

## 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	05/09/2018 11:57
Date Of Accident	30/08/2018 15:25
Exact Location Of Accident	ALONG JALAN EUNOS BEFORE PIE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4115L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARINA FIETTA
NRIC No	S2748096I
Email Address	TJARKSPEK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90366447
Alternative Phone No	OTHERS-91354244

### Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT TO WORK (TUTOR)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	71996780/E01

### Driver

Name of Driver	MARINA FIETTA
NRIC No	S2748096I
Date Of Birth	07/10/1966
Occupation	INDOOR
Date Of Driving Pass	23/07/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90366447
Fax Number	
Contact Number	OTHERS-91354244
Email Address	TJARKSPEK@HOTMAIL.COM

Address	8 WOKING ROAD #02-04
Postcode	138690
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?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180903/2078

#### 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	SJN3716G
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SOON HENG
NRIC/Passport Number	S1241181B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MARINA FIETTA
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBC4115L
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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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:

\_\_\_\_\_  
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

Along Jalan Tunas Berpork PIE Exit

A) FBC 41152  
B) SJN 3716G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
T/20180903/2076 & T/20180905/2052

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

SIAMC SketchPlanForm V2

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180903/2078

1 of 4

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20180903/2078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2018 15:22	Vide Report No.: G/20180830/0135	Station Diary No.: 42
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Informant's Particulars				
Name of Informant: TJARK VAN DER SPEK			Address: 8 WOKING ROAD #02-04 SINGAPORE 138690	
ID Type / ID No.: NRIC NO / S6964345J			Contact No.: Home/Office: Mobile: 91354244	
Nationality: NETHERLANDS			Email:	
Sex: Male	Age: 49	Date of Birth: 14/07/1969	Type of Informant: Next-of-kin of rider	
Race: Caucasian			Language:	Institution / School Name:
Occupation: PILOT			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/08/2018 15:25	Type of Location: Bend
Location: Along Road 1 STILL ROAD				
STILL ROAD BEFORE PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4115L	Motorcycle	HONDA	PHANTOM 200 M	Black		0
SJN3716G	Car	HYUNDAI	HD AVANTE 1.6 M	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180903/2078

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 4

Report No. T/20180903/2078

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	MARINA FIETTA	ID No.	S2748096I
Related Vehicle	FBC4115L (Motorcycle)	Contact No.	90366447
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
<b>Rider</b>			
Name	LEE SOON HENG	ID No.	S1241181B
Related Vehicle	SJN3716G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4A,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>NOK of rider</b>			
Name	TJARK VAN DER SPEK	ID No.	S6964345J
Related Vehicle	NIL	Contact No.	91354244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

As my wife was warded in Changi General Hospital. I am lodging this police report on behalf of my her, who is also the rider of this accident.

As informed by my wife, on the 30/08/2018, my wife was riding her motorcycle (FBC4115L) along Still road. She then came to a stop as the traffic light turned amber. Just when my wife rested her right foot on the floor, a vehicle (SJN3716G) suddenly came from the rear and collided into her. There was witness who assisted my wife during the accident. I only have one of the witness contact number who is known as Aaron (84608808). During the point of accident, my wife was conscious and she was aware that she would be conveyed to the hospital via ambulance.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180903/2078

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20180903/2078

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180903/2078

4 of 4

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20180903/2078

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:

G /  
Sgt 2 CHOO WEI CHONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
03/09/2018 15:22

Classification Of Case:

# POLICE REPORT

Report Number T/20180905/2052

Vide Report Number T/20180903/2078

Date/Time of Report Made 05/09/2018 12:36

Place Report Lodged Traffic Police Division HQ

Type of Informant Next-of-Kin of Rider

Name of Informant Tjark Van Der Spek

ID Type / ID No. NRIC NO / S6964345J

Home/Office 60000000

Mobile 91354244

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 30/08/2018 15:25

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4115L	Motorcycle	HONDA	PHANTOM 200 M	Black		0
SJN3716G	Car	HYUNDAI	HD AVANTE 1.6 M	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**POLICE REPORT**

Report No. T/20180905

**Continuation of CSF For NP168**

<b>Rider</b>			
Name	Marina Fietta	ID No.	S2748096I
Related Vehicle	FBC4115L (Motorcycle)	Contact No.	90366447
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
<b>Rider</b>			
Name	Lee Soon Heng	ID No.	S1241181B
Related Vehicle	SJN3716G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4A,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Facts.**

