

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	14/09/2018 12:00
Date Of Accident	13/09/2018 22:55
Exact Location Of Accident	SIMS WAY SLIP RD INTO GUILLEMARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9887Z
Insured/Policyholder	
Name Of Registered Owner	IT-1973 ENTERPRISE
Co Reg No	53353416W
Email Address	SEB2GOOD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93868750
Alternative Phone No	OFFICE-93868750

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087886178-01
Cover Note Number	

Driver

Name of Driver	SEBASTIAN FONG KIM SENG
NRIC No	S6849962C
Date Of Birth	28/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1992
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93868750
Fax Number	
Contact Number	
Email Address	SEB2GOOD@GMAIL.COM

Address	BLK 827 JURONG WEST ST 81 #02-278
Postcode	640827
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
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?	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180914/2010

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW7517M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	JUNAIDI BIN AZIZ
NRIC/Passport Number	S9210626H
Contact Number	88082476
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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.

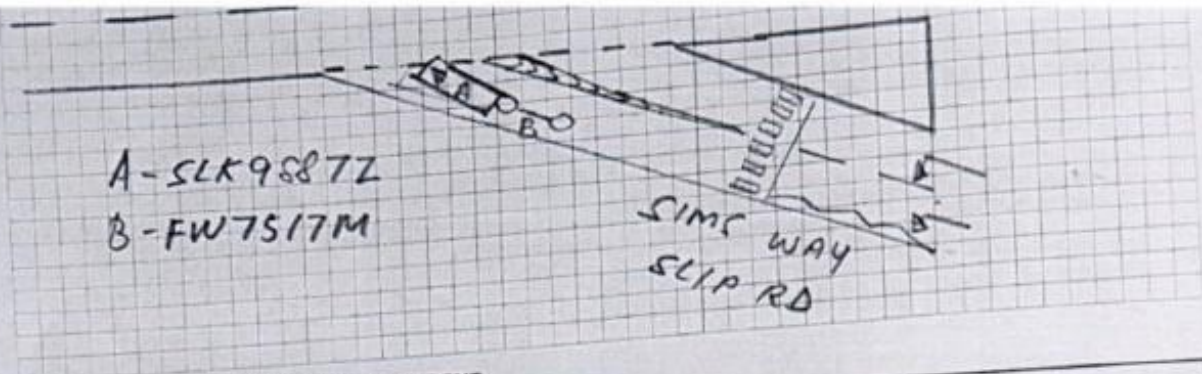


Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180914/2010

DECLARATION

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

14/9/18



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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180914/2010

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180914/2010

CONTINUATION OF REPORT

Rider			
Name	JUNAIDI BIN AZIZ		ID No. S9210626H
Related Vehicle	FW7517M (Motorcycle)		Contact No. 88082476
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	SEBASTIAN FONG KIM SENG		ID No. S6849962C
Related Vehicle	SLK9887Z (Car)		Contact No. 93868750
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 13/09/2018 at about 2255hrs at along Sims Ave before Guillemard Road, I stopped my vehicle before entering the road when a motorcycle hit onto my rear right bumper, rear right wheel arch and top taillight & signal light.

The bumper has scratches, rear right wheel arch has dented and the taillight has cracked as a result of the accident. The rider and I then exchanged particulars and he informed that his pillion has abrasion on her leg due to falling down from the impact. I am not injured and does not plan to see doctor for now. The car belongs to my wife and I have in car camera that shows that the rider did not keep a safety distance.

No police was called and no one conveyed by ambulance. I am lodging this report to claim for insurance.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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Police Report



**SINGAPORE
POLICE FORCE**



T/20180914/2010

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20180914/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2018 00:57		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: SEBASTIAN FONG KIM SENG			Address: APT BLK 827 JURONG WEST STREET 81 #02-278 SINGAPORE 640827		
ID Type / ID No.: NRIC NO / S6849962C			Contact No.: Home/Office: Mobile: 93868750		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 26/09/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2018 22:55	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 SIMS AVENUE GUILLEMARD ROAD Sims Ave entering Guillemard Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW7517M	Motorcycle				Slightly Damaged	1
SLK9887Z	Car				Slightly Damaged	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/20180814/2010

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3
Report No. T/20180814/2010

CONTINUATION OF REPORT

Rider			
Name	JUNAIDI BIN AZIZ		ID No. S9210626H
Related Vehicle	FW7517M (Motorcycle)		Contact No. 88082476
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	SEBASTIAN FONG KIM SENG		ID No. S6849962C
Related Vehicle	SLK8887Z (Car)		Contact No. 93888750
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
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No police was called and no one conveyed by ambulance. I am lodging this report to claim for insurance.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180914/2010

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8998999

3 of 3

Report No. T/20180914/2010

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 OW WOAN TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/09/2018 00:57

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Classification Of Case:

Contact No.: 65475172

Authentication Stamp:

NP168