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 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.

ACCIDENT STATEMENT

Date Of Report	08/11/2018 19:40
Date Of Accident	08/11/2018 08:25
Exact Location Of Accident	JUNCTION OF NORTH BRIDGE ROAD/TAN QUEE LAN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4516P
Insured/Policyholder	
Name Of Registered Owner	YVONNE THOMSEN-GHAI
NRIC No	S7368283E
Email Address	YTHOMSEN1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96433127
Alternative Phone No	OTHERS-96433127
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099954029
Cover Note Number	
Driver	
Name of Driver	YVONNE THOMSEN-GHAI
NRIC No	S7368283E
Date Of Birth	23/03/1973
Occupation	INDOOR
Date Of Driving Pass	21/03/1991
Driving Experience	27 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96433127
Fax Number	
Contact Number	OTHERS-96433127
EMail Address	YTHOMSEN1@GMAIL.COM

Address	18 HOLLAND HILL #04-16
Postcode	278746
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?	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?	YES
If Yes,Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: 32 NORTH CANAL ROAD , **POSTCODE:** 059282 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5359999 - **FAX NO**: 62362541
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181107/2024

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	FBA6823Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RHYAN
NRIC/Passport Number	S8213977Z
Contact Number	97999766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RYHAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBA6823Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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6. 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.
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:

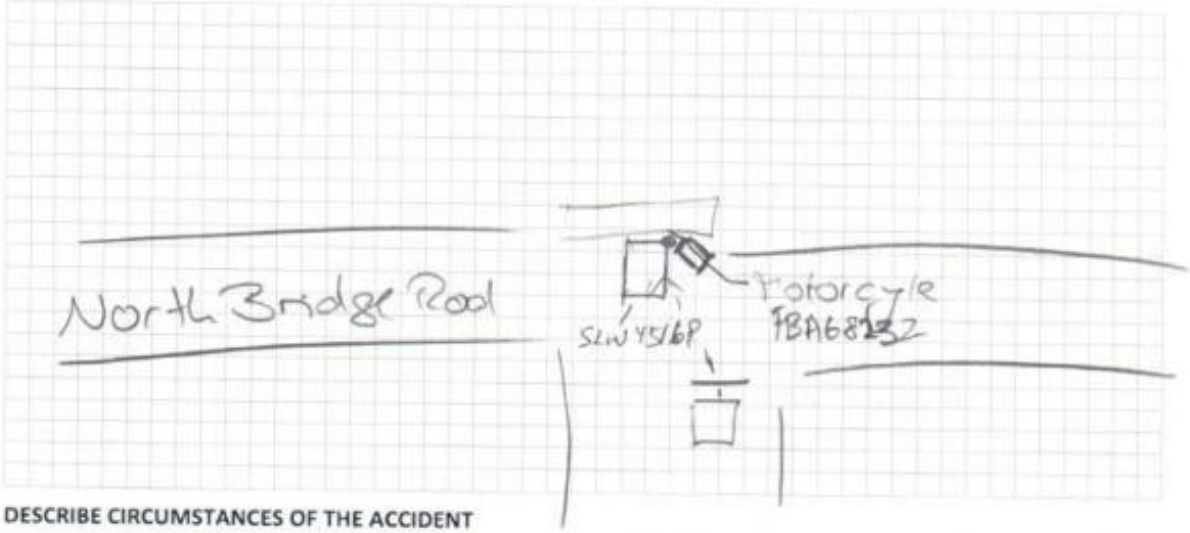
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 8/11/2018	Driver's Signature (If driver is not the policyholder) Date & Time:	08/11/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.

POLICE REPORT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER To Police Report
1/2018/108/2024

DECLARATION

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

Policyholder's Signature
Date & Time: 8/11/2018

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

8/11/2018
Reporting Centre Personnel's Signature
Name: Rafi Wahab
NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20181108/2024

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No. T/20181108/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/11/2018 10:30	A/20181108/0026	15

Informant's Particulars

Name of Informant: YVONNE THOMSEN-GHAI			Address: 18 HOLLAND HILL #04-16 SINGAPORE 278746	
ID Type / ID No.: NRIC NO / S7368283E			Contact No.: Home/Office:	Mobile: 96433127
Nationality: GERMAN			Email:	
Sex: Female	Age: 45	Date of Birth: 23/03/1973	Type of Informant: Driver	
Race: Caucasian			Language: English	Institution / School Name:
Occupation: FINANCE DEPARTMENT			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/11/2018 08:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 NORTH BRIDGE ROAD TAN QUEE LAN STREET Junction of North Bridge Road and Tan Quee Lan Street				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA6823Z	Motorcycle			Black	Slightly Damaged	0
SLW4516P	Car	TOYOTA	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20181108/2024

Report No. T/20181108/2024

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW4516P	NTUC Income Insurance Co-Operative Limited	5099954029	18/04/2018	17/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RYHAN	ID No.	S8213977Z
Related Vehicle	FBA6823Z (Motorcycle)	Contact No.	97999766
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
Driver			
Name	YVONNE THOMSEN-GHAI	ID No.	S7368283E
Related Vehicle	SLW4516P (Car)	Contact No.	96433127
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/11/2018 at about 0825hrs, I was travelling along Tan Quee Lan Street towards North Bridge Road. Upon reaching the junction, I made a check on my right and saw that there was no traffic. I proceeded to cross North Bridge Road to enter Bugis Junction, which was across the street. While I was on the rightmost lane of North Bridge Road, I felt an impact on the front of my vehicle and saw one motorcycle (FBA6823Z) collided into the front right of my vehicle. Thereat, he fell on the pavement. I went out of my vehicle and made a check on him. It was witnessed by a security guard working at the Bugis Junction building namely Chow Peng Kong, DID: 64325183 whom then called for the police.

Thereafter, the traffic police and ambulance came where the rider was subsequently conveyed to the hospital.

As a result from the accident, there were dents and scratches on my vehicle's front right fender. I do not know the damages on the motorcycle.

SINGAPORE
POLICE FORCE

T/20181108/2024

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

CONTINUATION OF REPORT

I wish to state that I had check that the traffic on my right was clear prior to crossing the road. I was then advised to lodge a traffic accident report.

My Investigation Officer of the case is Shahrul Nizam, DID: 65476904.

SINGAPORE POLICE FORCE

T/20181108/2024

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

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: A / Sgt 2 LEOW JUN CONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2018 10:30
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:

Authentication Stamp
NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA4814490 Vehicle Registration No: SLW4516P

Name(as shown in NRIC) : _____ NRIC/FIN/Passport No : S7368283E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 96433127

Email Address : _____

Date of Accident : 08/11/2018 Time of Accident : 08:25

Place of Accident : Junction of North Bridge Road / Zone Queue Lane 57

Insurance Company : MNC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upgrade from Reporting to Third Party Claims

Policyholder / Driver's Signature
Date:

14/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: