

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	05/11/2018 09:35
Date Of Accident	02/11/2018 09:45
Exact Location Of Accident	AT 31 JURONG PORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8277B
Insured/Policyholder	
Name Of Registered Owner	WU SIQUAN
Passport No/FIN	G8456640W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83553511
Alternative Phone No	OTHERS-83553511

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-123CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072352192-03
Cover Note Number	

Driver

Name of Driver	WU SIQUAN
Passport No/FIN	G8456640W
Date Of Birth	29/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83553511
Fax Number	
Contact Number	OTHERS-83553511
Email Address	NOEMAIL

Address	23 TELOK BLANGAH CRESCENT #01-30 MOUNT FABER VIEW
Postcode	090023
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181103/2064

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM5559H
Vehicle Make/Model/Colour	LORRY
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)

Sketch Plan

SKETCH PLAN

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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.

WU SI QIAN
Policyholder's Signature
Date & Time:

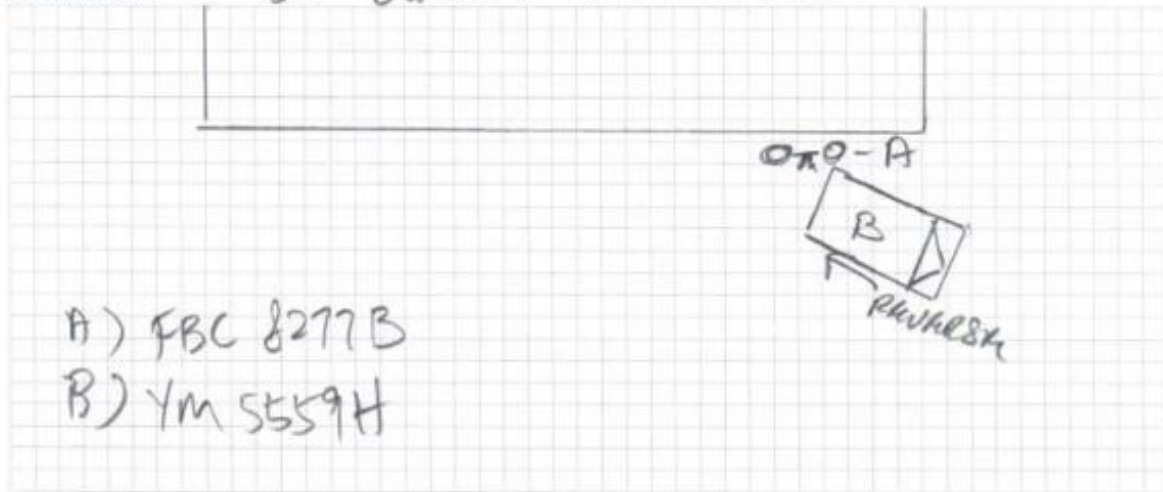
Driver's Signature
(If driver is not the policyholder)
Date & Time:

6/11/2018
Reporting Centre Personnel's Signature
Name: Rafiqi Hashim
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

31 JURONG PORT ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02/11/2018 AT ABOUT 09:45 I WAS AT 31 JURONG PORT ROAD TO SEND DOC AND PARK MY BIKE FBC 8277B & A/F DELIVERY WHEN I RAN TO MY BIKE I SAW A LORRY YM 5559H HANG MY BIKE. THE DRIVER CAME DOWN & OFFER ME \$50/- BUT I REFUSE BECAUSE THE DAMAGE OF MY BIKE BADLY DAMAGE. THE SECURITY ASK THE DRIVER TO PARK PROPERLY BUT HE JUST DROVE OFF THAT ALL.

POLICE REPORT T/2018/1103/2064

DECLARATION

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

WU SI QUAN
Policyholder's Signature
Date & Time:

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

05/11/2018
Reporting Centre Personnel's Signature
Name: Rishi Vardan
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181103/2064

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20181103/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2018 13:17	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: WU SIQUAN			Address: 23 TELOK BLANGAH CRESCENT #11-30 MOUNT FABER VIEW SINGAPORE 090023		
ID Type / ID No.: FIN NO / G8456640W			Contact No.: Home/Office: Mobile: 83553511		
Nationality: CHINESE			Email:		
Sex: Male	Age: 33	Date of Birth: 29/07/1985	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/11/2018 09:50	Type of Location: Car Park
Location: Along Road 1 JURONG PORT ROAD				
At the vicinity of RS Components Pte Ltd, 31 Jurong Port Road #01-01/09 (PC: 619115), Level 1 Car Park (Unit 8)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8277B	Motorcycle	YAMAHA	YBR125	Grey	Totally Damaged	0
YM5559H	Lorry				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181103/2064

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20181103/2064

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC8277B	NTUC Income Insurance Co-Operative Limited	5072352192-03	24/07/2018	23/07/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WU SIQUAN	ID No.	G8456640W
Related Vehicle	FBC8277B (Motorcycle)	Contact No.	83553511
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/11/2018 at about 0945hrs, I parked my Motorcycle bearing the License Plate: FBC8277B at 31 Jurong Port Road #01-01/09 Car Park (Level 1, Unit 8) to deliver mails to RS Components Pte Ltd. After making my deliveries which lasted for about 2 minutes, I came out of the office wanting to retrieve my Motorcycle when I witnessed a lorry bearing the License Plate: YM5559H making a reverse and knocked on to my Motorcycle which was parked stationary.

I wish to state that I did not managed to exchange particulars with the lorry driver and I wish to state that there was no one injured, no pedestrian was involved, no government property was damaged and no ambulance or traffic police came to attend the traffic accident. I also wish to stated that I have no in-car camera installed on my bike however there is CCTV at the Car Park.

I am lodging this report for insurance claim.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181103/2064

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20181103/2064

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 MUHAMMAD HAIQAL BIN AZMAN	Signature Of Informant: WU SI QUAN
Signature Of Interpreter: Not applicable	Date/Time: 03/11/2018 13:17
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

