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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.

A STATE OF THE PARTY OF THE PAR	ACCIDENT STATEMENT
Date Of Report	19/10/2018 16:50
Date Of Accident	18/10/2018 18:45
Exact Location Of Accident	PIE TWDS CHANGI BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD8607C
Insured/Policyholder	
Name Of Registered Owner	ITO JUN
NRIC No	S2736911A
Email Address	TERRYWEE71@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91727152
Alternative Phone No	OTHERS-91727152
Vehicle Particulars	
Manufacturer	TRIUMPH
Model	E.
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5038844875-09
Cover Note Number	
Driver	
Name of Driver	ITO JUN
NRIC No	S2736911A
Date Of Birth	25/07/1960
Occupation	INDOOR
Date Of Driving Pass	21/12/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727152
Fax Number	

OTHERS-91727152

TERRYWEE71@GMAIL.COM

Address BLK 712 BEDOK RESERVOIR ROAD

#08-3910

Postcode 470712

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 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?

NO

Was any other material or property damaged? YES

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

NO

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181019/2121

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 SKN2315A

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

Page 2 of 20

DETAILS OF INJURED PERSON 1

Name ITO JUN

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? FBD8607C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Page 3 of 20

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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:
 - 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 Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	A-FBD 8607C B-SKN 2315A	
	PIE	towards Changi Before Euros E
	B	∂ ⊘
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	2 out
N. C.	0.	lice feet
	X/rc X	19/3
	Jex 70 1810)
0/2	61	
DECLARATION I/We declare the foregoing partic	culars are true in every respect.	
()		1 19/10/201
Policyholder's Signature Date & Time: GIARME StatchPlanForm, V3	Driver's Signature (If driver's not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 3

Report No. T/20181019/2121

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

DEDORT	OF A	TRAFFIC	ACCIDENT
REPORT	UF A	IKAFFIC	ACCIDENT

Date/Time Report Made: 19/10/2018 15:16			Vide Report No.:	Station Diary No.: 37		
Informa	nt's Particu	ulars	THE RESIDENCE OF SHIP			
Name of Informant: ITO JUN			Address: APT BLK 712 BEDOK RESERVOIR ROAD #08-3910 SINGAPORE 470712			
ID Type / ID No.: NRIC NO / S2736911A			Contact No.: Home/Office: Mobile: 91727152			
	Nationality: JAPANESE		Email:			
Sex: Male	Age: 58	Date of Birth: 25/07/1960	Type of Informant: Rider			
Race: Japanes	se		Language:	Institution / School Name:		
Occupation: CONSTRUCTION MANAGER		MANAGER	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

General Inform	nation of the Acci	dent		CONTRACTOR OF THE STATE OF THE	
Type of Accident:	Injury Others	Drink Drive: · No	Date/Time of Accident: 18/10/2018 18:45	Type of Location: Straight Road	
	EXPRESSWAY wards Changi, before	re Eunos Exit Road Surface: Dry	ÿ.	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	Anyone conveyed by ambulance: No				

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD8607C	Motorcycle	TRIUMPH	SPEED TRIPLE 2 1050	Orange	Seriously Damaged	0
SKN2315A	Car	AUDI			Slightly Damaged	0

Details of V	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
VOINCIC ITO.	THOUSAND CONTRACTOR			





2 of 3

Report No. T/20181019/2121

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance								
The second secon	Insurance Company	Insurance No	Effective	Expiry Date				
FBD8607C	NTUC Income Insurance Co-Operative Limited	5038844875-09	26/08/2018	25/08/2019				

Any Pedestrian	nyolyed: No			TENHOLIS		
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Rider		A	Moderate L	deotria	11 0103.	siriy, IVA
Name	ITO JUN			ID No	D.	S2736911A
Related Vehicle	FBD8607C (Motorcycle)			Conta	act No.	91727152
Hospital/Clinic	SHALOM CLINIC SURGERY				of ng ce & y Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment		Date Disc		-	/2018	
No. of Days gran	ted Medical Leave	03	Degree of			
Driver		Santa and	209.000	injury	Oligiti	Machine Sales of the Parket Control
Name	FLORENCE YEO NG	EE CHEW		ID No	·	S6900916F
Related Vehicle	SKN2315A (Car)			Contact No.		90184645
Hospital/Clinic	NIL				of g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 18/10/2018 at about 6.45pm, I was riding my motorcycle, FBD8607C, on the extreme right lane along PIE towards Changi before Eunos Exit when a car, SKN2315A, from the second lane hit onto my rear tire. As such, the front and right side of my motorcycle had dents and scratches. My motorcycle was being towed away to the workshop.

I managed to exchange my particulars with the other driver. I went to see a doctor today and I was given 3 days MC. In addition, I have a camera on my motorcycle and there is also a witness namely Mr John,





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 3 Report No. T/20181019/2121

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 3 FARAH AFIQAH BINTE RASIP	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2018 15:16
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp SINGAPORE POLICE FORCE	SN 47
SIGNATURE	

ENT. Peported on 19/10/2018

	ACCIO	ENT DA	TE: (8)	10,20	18/100/	MMYYYY)	TIME: / . C	8. 4	<u>(HH:MM)</u>	**		
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. S2736911A



ITO JUN



JAPANESE

25-07-1960 M

Country of birth JAPAN







No S2736911A

JAPANESE

29-11-2005

APT BLK 712 BEDOK RESERVOIR ROAD #08-3910 SINGAPORE 470712

S2736911A

08/04/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES?

