# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number
Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> 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

| atoresaid.   |  |
|--|--|
|  | ACCIDENT STATEMENT                     |
| Date Of Report   | 16/11/2018 13:31                       |
| Date Of Accident   | 14/11/2018 23:00                       |
| Exact Location Of Accident   | ALONG BEDOK NORTH RD NEAR CALTEX       |
| Country/State of Loss  | SINGAPORE                              |
| C  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | FBM9154M                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | TAN KOK SIONG                          |
| NRIC No  | S8814560G                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-88680991                   |
| Alternative Phone No   | OFFICE-88680991                        |
| Vehicle Particulars  |  |
| Manufacturer   | YAMAHA                                 |
| Model  | SNIPER T150                            |
| 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                                       | REPORTING ONLY                         |
| Vehicle Category   | MOTORCYCLE                             |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5100723881                             |
| Cover Note Number  | -                                      |
| Driver   |  |
| Name of Driver   | TAN KOK SIONG                          |
| NRIC No  | S8814560G                              |
| Date Of Birth  | 26/04/1988                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 15/05/2008                             |
| Driving Experience   | 10 YEARS AND 5 MONTHS                  |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-88680991                   |
|  |  |

OFFICE-88680991

**NOEMAIL** 

Address BLK 464 CHOA CHU KANG AVE 4 #06-23

Postcode 680464

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 - HEAD TO REAR

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?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# **Circumstances of Accident**

I WAS TRAVELLING ALONG BEDOK NORTH RD WHILE APPROACHING TRAFFIC JUNC OF BEDOK NORTH STREET 2, I ACCIDENTALLY HIT ONTO A STATIONARY VEH REAR LEFT PORTION.

# 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 SKC7973A

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 TAN KOK SIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHTLY ABRUSION

FBM9154M

NO

#### Accident Sketch Plan

### SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

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:
  - 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")
- 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.
- 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.
- (R) the information so collected under (d) above may be shared / disclosed:
  - 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**

| A A  |   |                 |  |
|--|---|-----------------|--|
| SPC  |   |                 |  |
| St 2.  | 6 O O O   | Bedok Morth Rd. | A = FBM 9154 M<br>B = SKC 7973 A                           |
| ESCRIBE CIRCUMSTANCES  | S OF THE ACCIDENT                                       |                 |  |
| Please   | Refer   | +o S+           | atoment  |
|  |   |                 |  |
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|  | iculars are true in every                               | respect.        | - Line   |
| CLARATION Ve declare the foregoing particyholder's Sanature se & Time: | Driver's Signatur<br>(If driver is not the Date & Time: | e               | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

# **POLICE REPORT**

ANNEX E

# NOTICE OF REPORTING

This is to confirm that <u>TAN KOK SIONG</u>, NRIC: <u>S8814560G</u> has reported to the Police a non-injury traffic accident which occurred at <u>Along Bedok North Road</u>

<u>near Caltex on 14/11/2018</u> at <u>11pm</u> involving the following vehicles: <u>SKC7973A and</u>

FBM9154M

 If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

> Bedok North NPC 10, 30 Bedok North Road Singapore 469676 Tel: 1800-2449999

Rank / Name of Issuing officer: SGT Naszrul

Date: 14/11/2018 Time: 2350hrs

S/D Ref: 172

Police Post/ Unit: Bedok North NPC

Original – To be issued to informant Duplicate- to be submitted to Traffic Police



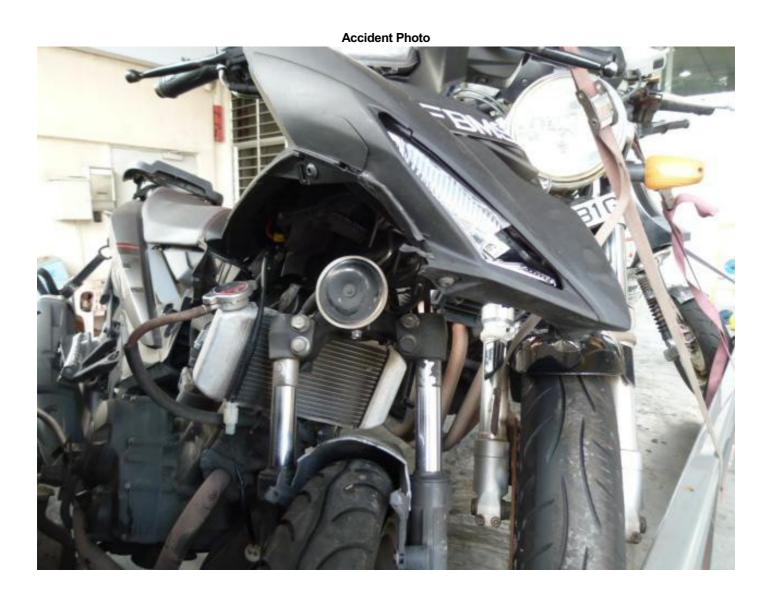












# **Accident Photo**





# **Accident Photo**





