

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	23/10/2018 17:22
Date Of Accident	22/10/2018 17:30
Exact Location Of Accident	T JUNC OF CAIRNHILL RD & CAIRNHILL ARTS CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA2840A
Insured/Policyholder	
Name Of Registered Owner	NGUYEN VAN MANH
NRIC No	G3188010L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91052179
Alternative Phone No	OFFICE-91052179

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK 135 M
Exact Purpose for which vehicle was being used at time of accident	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	5100693708
Cover Note Number	-

Driver

Name of Driver	NGUYEN VAN MANH
NRIC No	G3188010L
Date Of Birth	04/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91052179
Fax Number	
Contact Number	OFFICE-91052179
Email Address	NOEMAIL

Address	BLK 252 KIM KEAT LINK #02-127
Postcode	310252
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	
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
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	GBE422R
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	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJX2256X
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 NGUYEN VAN MANH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBA2840A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
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.


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.:

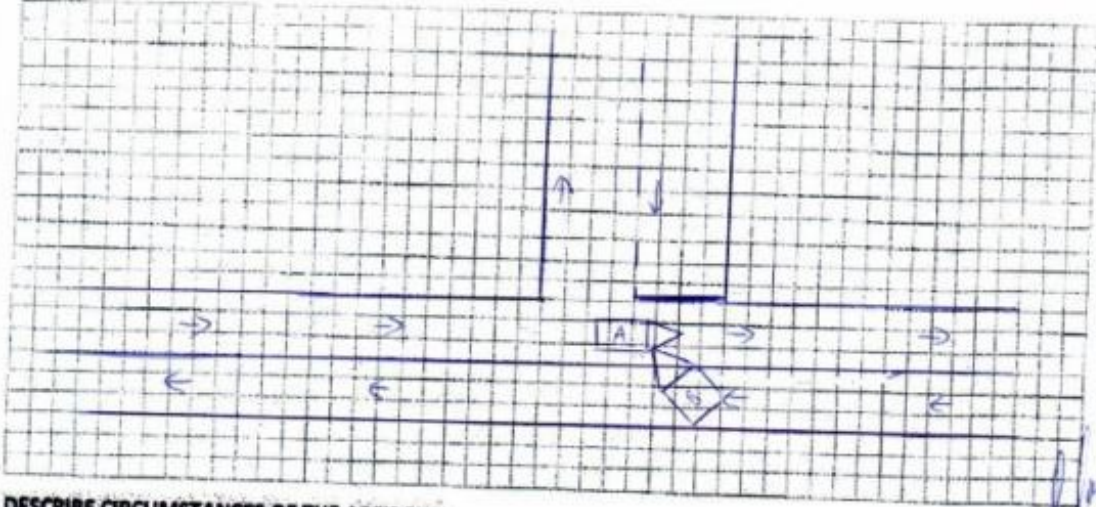
Accident Sketch Plan

Craighill Rd towards Glenasmole Ave North

Vehicle A : FBA 2240A

Vehicle B : GBE 422R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

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.:

GAARNC Sketch Plan Form - 2011

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181022/2172

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20181022/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2018 21:28		Vide Report No.:		Station Diary No.: 252
Informant's Particulars				
Name of Informant: NGUYEN VAN MANH		Address: APT BLK 252 KIM KEAT LINK #02-127 SINGAPORE 310252		
ID Type / ID No.: FIN NO / G3188010L		Contact No.: Home/Office: Mobile: 91052179		
Nationality: VIETNAMESE		Email:		
Sex: Male	Age: 25	Date of Birth: 04/06/1993	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Despatch worker		Driving Licence Information: Class: 2B		Date of Expiry: 12/07/2021

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2018 17:30	Type of Location: T-Junction
Location: Along Road 1 CAIRNHILL ROAD				
T-Junction along Cairnhill Rd junction of short road leading to Cairnhill Arts Centre				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA2840A	Motorcycle	YAMAHA	SPARK 135 M	Black	Seriously Damaged	0
GBE422R	Van	NISSAN	NV200 DX 1.6 A	Black	Seriously Damaged	0
SJX2256X	Car	HONDA	FIT 1.3G A	Yellow	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20181022/2172

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA2840A	NTUC Income Insurance Co-Operative Limited	5100693708	14/05/2018	13/05/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NGUYEN VAN MANH		ID No.	G3188010L
Related Vehicle	FBA2840A (Motorcycle)		Contact No.	91052179
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 12/07/2021
Date Treatment	22/10/2018		Date Discharge	22/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	TEO CHU HA		ID No.	S2002634J
Related Vehicle	NIL		Contact No.	97371690
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 22/10/2018 at about 1730hrs, I was riding my motorcycle along Cairnhill Rd direction of Bideford Rd when I was caught up with slow moving traffic. While I was approaching the said T-Junction along Cairnhill Rd junction of a small route leading to Cairnhill Arts Centre, a van coming from the opposite direction made a right turn to the said road. As I was travelling by the side of the slow moving traffic, at the T-junction our vehicles collided. The van front side hit my motorcycle front side and as a result I flew away from my motorcycle. The said van also lose control and crash to a stationary car that was parked at the location. Later on the ambulance came and I was attended by them. My motorcycle sustained damages on the front side and the right side of the body frame. However the motorcycle was no longer movable and was towed away. I spoke to the driver of the van who also helped me out earlier. We exchange particulars and afterwhich I left to Mount Alvernia Hospital. I was subsequently given 3 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181022/2172

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93 Toa Payoh Central #01-02 Toa Payoh
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Report No. T/20181022/2172

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:
E /
Sgt 3 MUHAMMAD ZULHAFFIZ BIN MOHD ZIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/10/2018 21:28

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD SN 168
Contact No. 65472076

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

POLICE REPORT



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T/20181022/2172

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Report No. T/20181022/2172

CONTINUATION OF REPORT

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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