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 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				
15/10/2018 15:10				
12/10/2018 18:00				
TOA PAYOH LOR 6 SLIP ROAD INTO TOA PAYOH LOR 4				
SINGAPORE				
DETAILS OF OWN VEHICLE				
FN9068B				
SALIM BIN SALLEH				
S1789252E				
NOEMAIL				
(LOCAL) +65-97102425				
OTHERS-97102425				

Vehicle Particulars

HONDA Manufacturer Model CB400 F2T

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5104318420

Cover Note Number

Driver

Name of Driver SALIM BIN SALLEH

NRIC No S1789252E Date Of Birth 05/03/1967 Occupation **INDOOR Date Of Driving Pass** 22/08/1987

Driving Experience 31 YEARS AND 1 MONTH

Gender MALE

(LOCAL) +65-97102425 Mobile Number

Fax Number

OTHERS-97102425 Contact Number

EMail Address NOEMAIL

BLK 496G TAMPINES AVENUE 9 #13-496 Address

Postcode 523496

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 SIDE SWIPE Weather Conditions **RAINING** Road Surface WET

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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C, POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT: T/20181013/2058

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 **SLR2377M**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN HEANG KHOON, RONALD

NRIC/Passport Number S7914487H **Contact Number** 92715511

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SALIM BIN SALLEH

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? FN9068B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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 insurers) 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

DriveKs Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Accident Sketch Plan

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	1 6	///	
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DESCRIBE CIRCUMS	STANCES OF THE ACCIDENT	Y	
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	Pls refer	To Poter	Report
		/	/
	Nos T	2018/013/2	1 C. P.
	1	201015/	514.
		-	
DECLARATION	0		
DECLARATION I/We deciare the forego	/	especi	
	ng particulars are true in every n	expect	Sum 15/10/18

Individual Statement



T/20181013/2058

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

2 of 3 Report No. T/20181013/2058

CONTINUATION OF REPORT

Details of Perso			100	10 10/10	Manual I	
Any Pedestrian I						
No. of Pedestrian	Use of Per	destriar	Cross	ing: NA		
Rider	STATE OF THE PARTY	270 270 25	1000 TO 1000 T	TO GETTIGHT	101000	ing. No.
Name	SALIM BIN SALLEH			ID No		S1789252E
Related Vehicle	FN9068B (Motorcycle)			Contact No.		97102425
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expire	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/10/2018 Date			harge		/2018
No. of Days gran	ted Medical Leave	Degree of	Injury	NII	72010	
Driver		Service of the last		myun y	7315	
Name	TAN HEANG KHOON, RONALD			ID No		S7914487H
Related Vehicle	SLR2377M (Car)			Contact No.		92715511
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

On 12/10/2018 at about 1800hrs, I was riding my motorcycle (FN9068B) along the slip road from Lor 6 Toa Payoh towards lor 4 Toa Payoh. It was raining and the road surface was wet.

While I was waiting to merge into Lor 4 Toa Payoh, a car (SLR2377M) on my left hit the rear left of my motorcycle. I fell on the ground together with my motorcycle. Both of us then shifted our vehicle to the side and exchanged particulars. We wanted to go for private settlement, but we were unable to come into an agreement. As such, the other party called Police.

Both ambulance and Traffic Police attended to us. No one was conveyed. I was advised by the Traffic Police to consult doctor and lodge a Traffic Accident Report. I was given 3 days of MC due to the aching of my body.



