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 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.

ACCIDENT STATEMENT	
Date Of Report	27/08/2018 16:40
Date Of Accident	24/08/2018 17:30
Exact Location Of Accident	FORT CANNING ROAD TOWARDS CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FA9405E
Insured/Policyholder	
Name Of Registered Owner	TANG JUN JIE,JEREMIAH
NRIC No	S9426748Z
Email Address	JERETANG94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82685900
Alternative Phone No	OTHERS-82685900
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXK-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	5092088406-01
Cover Note Number	
Driver	
Name of Driver	TANG JUN JIE,JEREMIAH
NRIC No	S9426748Z
Date Of Birth	27/07/1994
Occupation	INDOOR
Date Of Driving Pass	13/07/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82685900
Fax Number	
Contact Number	OTHERS-82685900
EMail Address	JERETANG94@GMAIL.COM

Address	BLK 150 MEI LING STREET #03-45
Postcode	141150
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 - MAJOR/MINOR RD
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?	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	**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/20180824/2168 (TYPE OF ACCIDENT IN TO AVOID COLLISION)

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	SLE3447G
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHING SUN
NRIC/Passport Number	S1654857Z
Contact Number	84325660
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TANG JUN JIE,JEREMIAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FA9405E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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

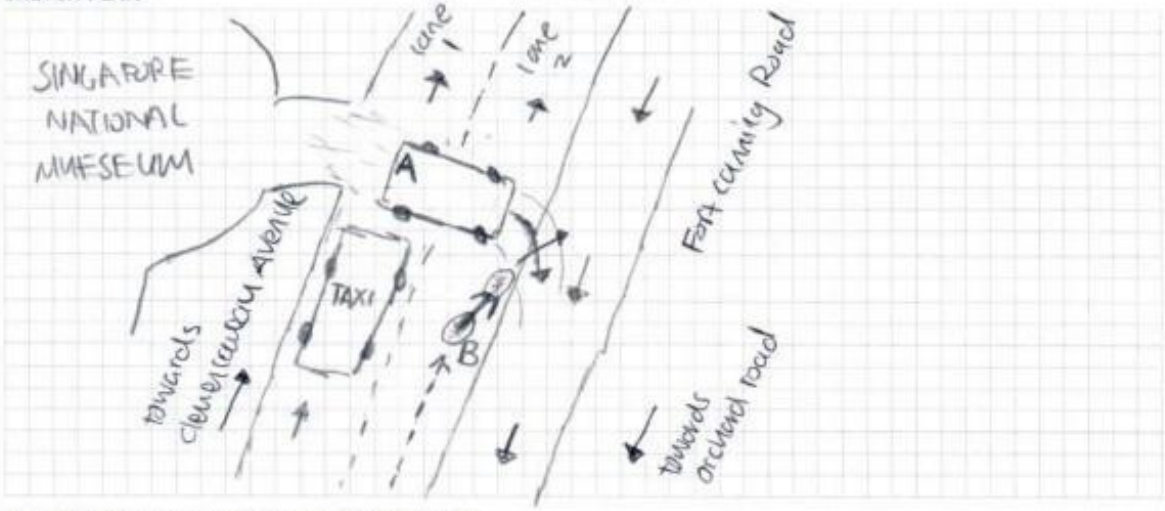
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: ~~26~~ 27/8/18	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: ROBIN WATTS NRIC/FIN No.:

Accident Sketch Plan

A : SLE 3447G
B : FA 9405 E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIC REFER TO Police Report 7/2018080324/2168

DECLARATION

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

Policyholder's Signature Date & Time: 27/08/18	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Kosli Watoos NRIC/FIN No.: 27/08/2018

SINGAPORE POLICE FORCE

T/20180824/2168

Report No. T/20180824/2168

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:	Vide Report No.:	Station Diary No.:
24/08/2018 22:34		95

Informant's Particulars

Name of Informant: TANG JUN JIE, JEREMIAH			Address: APT BLK 150 MEI LING STREET #03-45 SINGAPORE 141150	
ID Type / ID No.: NRIC NO / S9426748Z			Contact No.: Home/Office: Mobile: 82685900	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 27/07/1994	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: STUDENT			Driving Licence Information: Class: 2B,3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 FORT CANNING ROAD CLEMENCEAU AVENUE Outside of National Museum				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Avoided Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FA9405E	Motorcycle	YAMAHA	RXK	Black	Seriously Damaged	0
SLE3447G	Car				No Damage	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FA9405E	NTUC Income Insurance Co-Operative Limited	5092088406-01	22/06/2018	21/06/2019

SINGAPORE POLICE FORCE

T/20180824/2168

Report No. T/20180824/2168

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TANG JUN JIE, JEREMIAH	ID No.	S9426748Z
Related Vehicle	FA9405E (Motorcycle)	Contact No.	82685900
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	24/08/2018	Date Discharge	24/08/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 24/08/2018 at about 1730hrs, I was on my motorcycle (FA9405E) travelling on Fort Canning Road towards Clemenceau, just outside the national Museum. I was travelling on the right lane of the road and further up on my left hand side was a taxi which was stationary just before the exit of the National Museum.

Subsequently a vehicle SLE3447G had came out from the National Museum exit and went straight on and did a right turn, just after the taxi which was stationary. The vehicle was turning out on his right hand side towards Orchard Road. It happened very sudden as the Taxi which was stationary, had blocked my view when I was going straight, and made me unaware whether there would be any vehicle going out from the National Museum. I had jammed brake to avoid collision with the mentioned vehicle.

