

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 18:46
Date Of Accident	07/08/2018 00:15
Exact Location Of Accident	PIE TOWARDS TUAS (AT BKE TURN OFF)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM7388U
Insured/Policyholder	
Name Of Registered Owner	RAYMOND YUEN CHEE KEEN
NRIC No	S1522939Z
Email Address	RAYD2GO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98503577
Alternative Phone No	OTHERS-98503577

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096978750
Cover Note Number	

Driver

Name of Driver	RAYMOND YUEN CHEE KEEN
NRIC No	S1522939Z
Date Of Birth	12/11/1962
Occupation	INDOOR
Date Of Driving Pass	06/06/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98503577
Fax Number	
Contact Number	OTHERS-98503577
Email Address	RAYD2GO@YAHOO.COM

Address	1 MOUNT SINAI VIEW
Postcode	276804
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	NO COLLISION
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180807/2004

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG3339T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHARIN
NRIC/Passport Number	
Contact Number	87091914
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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.

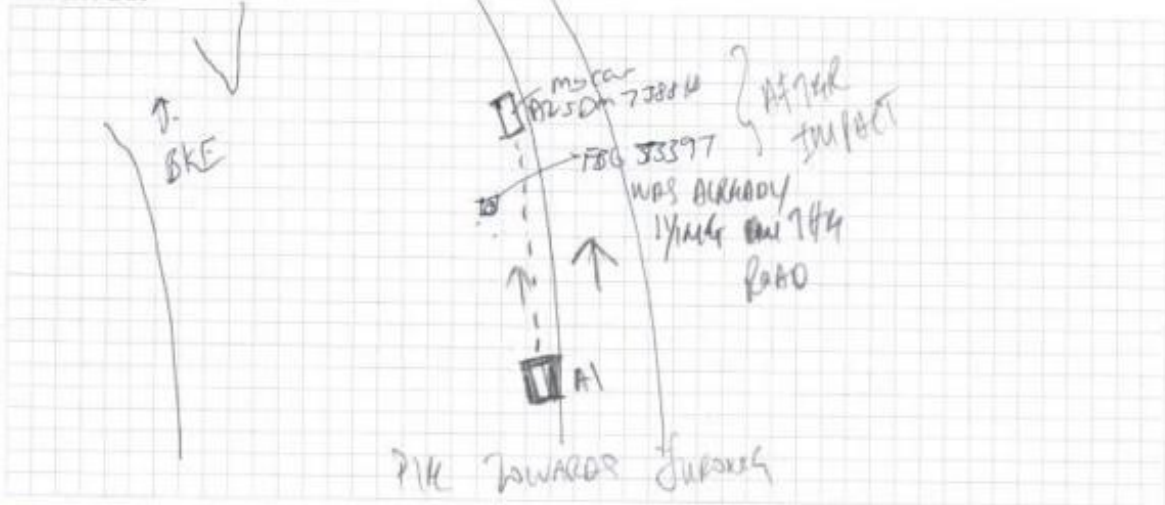

Policyholder's Signature
Date & Time:
7/8/18 11.20am

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Jurgung on lane 1 when I first noticed some black mass on the ground and braked but I saw the motor bike but despite keeping right close to the divider, the left side of the car hit the motor bike FBG 33397. Both rider and pillion were out on the bike as they were flung onto the road divider. I stopped the car further up and ~~another~~ got out to check on the motorist. Another kind driver stopped his car to block the traffic and called for the ambulance. I stayed until I had given my statement to the traffic police.

Police Report 7/20/80807/2004

DECLARATION

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

Policyholder's Signature
Date & Time:

7/8/18 11:50am

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**



T/20180807/2004

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20180807/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 01:56	Vide Report No.: F/20180807/0007	Station Diary No.: 22
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Informant's Particulars

Name of Informant: RAYMOND YUEN CHEE KEEN			Address: 1 MOUNT SINAI VIEW SINGAPORE 276804	
ID Type / ID No.: NRIC NO / S1522939Z			Contact No.: Home/Office: Mobile: 98503577	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 12/11/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/08/2018 00:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
ALONG PIE(TUAS) 23.3km				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3339T	Motorcycle					1
SDM7388U	Car	SUBARU	FORESTER XT	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDM7388U	NTUC Income Insurance Co-Operative Limited	5096978750	01/01/2018	31/12/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180807/2004

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20180807/2004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SHARIN	ID No.	NIL
Related Vehicle	FBG3339T (Motorcycle)	Contact No.	87091914
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
Driver			
Name	RAYMOND YUEN CHEE KEEN	ID No.	S1522939Z
Related Vehicle	SDM7388U (Car)	Contact No.	98503577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 07/08/2018 at about 0022hrs, I was travelling along PIE towards Tuas before BKE exit. I was travelling along the first lane. Suddenly, I noticed some grass on the road. Subsequently, I saw a motorcycle on the ground and I tried to avoid it however I slightly hit the motorcycle on the front left side of my vehicle. My vehicle suffered a dent on the front left side of the bumper. I stopped my vehicle to make a check and another driver assisted to divert traffic. Afterwards, I noticed a rider in the bushes in between the divider attending to his pillion. Subsequently, the driver who assisted me called for the ambulance as the pillion seemed to be in a lot of pain and also the rider was bleeding. Both police and ambulance arrived at scene.

