

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 liability.
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	03/10/2018 15:39
Date Of Accident	14/08/2018 20:25
Exact Location Of Accident	ALONG SIXTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2576R
Insured/Policyholder	
Name Of Registered Owner	SAMUEL JOSEPH
NRIC No	S9400640F
Email Address	SAMUELJOSEPH94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87493851
Alternative Phone No	OTHERS-87493851

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5068457924-03
Cover Note Number	

Driver

Name of Driver	SAMUEL JOSEPH
NRIC No	S9400640F
Date Of Birth	04/01/1994
Occupation	INDOOR
Date Of Driving Pass	22/08/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493851
Fax Number	
Contact Number	OTHERS-87493851
Email Address	SAMUELJOSEPH94@HOTMAIL.COM

Address	BLK 690D CHOA CHU KANG CRESCENT #15-66
Postcode	684690
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SLG3225U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SAMUEL JOSEPH
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ2576R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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.

8
Policyholder's Signature

Date & Time: 3/10/18
12 43 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

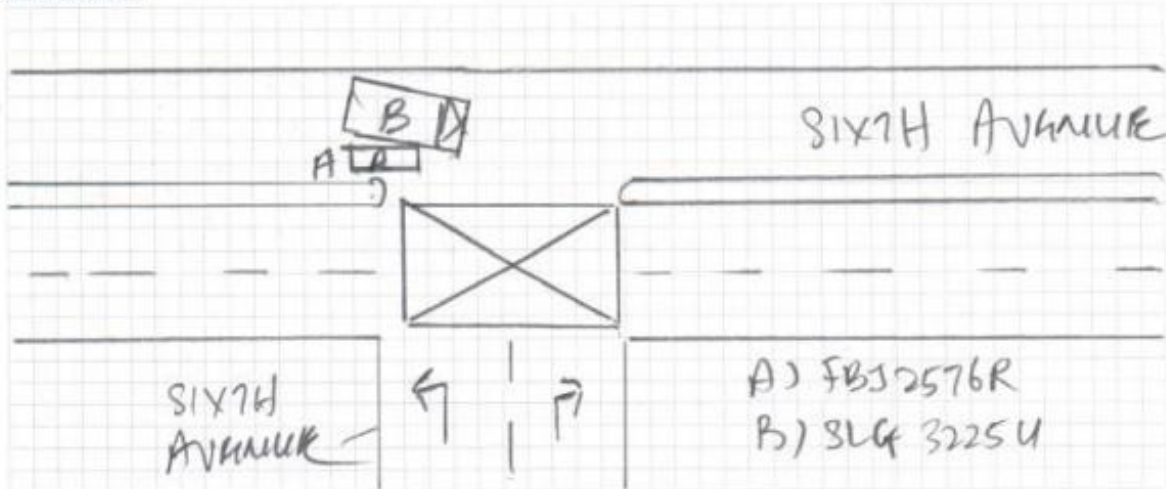
03/10/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*MS Refer to Police Report
T/20180914/2087*

DECLARATION

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

8
Policyholder's Signature
Date & Time: 03/10/18
1250hrs

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

03/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CONVAT SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180914/2087

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180914/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2018 14:38	Vide Report No.: J/20180816/7051	Station Diary No.: 85
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Informant's Particulars			
Name of Informant: SAMUEL JOSEPH		Address: APT BLK 171 BUKIT BATOK WEST AVENUE 8 #07-357 SINGAPORE 650171	
ID Type / ID No.: NRIC NO / S9400640F		Contact No.: Home/Office: Mobile: 87493851	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 04/01/1994	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Private security officer		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/08/2018 20:25	Type of Location: Straight Road
Location: Along Road 1 SIXTH AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2576R	Motorcycle	YAMAHA	YZF-R15 MANUAL	Blue	Totally Damaged	0
SLG3225U	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2576R	NTUC Income Insurance Co-Operative Limited	5068457924-04	29/08/2018	19/08/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180914/2087

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180914/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAMUEL JOSEPH	ID No.	S9400640F
Related Vehicle	FBJ2576R (Motorcycle)	Contact No.	87493851
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/08/2018	Date Discharge	14/08/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On 14/08/2018 at about 2025hrs, I was driving my motorcycle, FBJ2576R along Sixth Venue when a car, SLG3225U who was in front of me suddenly make a sharp right turn which caused me to crash onto him. I was at the rear right side of the car and we were at the right lane, both our vehicle just made a left turn from Bukit Timah road into Sixth Avenue. I was unsure if he wanted to make a right turn or a U-turn as the car, SLG3225U did not turn on his signal. The direction that he was turning into was a one-way lane that is against our traffic flow.

I crashed onto the vehicle when the car made a sudden turn and I fell over. My motorcycle was totally damaged from the accident. My gear shift had fallen off from my motorcycle and my motorcycle had multiple huge scratches all around the body of the vehicle. I was conveyed by ambulance to Ng Teng Fong General Hospital and was given 6days MC by the doctor. My motorcycle was placed at a parking lot by a passer-by whom I did not have his particulars. I did not see the damages suffered by the other party's vehicle as I was conveyed before I could exchange particulars.

The police and ambulance were at scene. I recently renewed my insurance on the 29/08/2018 as it expired on the 28/08/2018.

I am lodging this report for record purposes and for my insurance claims.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180914/2087

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180914/2087

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:

J /

Sgt 2 FELICIA GOH MIN EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

Date/Time:

14/09/2018 14:38

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

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



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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: S66550020G / 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:

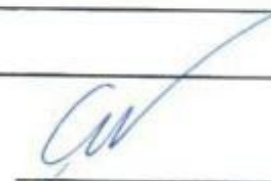
Original Report No : MMA48128399 Vehicle Registration No : FBJ 2576R
Name (as shown in NRIC) : Samuel Joseph NRIC/FIN/Passport No : S9400640F
(*Vehicle Driver / Vehicle Owner) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 87493851
Email Address : _____
Date of Accident : _____ Time of Accident : 20:25
Place of Accident : Along Sixth Avenue
Insurance Company : MGIC

(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:

THIRD PARTY VICTIM LUMBOUR 70 SGR 82254

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Pol, H. Lim
NRIC/FIN No.: _____
Date: 26/10/2018