The driver from vehicle SLE3447G namely Lim Ching Sun (S1654857Z; Tel;84325660) had stopped the vehicle and checked on me. We had exchanged particulars then, and he left the location in a hurry as he informed that he was a Grab Driver and had to send his 2 passengers which was in his car. I then left the location and proceeded to the Hospital in which I have gotten 2 Days of MC from Alexandra Hospital as I suffered abrasions on my left shoulder.

I wish to add on that near the accident location, at the National Museum exit, there is a security post which was manned by Rechfield Security and there is CCTV available which was facing the road, as informed by the security guard.

SINGAPORE POLICE FORCE

T/20180824/2168

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

Report No. T/20180824/2168

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 MOHAMAD FARHAN BIN MOHAMED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2018 22:34
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

SINGAPORE POLICE FORCE SN 47

Authentication Stamp
NP168

SIGNATURE

Accident Photo

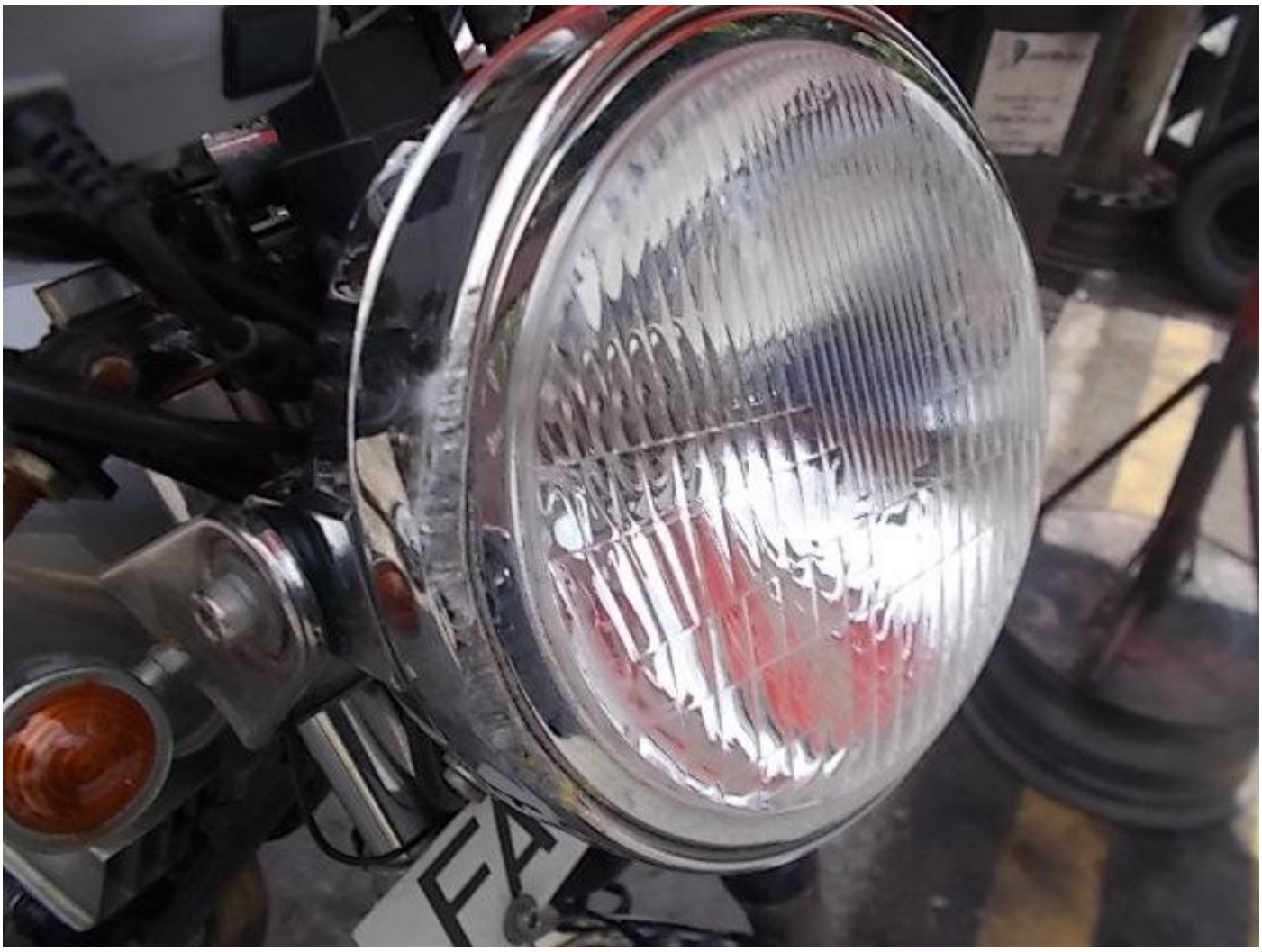
Accident Photo

Accident Photo

Driving License

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: S66SS0020G / 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 : MNA418110944 Vehicle Registration No: FA 9405E

Name(as shown in NRIC) : TANG JUN JIE, JEREMIAH NRIC/FIN/Passport No : S9426748Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 87685900

Email Address : _____

Date of Accident : 24/8/2018 Time of Accident : 17:30

Place of Accident : FORT CANNING ROAD TOWARDS CHANGI AIRPORT AVENUE

Insurance Company : NTUC

(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:

INSURED VEHICLE NUMBER IS FA 9405E ON STATED PLACE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 01/09/2018