I would like to add that there is an in-car camera in my vehicle that managed to capture the incident. I would like to further state that the rider and pillion was no longer at the motorcycle when I attempted to avoid it.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180807/2004

3 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180807/2004

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 2 MUHAMMAD AIZAT BIN AMIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/08/2018 01:56

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Classification Of Case:

Authentication Stamp

NP168



Common Statement



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAY1001299 Vehicle Registration No: SDM7388U
Name (as shown in NRIC) : RAYMOND YUEN CHAK KEAN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98503571
Email Address : _____
Date of Accident : 07/08/2008 Time of Accident : 00:15
Place of Accident : PIC BOWERS TUBE (A7 BKE TURN OFF)
Insurance Company : NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① Postal code to 276804
- ② Insurance Policy Report 1/20/80807/2004

Policyholder / Driver's Signature
Date:

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

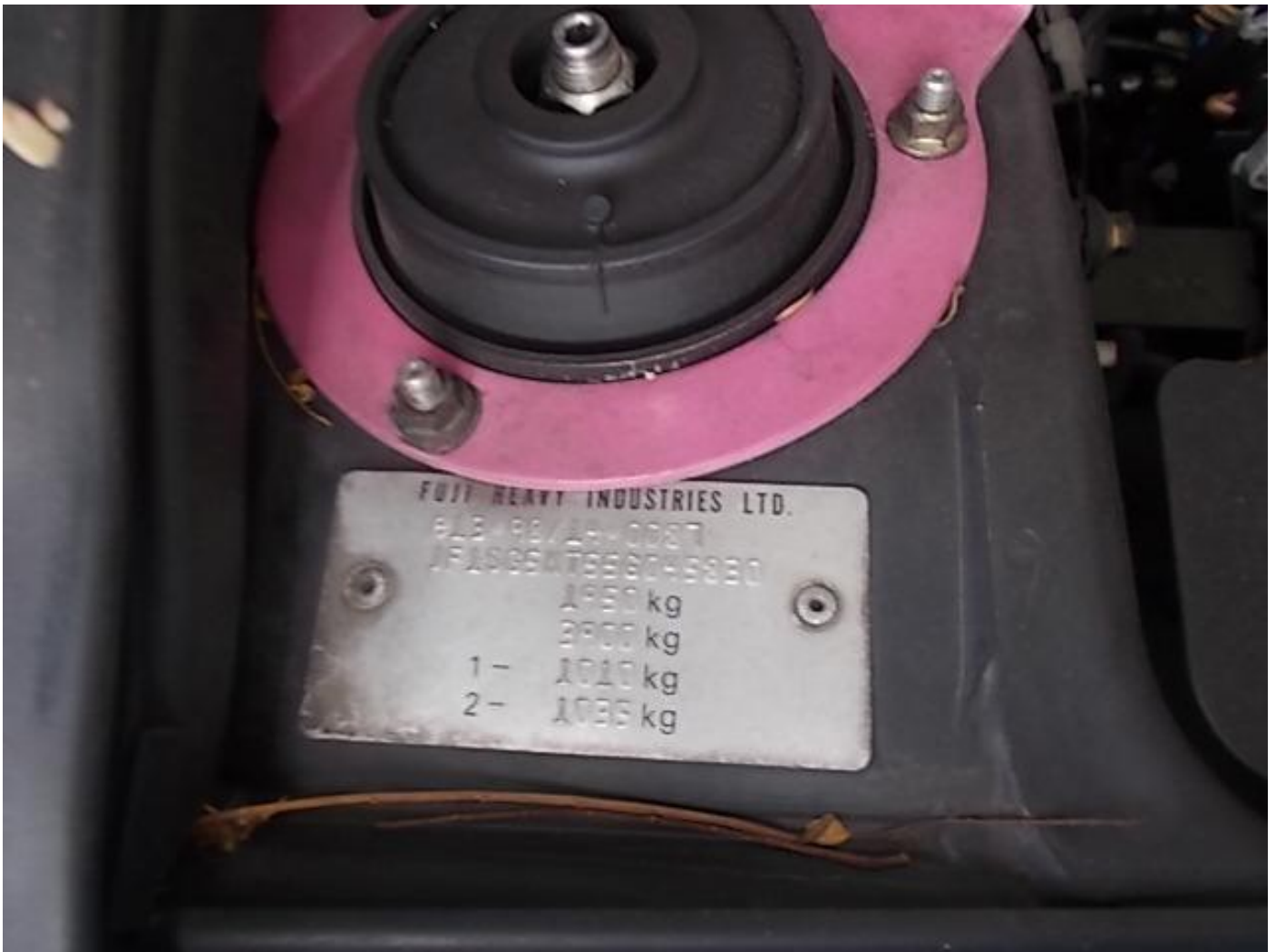


Accident Photo





Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665300200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA418102299-01 Vehicle Registration No: SDM 73884
Name (as shown in NRIC): RAYMOND YUAN CHIA KIAN NRIC/FIN/Passport No: S15229392
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 98503577
Email Address: _____
Date of Accident: 02/08/08 Time of Accident: 00:15
Place of Accident: Pine Meadows JWP (A7 BKK Turn Off)
Insurance Company: NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insert the correct Addendum Form

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No: [Signature]
Date: