Date Of Driving Pass	03/11/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90187666
Fax Number	
Contact Number	OTHERS-90187666
Email Address	TANSHIWEITSW@GMAIL.COM

Address	BLK 248 CHOA CHU KANG AVENUE 2 #07-490
Postcode	680248
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	2
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 T/20180807/2024

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	FBJ3930U
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)**

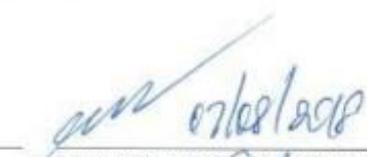
I understand, acknowledge, agree and consent that:

- (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: 07/09/18

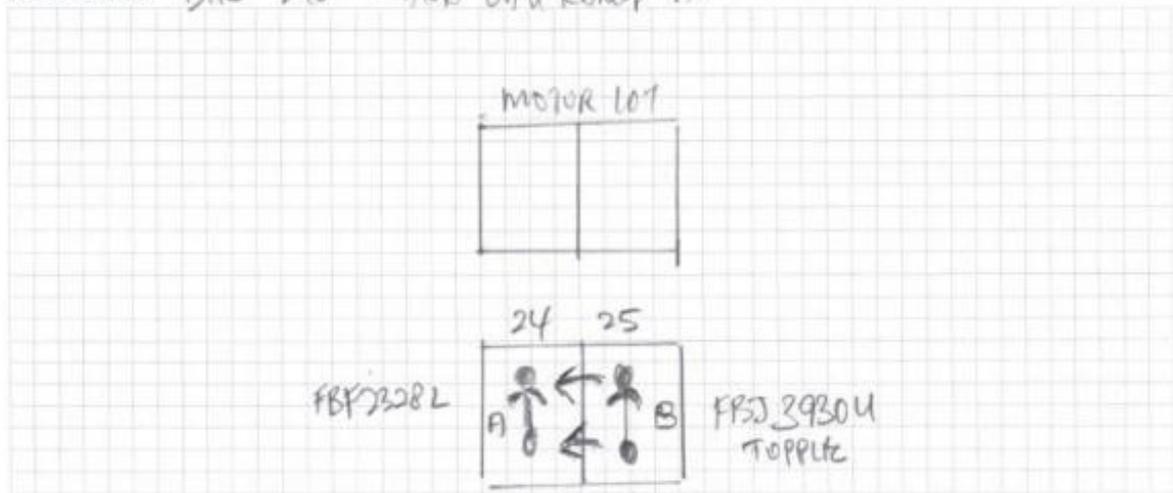
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN BIK 248 CHOR UHU KANG AV



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/2018007/2024*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 07/08/2018

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

[Signature] 07/08/2018
Reporting Centre Personnel's Signature
Name: Rosli Wati
NRIC/FIN No.:

LAJURPUL SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180807/2024

1 of 3

Report No. T/20180807/2024

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 10:13	Vide Report No.: J/20180806/0193	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: TAN SHI WEI		Address: APT BLK 248 CHOA CHU KANG AVENUE 2 #07-490 SINGAPORE 680248	
ID Type / ID No.: NRIC NO / S9208993B		Contact No.: Home/Office:	Mobile: 90187666
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 18/03/1992	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: PROCESSED TECHNICIAN		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2018 18:45	Type of Location: Car Park	
Location: CHOA CHU KANG AVENUE 2 BLK 248 OPEN SPACE CARPARK LOT 24 AND 25				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2328L	Motorcycle	YAMAHA	T135	Blue	Slightly Damaged	0
FBJ3930U	Motorcycle			Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF2328L	NTUC Income Insurance Co-Operative Limited	5098809721	12/03/2018	06/04/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180807/2024

2 of 3

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

Report No. T/20180807/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN SHI WEI	ID No.	S9208993B
Related Vehicle	FBF2328L (Motorcycle)	Contact No.	90187666
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/08/2018 at about 1845hrs, my wife had went to pickup my daughter and had pass by my house the carpark. She then happened to make a check on my motorcycle registration plate number, FBF2328L and noticed that there is another motorcycle registration plate number, FBJ3930U that was parked beside me had fell and hit onto my vehicle exhaust pipe area. I was then inform by my wife to make a check. The damages currently to my motorcycle is exhaust pipe dented, gear lever loosen and that was what I can noticed, the rest I have to send to the workshop to get it check. I wish to inform that I do not know the other rider and we do not have any disputes before. This is the first time such incident had happened. I am lodging this police report for insurance claims purposes as the other party is also agreeable for the insurance claims. I wish to also inform that while the other rider had tried to pick up his motorvehicle, my motorvehicle had fell onto the ground again.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180807/2024