Reference to my police traffic accident report number T/20180903/2078, the exact accident location was along Jalan Eunos before PIE, instead of Still Road before PIE. I also had added an additional witness to my wife's accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



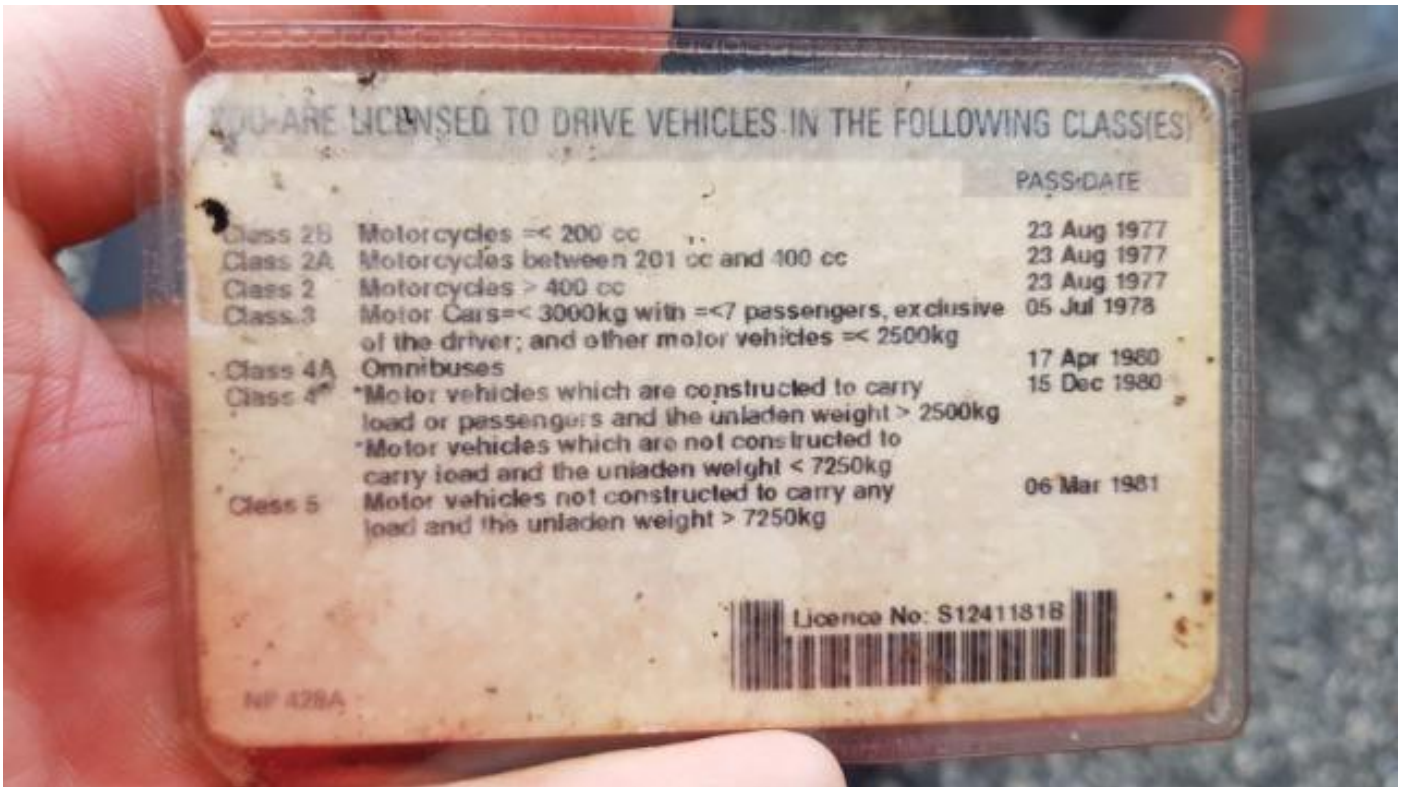
Accident Photo



Accident Photo



Accident Photo



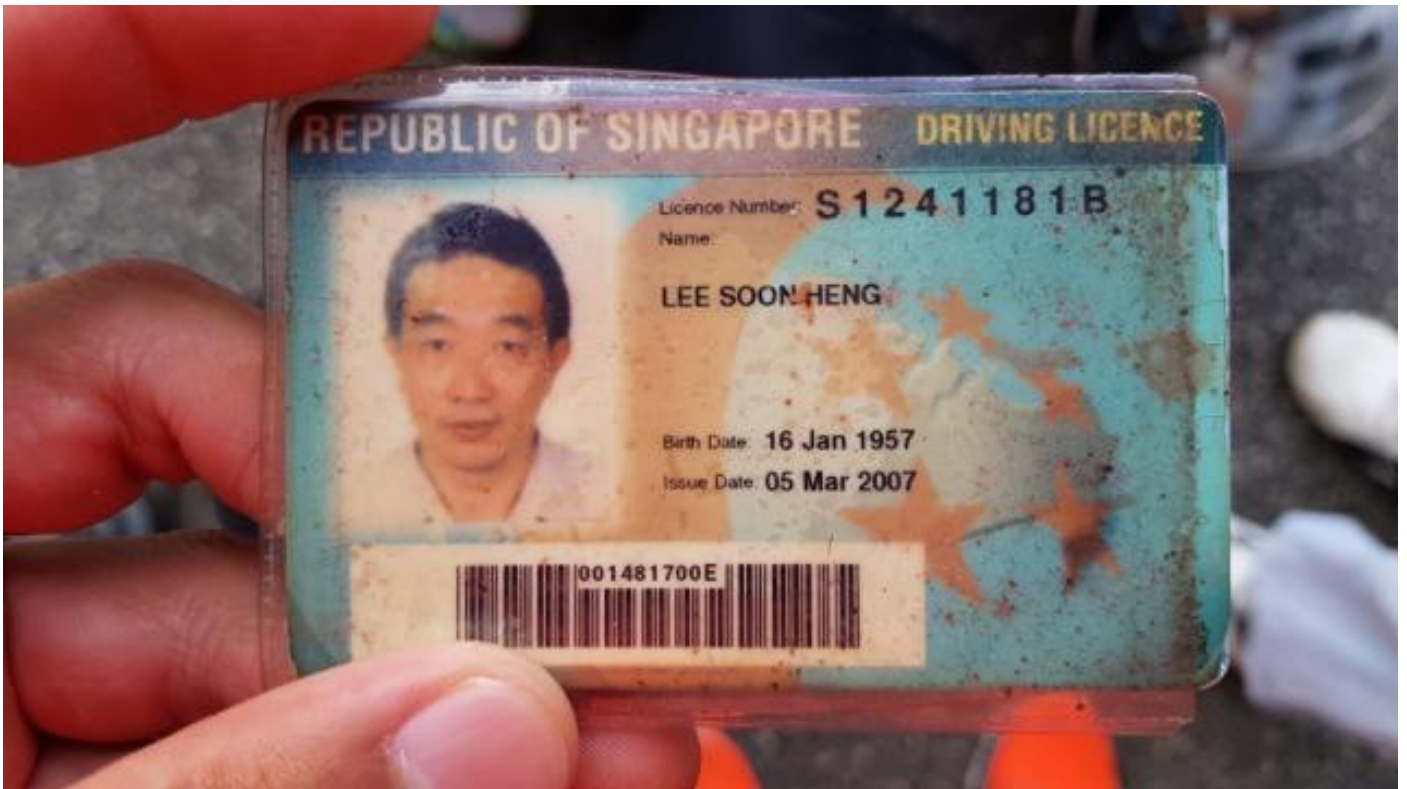
Accident Photo



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: S665500200 / GST Reg. No: M40001735

**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 : MN1A418115038 Vehicle Registration No: FBC4115L  
 Name (as shown in NRIC) : MARNIA FIETTA NRIC/FIN/Passport No : 92748096I  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 91354244  
 Email Address : \_\_\_\_\_  
 Date of Accident : 30/08/2018 Time of Accident : 15:25  
 Place of Accident : ALONG JIN KUNOS BEFORE PRA EXIT  
 Insurance Company : MSIG

### (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:

SHOULD BE COVER NOTE NUMBER 7996280/EC1

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Rohi Kumar  
 NRIC/FIN No:  
 Date: 28/09/2018