### 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/10/2018 18:00
Date Of Accident	15/10/2018 15:00
Exact Location Of Accident	ALONG ALEXANDRA ROAD CROSS JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE5389X
Insured/Policyholder	
Name Of Registered Owner	TAN FU RONG
NRIC No	S9511020G
Email Address	FURONG_95@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91213919
Alternative Phone No	OTHERS-91213919
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR-200CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5095218157
Cover Note Number	
Driver	
Name of Driver	TAN FU RONG

Name of Driver TAN FU RONG
NRIC No S9511020G
Date Of Birth 05/04/1995
Occupation OUTDOOR
Date Of Driving Pass 12/09/2014

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91213919

Fax Number

Contact Number OTHERS-91213919

EMail Address FURONG\_95@HOTMAIL.COM

Address BLK 895A WOODLANDS DRIVE 50

#04-02

Postcode 730895

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 - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

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?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20181016/2069

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 GBG4999G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

## **DETAILS OF INJURED PERSON 1**

Name TAN FU RONG

Approximate Age

Injuries Sustain SLIGHT INJURY Injured person in which vehicle? FBE5389X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

### IMPORTANT NOTICE

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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 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 Pers

Name:

NRIC/FIN No.:

## **Accident Sketch Plan**

SKETCH PLAN	Storch Blog	MOVA	ROAD	x June	rion.
		4	1 2	) 1	A - FBE5389
	1	AIR	17		B-4864999
ESCRIBE CIRCUMSTAN		1			
(GBG 49956 I couldn4	oceased straight proceeded to	of the free furn record coll	light 193897 put to ded t	was free Salan Su Salan Su she les	e vehicle kit Merah.
relide &	War	20181011	1206	9	
					_
			_		
					,
DECLARATION  I/We declare the foregoing	particulars are true in every	respect.		/	1/10/201
Policyholder's Signature Date & Time:	Driver's Signatur (If driver is not t Date & Time:			Reporting Centre Po Name: NRIC/FIN No.:	Sonnell Signature

### POLICE REPORT





7/20181016/2069

1 of 3 Report No. T/20181016/2069

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made:

Vide Report No.:

16/10/2018 13:38 Station Diary No.: Informant's Particulars Name of Informant: Address: TAN FU RONG APT BLK 895A WOODLANDS DRIVE 50 #04-02 SINGAPORE 730895 ID Type / ID No .: Contact No .: NRIC NO / S9511020G Home/Office: Mobile: 91213919 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 23 05/04/1995 Rider Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: FOOD DELIVERY Class: 2B,2A,2,3 Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive:	Date/Time of Accident:	Type of Location
Location:		No	15/10/2018 15:00	, sanoton
ALONG ALEX Weather: Clear	ANDRA ROAD X JUNC	Road Surface:		Road Speed Limit:
and the same of th		Dry		road Sheed Fittiff:
Traffic Flow: One Way Type of Collisi		Traffic Control: Not Controlled		Traffic Volume:

Details of V	ehicle Involve	d	The state of the s	Total Control of the		
	Туре	Make	Model	Color	On with	7.
FBE5389X	Motorcycle	BAJAJ	PULSAR		Condition	No of Passenger
100000000000000000000000000000000000000	CHETAK	200 DTS-I	Black		0	

Details of V	ehicle Insurance			
N. A.	Insurance Company	Insurance No	-	
FBE5389X NTUC Income Insurance Co-Op Limited			Effective	Expiry Date
	Limited	5095218157	20/10/2017	08/12/2018

### **POLICE REPORT**



T/20181016/2069

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181016/2069

#### CONTINUATION OF REPORT

Details of Perso	n Involved		They want			ALC: SHE	
Any Pedestrian II	nvolved: No						
No. of Pedestrian	s Injured: NIL		Use of	Use of Pedestrian Crossing: NA			
Rider	7.7 (2) (2)	1000	1800			1191101	
Name	TAN FU RONG			ID No		S9511020G	
Related Vehicle	NIL .			Conta	ct No.	91213919	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licent Expire	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	15/10/2018	Date D	ischarge		/2018		
No. of Days gran	ted Medical Leave	02		of Injury	NIL		

### Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS RIDING ALONG THE SAID LOCATION, WHEN I AT THE CROSS JUNCTION, TRAFFIC LIGHT
WAS GREEN AT THAT PART OF TIME. A VEHICLE FROM OPPOSITE TURNING ON HIS RIGHT
GOING TOWARDS JALAN BUKIT MERAH. WHEN SUDDENLY THIS VEHICLE TURN RIGHT AND I
COULD NOT STOP IN TIME AND COLLIDED ONTO THE VEHICLE LEFT SIDE. THAT'S ALL.

## POLICE REPORT



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20181016/2069

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.

	100	
Signature Of Officer Recording The Report P / MUHAMMAD HAZIQ BIN SAIFUDDIN	r	Signature Of Informant:
Signature Of Interpreter: Not applicable	c.	Date/Time: 16/10/2018 13:38
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246		Classification Of Case:
Authentication Stamp		100





