Accident Photo



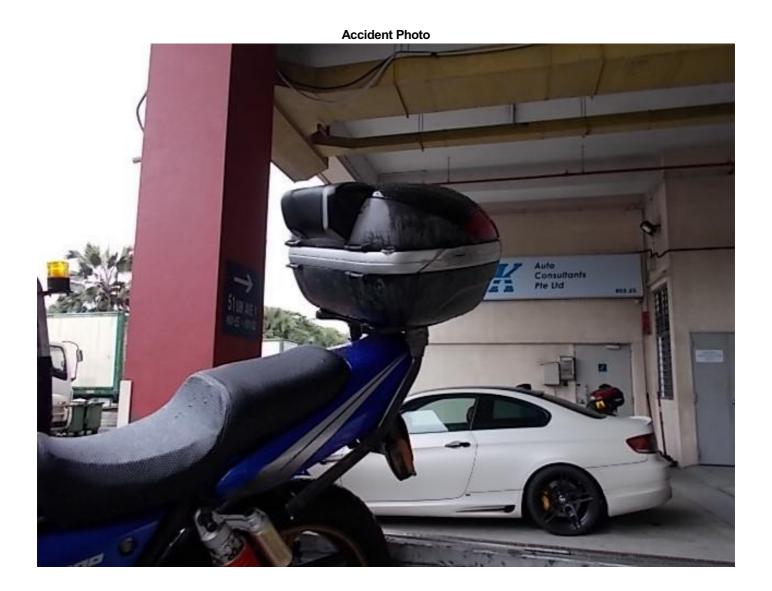




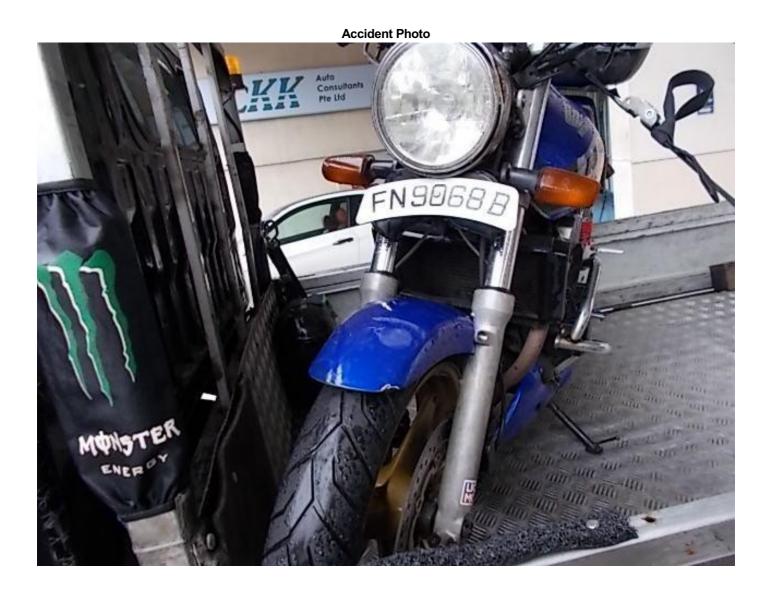
Accident Photo







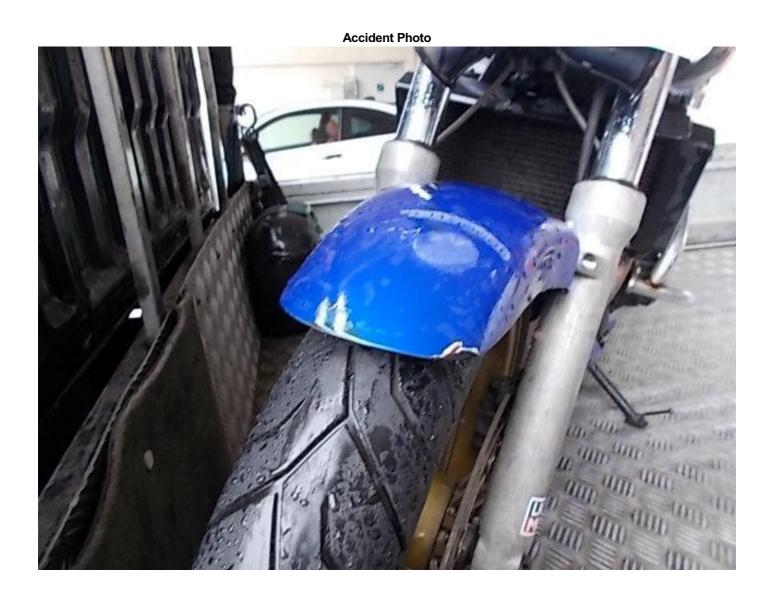




Accident Photo













Police Station Of Origin: Tampines N.P.C 6 Tampines Avanue 4 SINGAPORE 529882 Tel-No: 1800-5871999