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 291 cc and 400 cc
Class 2 Motorcycles between 291 cc and 400 cc
Class 3 Mar 2008
Motor Class -< 5000 kg with =<7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg

NP 428A

eBaoTech						押益			图 蒙重	Genera	lClaim
Hello, NAC_BUKIT_MERA	H_800676						+ Change	Language	· Chan	ge Password	· Log Out
My Desktop Notice of Loss	Policy Query										
	Policy N	No.				Date of Accident. 18			8/10/2018 18:45		
	Vehicle	No.(For Motor)	FBD860	FBD8607C		Certificate Number					7/
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5038844875- 09		ITO JUN	52736911A	GMC	Third Party, Fire & Theft	FBD86070	F808607C	26/08/2018	25/08/2019
					C	Continue					

Sequen	ce Date of Endorsement		ndorsement	Туре	Endorsement	Status	Endorsement Content
♥ Endors	ements						
1 Insure	d Object: FBD8607C						
Jnit No.	08-3910	Relate Numb	d Policy er	5038844875-09			
Address 4			ss Type	Singapore address		Post Code	470712
Address 1	BLK 712 #08-3910	Addres	ss 2	BEDOK RESERVOIR	ROAD	Address 3	SINGAPORE 470712
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag							
Co- Insurance	No						
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	0.0	Own damage Excess	0.0		Windscreen Excess		
Excess Type		All Claims Excess					
Policy issue Date	04/08/2018	Effective Date	26/08/2018	3 00:00	Expiry Date	25/08/2019 2	3:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 712 #08-3910 BEDOK RESE	RVOIR ROAD	SINGAPORE	470712			
Certificate No.							
Policy No.	5038844875-09	Policyholder Name	ITO JUN		Policyholder NRIC	S2736911A	

Claim Handling

Accident MT/1016400				
Policy No.	5038844875-09	Vehicle No.	FBD8607C	GST Registration N
Certificate No.				wor negation
Policyholder Name	ITO JUN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91727152	Contact No.(Office)	0	Contact No.(Home
Email Address		Special Remark		eCode
KFK	* No Yes	TCA	* No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
Report Date	20/10/2018 11:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/10/2018	Time of Accident hh:mm	18:45	Country of Accider
Reporting Centre		Orange Force	10.43	
Accident Location	PIE TWDS CHANGI BEFORE EUNOS EXIT			ICM No.
Own damage Excess	0.00	Additional Excess		Sec. March
Unnamed Driver Excess	0.50	Outside Singapore OD Excess		Windscreen Excess
Third Party Excess	0.00	Outside Singapore TP Excess		
→ Benefits	5.50	deside diffapore in Excess		
GST Registered Informa	tion			
GST Registered	No		CST Registration Date	
GST Registration No.			GST Registration Date GST Status Verified	
Modification History			GOV Status Vernied	Yes
Policyholder Mailing Ade	dress			
Address 1	BLK 712 #08-3910	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-3910	Related Policy Number	5038844875-09	7000 0000
♥ OI Driver Info		10-20-20-20-20-20-20-20-20-20-20-20-20-20	3030044073-03	
Driver Name	ITO JUN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2736911A	Driver DOB
Register Date of Driver License	21/12/2006	Driver Age	58	Driving Experience
Contact No.(Mobile)	91727152	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 712	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-3910			Total Code
Does he own a Singapore	Yes = No	Driver Vehicle No.		
Registered car?	Activistic participation of the control of the cont	Office vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	Yes a No	
Reading?		0.000 (0.000)	0.74 9.00	
Modification History				
Claim 001 OD-MX New				
The state of the s				
Claim Type *			OD-MX	Insured ITO JUI
			CO-PIA	Name Proson
Contact No.(Mobile)			91727152	Contact No. NIL
22002000			92-	(Home)
Email Address				Vehicle FBD860
Claim Description				Number
Claim Description			FBD8607C	/ SKN2315A ON 18 Oct 2018
Preferred Workshop	Insured Liability Not at Fault	¥1		
Bontact No. Yes	Preferend Preferend Workshop, Nam	GIA Beenhad	*	
Date Registered	Option	report Received	20/10/2018	Claim Close
			[20/10/2018	Date
Report Taken By				Workshop

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Save Submit Attachment Accident No. MT/1016400 Claim No. Last Doc. Received YesNo Upload Date 20/10/2018 11:20 Path * Category * Confidential Choose File No file chosen Clear Please Select V NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ٠ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency Des NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:18 NRIC/ Driving License Normal NRIC/ Driving L NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Normal SAS 20 NAC_BUKIT_MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal Photos 7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 **Photos** Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal Photos : NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Photos 2 Normal NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Oct 2018 11:16 Photos Normal Photos : Uploaded By/Date Folder Date File Name

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