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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/09/2018 09:43
Date Of Accident	20/09/2018 16:40
Exact Location Of Accident	ALONG BKE TOWARDS SLE (EXITING BKE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE2240K
Insured/Policyholder	
Name Of Registered Owner	ABDUL MAJID RIDZUAN BIN ABDULLAH @NOEL DAVIES
NRIC No	S2001957C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91173342
Alternative Phone No	OTHERS-91173342
Vehicle Particulars	
Manufacturer	YAMAHA
Model	Y125Z-124CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5093878888-01
Cover Note Number	
Driver	

Name of Driver ABDUL MAJID RIDZUAN BIN ABDULLAH @NOEL DAVIES

NRIC No S2001957C

Date Of Birth 27/11/1950

Occupation OUTDOOR

Date Of Driving Pass 27/01/1978

Driving Experience 40 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91173342

Fax Number

Contact Number OTHERS-91173342

EMail Address NOEMAIL

BLK 786F WOODLANDS DRIVE 60 Address

#09-07 736786

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions DRIZZLING Road Surface OILY

Other Information

Postcode

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 NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

SINGAPORE

NO

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180920/2150

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFW2286L

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver KHOO TECK YEE NRIC/Passport Number S1563923G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GZ7750C

Vehicle Make/Model/Colour NISSAN NV350

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIM LEONG ENG

NRIC/Passport Number \$1557600F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE8059D

Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver ELAYAPERUMAL KANNAN

NRIC/Passport Number G6855695W

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDUL MAJID RIDZUAN BIN ABDULLAH @NOEL DAVIES

Approximate Age

Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBE2240K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

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)
 - (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
- 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.
- 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.

gmir Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Pers

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN DU	ONG BYK TOWARDS SUK (EX	TWO BKA)
		_ = _
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	B) SFW > 286L C) GZ7750C D) GBF 8059D
		of
	Dollar 12	50
	1/20/8 Coso	
P	· Constant	
DECLARATION I/We declare the foregoing pa	articulars are true in every respect.	m wolastans
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time: NRIC	1 V M/1-// 11/M V/V/-//

POLICE REPORT



T/20180920/2150

Police Station Of Origin:

Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

1 of 3 Report No. T/20180920/2150

REPORT O	F A TRAFFIC	Our Disease No.			
Date/Time Report Made: 20/09/2018 18:47			Vide Report No.:	Station Diary No.: 225	
Informa	nt's Particu	ulars		THE RESIDENCE OF THE PARTY OF T	
Name of ABDULI ABDULI	Informant: MAJID RID. AH	and the contraction of the contr	736786	S DRIVE 60 #09-07 SINGAPORE	
ID Type / ID No.: NRIC NO / S2001957C		57C	Contact No.: Home/Office:	Mobile: 91173342	
National			Email:		
Sex: Age: Date of Birth: Male 67 27/11/1950		Date of Birth:	Type of Informant: Rider		
Race: Indian			Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2018 16:50		Type of Location Bend
BUKIT TIMAN SELETAR EX	Traveling Toward Road : HEXPRESSWAY (PRESSWAY wards SLE (exiting BKE)			Ro	ad Speed Limit:
Drizzling Oily					
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear					yone conveyed by bulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2240K	Motorcycle	YAMAHA	YBR125	Black	Seriously Damaged	0
GBE8059D	Lorry				Seriously Damaged	0
GZ7750C	Van				Seriously Damaged	0
SFW2286L	Car				Slightly Damaged	1

POLICE REPORT





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

Report No. T/20180920/2150

ehicle Insurance			
Insurance Company	Insurance No	THE WAY	
NTUC Income Incurrence Co Constitution		Effective	Expiry Date
Limited	5093878888-01	30/08/2018	17/07/2019
	Insurance Company NTUC Income Insurance Co-Operative	NTUC Income Insurance Co-Operative 5093878888-01	NTUC Income Insurance Co-Operative 5093878888-01 30/08/2019

CONTINUATION OF REPORT

Brief Details.

On the 20/09/2018 at about 1650hrs, I was riding my motorcycle bearing plate no: FBE2240K, along BKE to SLE (exiting BKE) and travelling on the outer lane, there was a lorry bearing plate no: GBF8059D. which in front of my motorcycle suddenly spin and caused the van (behind of the lorry) bearing plate no: GZ7750C, to hit onto the lorry front part. And the car (behind of the van) bearing plate no: SFW2286L, hit onto the right side of the van. Subsequently, I skidded and hit onto the rear side of the car and I fell onto

After which, I picked myself up and I inspect my motorcycle, the body kit of my motorcycle was broken and I suffered abrasion on my right elbow, right knee, right toe and left midden finger, pain my on right chest area due to the fall. The front part of the lorry and the van was seriously dented, the right bumper of the car was scratched.

I wish to state that I make this report are for my insurance company purpose. I also wish to state that the van driver namely: Elayqperumal Kannan, FIN: G6855695W, lorry driver namely: Lim Leong Eng, IC: S1557600F and the car driver namely: Khoo Teck Yee, IC: S1563923G.

POLICE REPORT





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20180920/2150

CONTINUATION OF REPORT

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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: J / Sgt 2 CHOON EE SHEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2018 18:47
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No.: 65476397 SN 130	Classification Of Case:
Authentication Stamp	





