1 of 3 Report No. T/20181013/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 12:06			Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	The state of the s	
Name of Informant: SALIM BIN SALLEH ID Type / ID No.: NRIC NO / S1789252E			Address: APT BLK 496G TAMPINES A 623496	VENUE 9 #13-496 SINGAPORE
			Contact No.: Home/Office:	Mobile: 97102425
Nationality: SINGAPORE CITIZEN		EN	Email:	77.02423
Sex: Age: Date of Birth: Male 51 05/03/1957			Type of Informant: Rider	
Race Malay			Language: English	Institution / School Name:
Occupation: TECHNICAL OFFICER		ER	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

Type of Accident:	Non-Injury Drink Date/Time Attended by Police Drive: Accident No 12/10/2018			Type of Location T-Junction	
LORONG 6 1 LORONG 4 1 Slip Road tov	oad 1 and Road 2 OA PAYOH OA PAYOH wards Lor 4 Toa Payoh			14	
Weather: Road Surface: Wet				Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
The second secon	ion:		Anyone conveyed by		

Vehicle No	Type	Make	Model	Color	[Augustina)	HAVE THE CONTROL
FN9068B		000000000000000000000000000000000000000	The second secon		Condition	No of Passenger
LMS000B	Motorcycle	HONDA	CB400F2T	Blue		0
SLR2377M	Car					0

Details of V	ehicle Insurance		DV-In-Torus		
Vehicle Na.	Insurance Company	Insurance No	Effective	Expiry Date	
	FN9068B	NTUC Income Insurance Co-Operative	5104318420	01/10/2018	30/09/2019





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529882 Tel No: 1800-5871999

2 of 3 Report No. 1720181013/2058

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian II	tvolved: No					
No. of Pedestrians Injured: NIL Use of P				edestrian Crossing: NA		
Rider				W W W I I I I I I	1 40/11/01/01/01	engl-sam
Name	SALIM BIN SALLEH			ID No		S1789252E
Related Vehicle	FN90688 (Motorcycle)			Contact No.		97102425
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 28,24,3 Date of Expiry: NIL
Date Treatment	12/10/2018 Date Disc					(2018
No. of Days gran	o. or Days granted Medical Leave 03 Degree of					(M. M.) (M.)
Driver				1,001	1 N Day	The state of the s
Name	TAN HEANG KHOON, RONALD			ID No.		S7914487H
Related Vehicle	SLR2377M (Car)			Contact No.		92715511
Hospital/Clinic	NIL -			Class Drivin Liceni Expiry	g :e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Da	ate Disch		NIL	
No. of Days gran	ted Medical Leave NIL		gree of I			

Brief Details.

On 12/10/2018 at about 1800hrs, I was riding my motorcycle (FN9088B) along the slip road from Lor 6. Toa Payoh towards for 4 Toa Payoh. It was raining and the road surface was wet.

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Both ambulance and Traffic Police attended to us. No one was conveyed. I was advised by the Traffic Police to consult doctor and lodge a Traffic Accident Report. I was given 3 days of MC due to the aching of my body.

Police Report





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529882 Tel No: 1800-5871999

3 of 3 Report No. T/2018±013/2058

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 Recor G / Sgt 3 ZHANG LINHAN	ding The Report:	Signature Of Informarit®
Signature Of Interpreter: Not applicable		Date/Time: 13/10/2018 12:06
Officer In Charge Of Case:		Classification Of Case:
TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65478438	SANSAPOSE POLICE FORCE	
Authentication Stamp NP168		J .
	59%	TERE

Identification Card







