

## 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	10/08/2018 09:50
Date Of Accident	08/08/2018 15:40
Exact Location Of Accident	QUEENSWAY INFRONT OF QUEENSWAY SHOPPING CTR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2904C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BENSON TAN YONG HAN
NRIC No	S8803370A
Email Address	BENSON.TAN0088@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98230855
Alternative Phone No	OTHERS-98230855

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z1000SX-1.0
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093994476
Cover Note Number	

### Driver

Name of Driver	BENSON TAN YONG HAN
NRIC No	S8803370A
Date Of Birth	07/02/1988
Occupation	INDOOR
Date Of Driving Pass	15/08/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98230855
Fax Number	
Contact Number	OTHERS-98230855
EEmail Address	BENSON.TAN0088@GMAIL.COM

Address	BLK 676A CHOA CHU KANG CRESCENT #11-471
Postcode	681676
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	AJF4152 (MOTORCYCLE)
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
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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180808/2126

### 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	AJF4152
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ONG WENG CHOON
NRIC/Passport Number	F7857618U
Contact Number	85000789
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name BENSON TAN YONG HAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBJ2904C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name ONG WENG CHOON

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? AJF4152

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.
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:

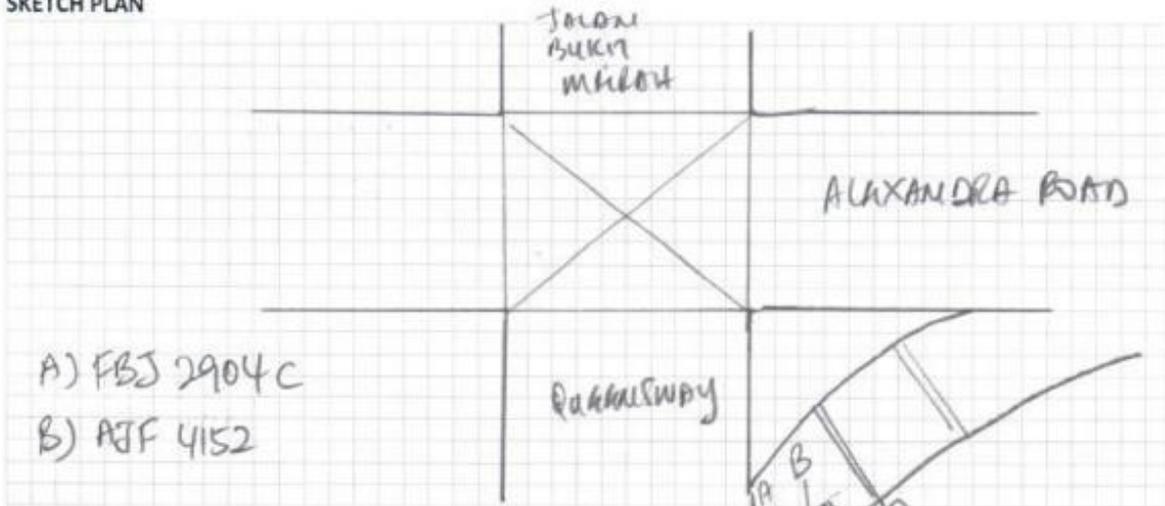
1745

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

*PLS REFER TO POLICE REPORT  
7/20/80808/2126*

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 8/8/18 1745

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

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180808/2126

1 of 3

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

Report No. T/20180808/2126

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/08/2018 17:14	Vide Report No.: D/20180808/0091	Station Diary No.: 106
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Informant's Particulars			
Name of Informant: BENSON TAN YONG HAN		Address: APT BLK 676A CHOA CHU KANG CRESCENT #11-471 SINGAPORE 681676	
ID Type / ID No.: NRIC NO / S8803370A		Contact No.:	Mobile: 98230855
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 07/02/1988	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2018 15:40	Type of Location: Bend
Location: Along Road 1 QUEENSWAY  INFRONT OF QUEENSWAY SHOPPING CENTRE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AJF4152	Motorcycle				Slightly Damaged	0
FBJ2904C	Motorcycle	KAWASAKI	Z1000 ABS MANUAL	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2904C	NTUC Income Insurance Co-Operative Limited	5093994476	13/09/2017	12/09/2018

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180808/2126

2 of 3

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

Report No. T/20180808/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG WENG CHOON	ID No.	F7857618U
Related Vehicle	AJF4152 (Motorcycle)	Contact No.	85000789
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 04/05/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	BENSON TAN YONG HAN	ID No.	S8803370A
Related Vehicle	FBJ2904C (Motorcycle)	Contact No.	98230855
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 8/8/2018 at about 1540hrs at the above mentioned location, I am the rider of vehicle FBJ2904C (V1). When I was waiting at the give way line for the traffic to clear before entering Queensway, a Malaysian motorcycle AJF4152 (V2) suddenly collided onto my right side causing me to fall on my right. I lost balance due to the impact and fell on the floor. The rider of V2 was thrown off his vehicle and then landed on the road with several abrasions. Pedestrians then helped to call the ambulance and check if we are alright. The Colleague of V1 namely Tsen Wei Kong, HP 82480922 was there and helped me get up. The Rider of V2 was then conveyed to NUH.

