

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 | 14/11/2018 15:36 |
| Date Of Accident | 09/11/2018 17:40 |
| Exact Location Of Accident | TPE TWDS SLE B4 JLN KAYU EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBM6911P |
| Insured/Policyholder | |
| Name Of Registered Owner | WANG IT PENG |
| NRIC No | S0451401G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96586506 |
| Alternative Phone No | OFFICE-96586506 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | YZF-R155 |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | 5098058279 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WANG YUAN |
| NRIC No | S9943493G |
| Date Of Birth | 24/06/1999 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/01/2018 |
| Driving Experience | 0 YEAR AND 9 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84815384 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------|
| Address | 24 NERAM CRESCENT |
| Postcode | 807829 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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 | YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8529999 - FAX NO: 68522299 |
| 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 | XE1788T |
| 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 INJURED PERSON 1 | |
|---|---|
| Name | WANG YUAN |
| Approximate Age | |
| Injuries Sustain | LEFT FACE, LIPS, NECK, CRACK ON FOREHEAD AND ABRASION LEFT HAND AND RIGHT LEG |
| Injured person in which vehicle? | FBM6911P |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident Sketch Plan

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.

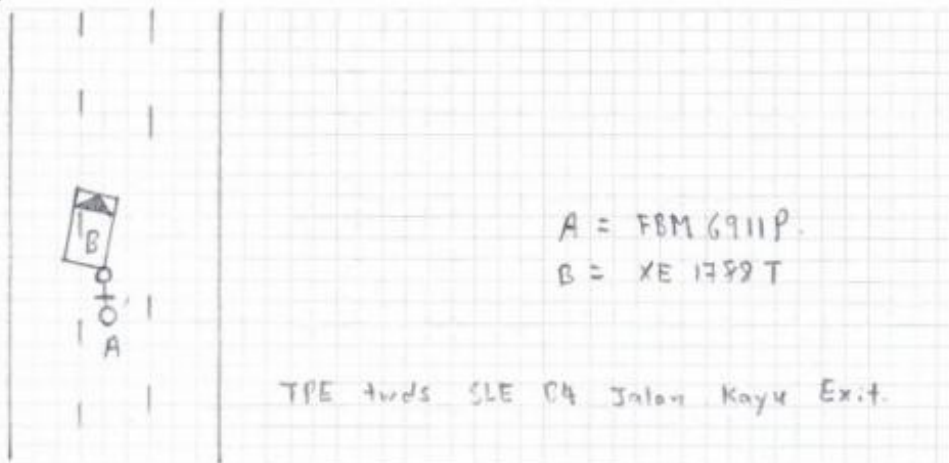
Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

- SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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.: _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181113/2058

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3
Report No. T/20181113/2058

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 13/11/2018 13:03 | Vide Report No.: F/20181109/0179 | Station Diary No.: 61 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: WANG YUAN | | | Address: 24 NERAM CRESCENT SINGAPORE 807829 | |
| ID Type / ID No.: NRIC NO / S9943493G | | | Contact No.: Home/Office: Mobile: 84815384 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 19 | Date of Birth: 24/06/1999 | Type of Informant: Rider | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: POLICE NATIONAL SERVICEMAN | | | Driving Licence Information: Class: 2B Date of Expiry: | |

| General Information of the Accident | | | | |
|--|---------------------------|--|--|-------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 09/11/2018 17:40 | Type of Location: |
| Location: Along Road 1 SELETAR EXPRESSWAY | | TPE towards SLE before Jalan Kayu exit | | |
| SLE TOWARDS YISHUN DAM | | 31 YISHUN CENTRAL SINGAPORE 768827 TEL: 6852 9999 FAX: 6852 2299 | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|------|-------|-------|-------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| FBM6911P | Motorcycle | | | | Seriously Damaged | 0 |

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181113/2058

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20181113/2058

CONTINUATION OF REPORT

Brief Details.

On 09/11/2018, at about 1740hrs, I was riding my motorcycle FBM6911P along Seletar Expressway (SLE) towards Yishun Dam. I was riding on Lane 2 when suddenly a lorry from Lane 3 cut into my lane.

This happened too quickly and I was unable to react on time and knocked onto the rear of the lorry. I cannot brake on time. I then fallen down on the road due to this impact.

I sustained injuries on my left face, lips, neck, crack on my forehead and abrasions on my left hand and my right leg.

Traffic Police and ambulance soon arrived and I was conveyed to Seng Kang General Hospital and was warded for 4 days and got MC for 17 days from 09/11/2018 to 25/11/2018.

I was given a report number of F/20181109/0179 to lodge a traffic accident report. The TP IO given to me was IO Khairil.

I wish to state that I was unable to get the contact details or particulars of the lorry driver.

YISHUN NORTH N.P.C
31 YISHUN CENTRAL
SINGAPORE 768827
TEL: 6852 9999
FAX: 6852 2299

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181113/2058

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20181113/2058

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:
F /
Staff Sgt LEE TECK LENG

Signature Of Informant:

[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
13/11/2018 13:03

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

[Signature]

Authentication Stamp
NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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