

MSME18138561 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 25/10/2018 11:24
SUBMITTED BY: Chis Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 25/10/2018 11:56

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 25/10/2018 11:24
Date Of Accident 23/10/2018 13:15
Exact Location Of Accident KAKI BUKIT ROAD 4
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBC4471H
Insured/Policyholder
Name Of Registered Owner EA GLOBAL MANAGEMENT
Co Reg No 53381227E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90400009
Alternative Phone No OFFICE-67412000

Vehicle Particulars

Manufacturer GILERA
Model RUNNER
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? 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 5100490261
Cover Note Number

Driver

Name of Driver DENY PRIATNA
NRIC No S8364732I
Date Of Birth 10/02/1983
Occupation INDOOR
Date Of Driving Pass 23/08/2013
Driving Experience 5 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97553206
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 6 MARINE TERRACE #08-214
 Postcode 440006
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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
 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 CHANGI N.P.C
 Police Station Address ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20181023/2123.

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 YP5489K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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 INJURED PERSON 1

Name

DENY PRIATNA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBC4471H

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

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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.



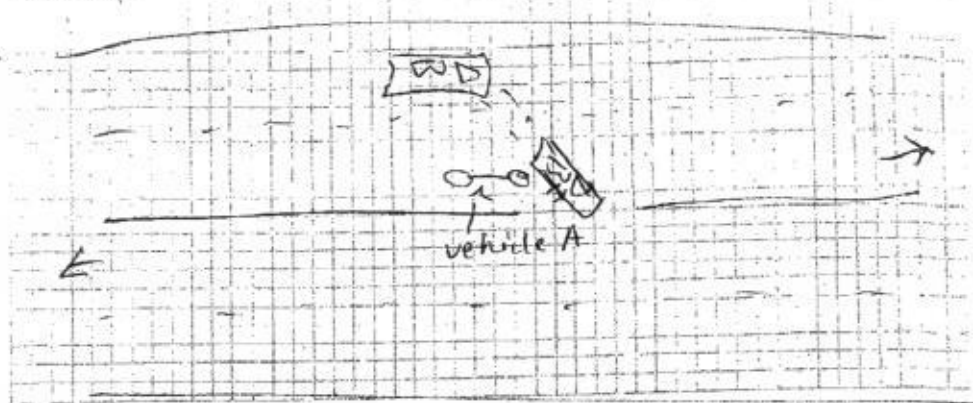

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

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:

At 25/10/2018 11:46 FAX



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181023/2123

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20181023/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2018 17:59		Vide Report No.:		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: DENY PRIATNA			Address: APT BLK 6 MARINE TERRACE #08-214 SINGAPORE 440006		
ID Type / ID No.: NRIC NO / S8364732I			Contact No.: Home/Office: Mobile: 97553206		
Nationality: INDONESIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 10/02/1983	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SURVEYOR.			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2018 13:15	Type of Location: Straight Road
Location: Along Road 1 KAKI BUKIT ROAD 4				
Towards Autobay				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBC4471H	Motorcycle				Seriously Damaged	0
YP5489K	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181023/2123

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20181023/2123

CONTINUATION OF REPORT

Rider			
Name	DENY PRIATNA	ID No.	S8364732I
Related Vehicle	FBC4471H (Motorcycle)	Contact No.	97553206
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/10/2018	Date Discharge	23/10/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	SELVARAJ SARATHI	ID No.	G2653423U
Related Vehicle	YP5489K (Lorry)	Contact No.	84262312
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 23/10/2018 at about 1315hrs, I was riding my motorbike (FBC4471H) along Kaki Bukit road 4 towards Autobay (2 lane road). As I was going straight (on the right lane), there was a lorry (YP5489K) driving on the left side of me. Out of sudden the lorry driver switch to my lane wanting to make an illegal u-turn. Due to that I could not stop in time which caused me to hit the rear right side of the lorry near to the tyre. I then lost balance and fell to the ground. The lorry driver then approached me and did not say anything and he went back to his lorry and shifted to the side of the road.

We then took pictures of the damages and exchanged our particulars.

I wish to state that the police came down to my scene and advised us accordingly. Due to the accident I went to seek medical treatment at Changi General Hospital as I feel pain at my right abdomen, right knee, right thigh and left palm. I was given a total of 02 days mc.

Particulars of my witness:

Thiam

Hp: 90073109

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20181023/2123

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Report No. T/20181023/2123

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: G / Sgt 1 SATHIYSH S/O THILLAIVENDHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2018 17:59
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No: 65476131	Classification Of Case:
Authentication Stamp NP168	