I am making this report for insurance purposes.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180808/2126

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

3 of 3

Report No. T/20180808/2126

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 ANG KHENG HAOU, THAWAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2018 17:14
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">SN 47</div>
Authentication Stamp NP168 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           SINGAPORE POLICE FORCE          SIGNATURE       </div>	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



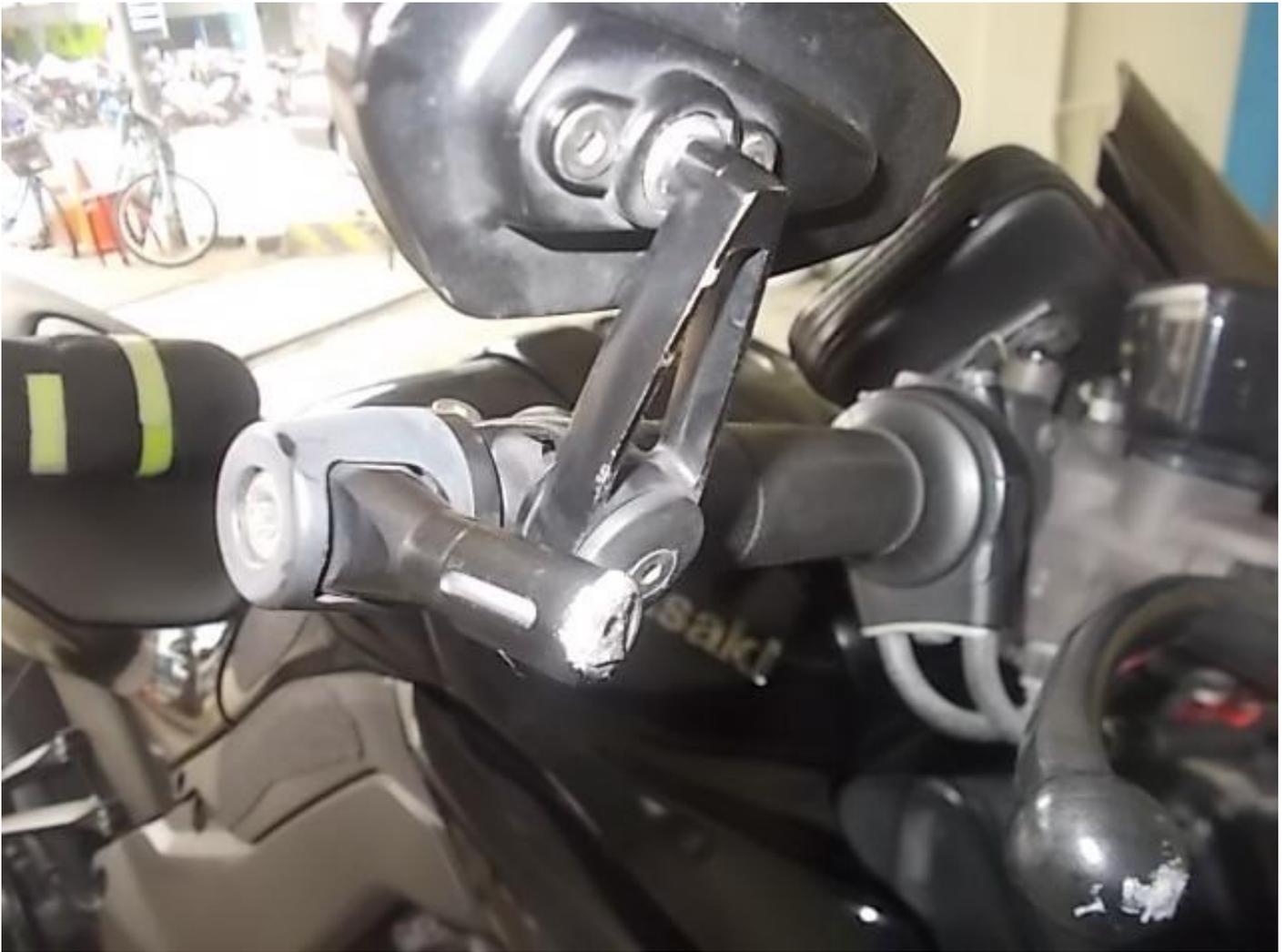
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