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

3 of 3

Report No. T/20180807/2024

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: D / Sgt 1 GABRIEL CHAN WEE KEEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2018 10:13
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN Contact No.: 65476429	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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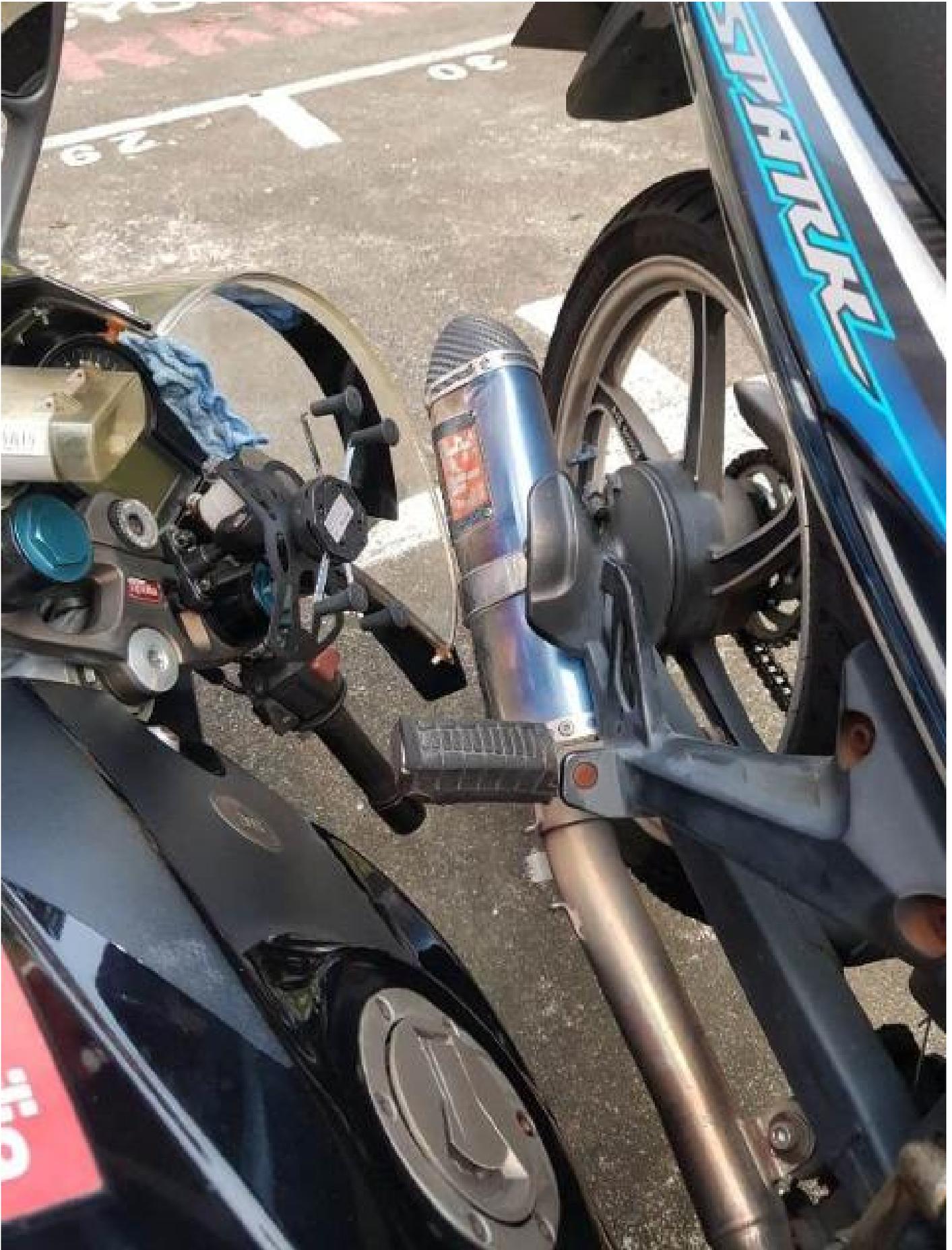
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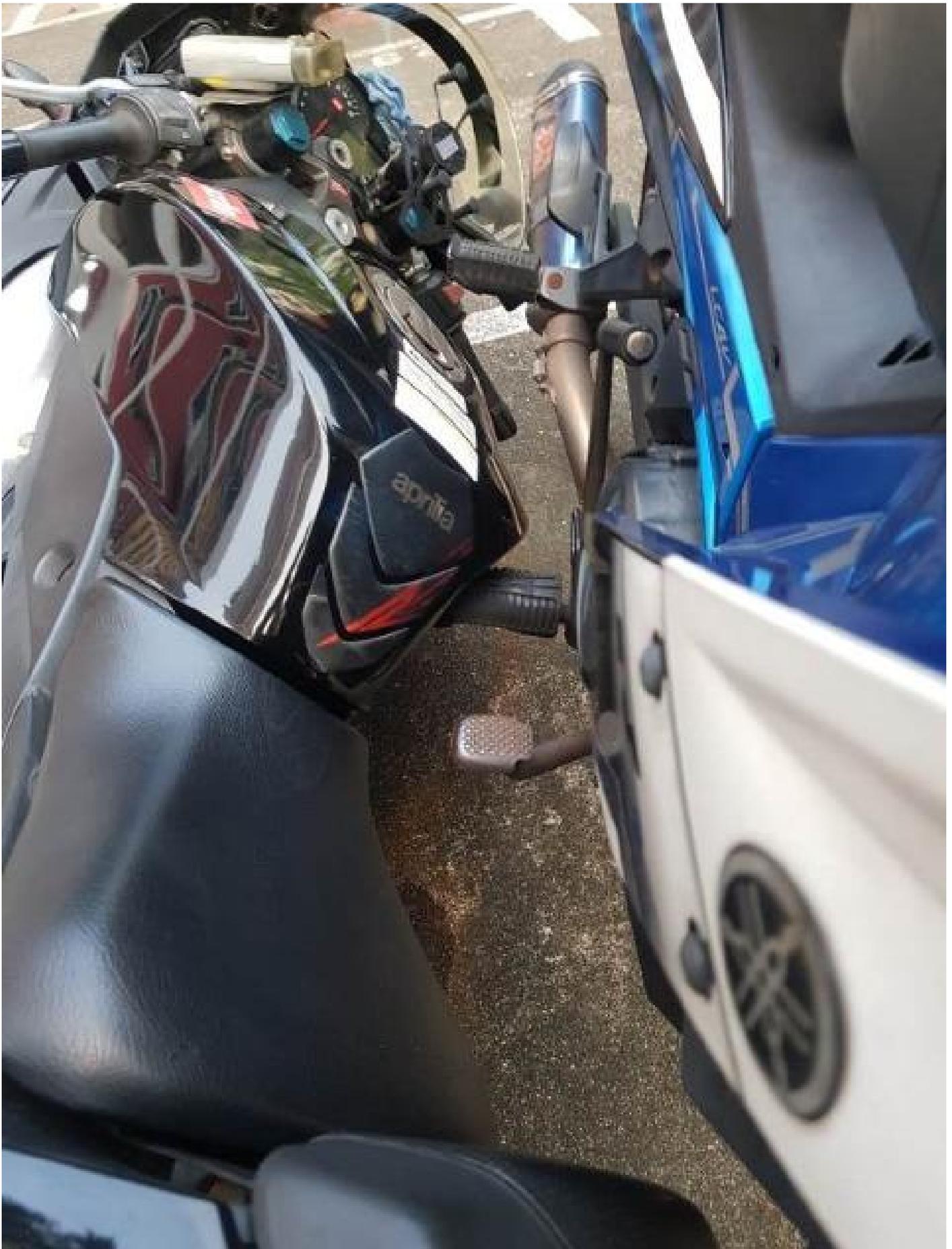
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