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** 13/07/2016 **Date Of Driving Pass**

Driving Experience 2 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-82685900

Fax Number

OTHERS-82685900 Contact Number

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 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180824/2168 (TYPE OF ACCIDENT IN TO AVOID COLLISION)

NO

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

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?

Address Postcode NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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 :
 - 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:
 - 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: 00/8/

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/EIN N

3

Diversity of the Control of the Con-

Accident Sketch Plan

A: SLE 34476 FA 3405 E SKETCH PLAN SINGAFURE JAMOITAN MUESEUM DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature NRIC/FIN No.: KOPA

(If driver is not the policyholder)

Date & Time:

Date & Time: 27/08

Page 5 of 19

POLICE REPORT





1 of 3

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Report No. T/20180824/2168

Date/Time Report Made: 24/08/2018 22:34			Vide Report No.:	Station Diary No.: 95		
Informa	nt's Particu	ulars		THE PERSON NAMED IN COLUMN TWO PERSONS NO.		
	Informant: UN JIE, JEI		Address: APT BLK 150 MEI LING ST	REET #03-45 SINGAPORE 141150		
ID Type / ID No.: NRIC NO / S9426748Z			Contact No.: Home/Office:	Mobile: 82685900		
National	-		Email:			
Sex: Male	Age: 24	Date of Birth: 27/07/1994	Type of Informant: Rider			
Race: Chinese		F	Language:	Institution / School Name:		
Occupation: STUDENT			Driving Licence Information Class: 2B,3A	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2018 17:30	Type of Location Straight Road	
FORT CANN CLEMENCE/ Outside of Na				Road Speed Limit:	
Weather: Clear	Road Surface: Dry			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Avoided Collision				Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FA9405E	Motorcycle	YAMAHA	RXK	Black	Seriously Damaged	The second secon
SLE3447G	Car				No Damage	2

Details of V	ehicle Insurance	A STATE OF THE PARTY OF THE PAR		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FA9405E	NTUC Income Insurance Co-Operative	5092088406-01	22/06/2018	21/06/2019

POLICE REPORT



2 of 3

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 Perso	n Involved	englett.		II COLOR	1000	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Rider			All the same	Con to		Mark to Dear the Barre
Name	TANG JUN JIE, JEF	REMIAH		ID No	1.	S9426748Z
Related Vehicle	FA9405E (Motorcycle)			Conta	ect No.	82685900
Hospital/Clinic	ALEXANDRA HOSPITAL			Class Drivin Licen Expire	g	Class: 2B,3A Date of Expiry: NIL
Date Treatment	24/08/2018		Date Disc	-		/2018
No. of Days granted Medical Leave 02			Degree of			

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.

POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SIN

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 3 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 SN 47 Authentication Stamp NP168	Classification Of Case:





















