

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	28/11/2018 16:10
Date Of Accident	28/11/2018 09:00
Exact Location Of Accident	JUNCTION OF HOLLAND ROAD AND BELMONT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8299Y
Insured/Policyholder	
Name Of Registered Owner	NG KIN YEE
NRIC No	S1808682D
Email Address	NGKINYEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91788900
Alternative Phone No	OTHERS-91788900

Vehicle Particulars

Manufacturer	BMW
Model	525I
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?	YES
If No, Please state action to be taken	
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	5046355305-07
Cover Note Number	

Driver

Name of Driver	NG KIN YEE
NRIC No	S1808682D
Date Of Birth	19/01/1967
Occupation	INDOOR
Date Of Driving Pass	11/03/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91788900
Fax Number	
Contact Number	OTHERS-91788900
Email Address	NGKINYEE@YAHOO.COM

Address	123 DUCHESS AVENUE
Postcode	269157
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?	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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181128/2029 (PREFERRED WORKSHOP IS PERFORMANCE MOTOR)

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	FBD2038J
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD RASHID BIN MUHAMMAD ABDULLAH
NRIC/Passport Number	S9510288C
Contact Number	93897881
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG3609X
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	MUHAMMAD RASHID BIN MUHAMMAD ABDULLAH
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD2038J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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.

Policyholder's Signature

Date & Time: 28/11/2018

3:45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

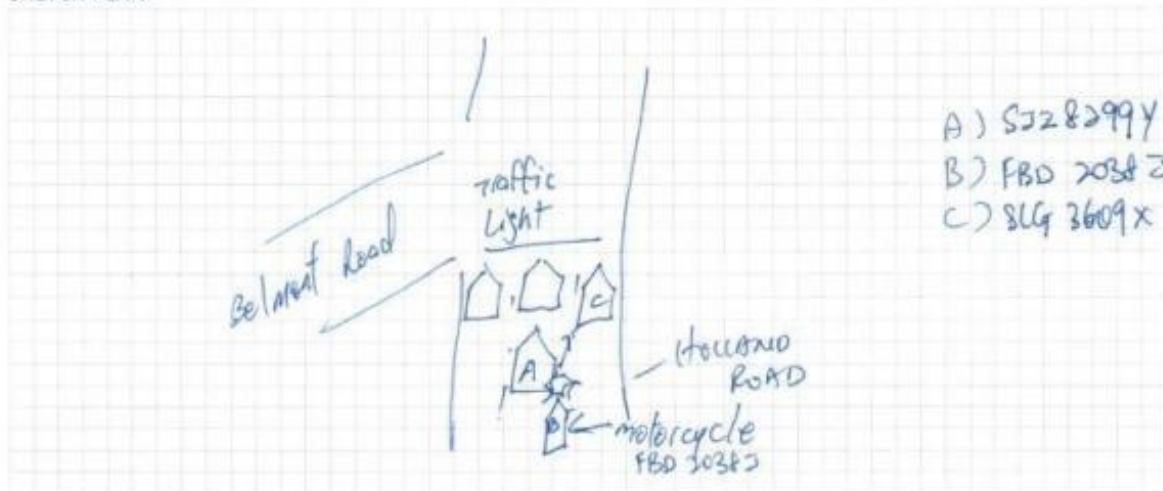
NRIC/FIN No.:

28/11/2018

Koshi Kumar

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcycle (B) hit rear right of my car (A), ricochet
and hit vehicle C (SLG 3609X)

Please see details of statement in police report
T/2018/1128/2029

DECLARATION

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

Policyholder's Signature _____
Date & Time: 2/11/2018 3:45pm

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181128/2029

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20181128/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2018 10:46	Vide Report No.: E/20181128/0067	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: NG KIN YEE		Address: 123 DUCHESS AVENUE SINGAPORE 269157	
ID Type / ID No.: NRIC NO / S1808682D		Contact No.: Home/Office:	Mobile: 91788900
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 19/01/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Administration manager		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: 28/11/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 HOLLAND ROAD BELMONT ROAD Second lane from the right Lamp Post Number: 130				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2038J	Motorcycle				Seriously Damaged	0
SJZ8299Y	Car	BMW	525i XL	Silver	Slightly Damaged	0
SLG3609X	Car				Slightly Damaged	1

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20181128/2029

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20181128/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ8299Y	NTUC Income Insurance Co-Operative Limited	5046355305-07	29/01/2018	28/01/2019

Brief Details.

On the 28/11/2018 at about 0900hrs, I was driving along Holland road and was heading for work. I was driving along the junction of Holland Road and Belmont Road when the traffic light turned red. As such I slowed down my vehicle and was coming to a stop at the traffic light. Suddenly a motorcycle (FBD2038J) hit onto my right rear vehicle and the rider was thrown off his bike. At the same time, the motorcycle ricochet from my vehicle and hit on to another vehicle (SLG3609X) diagonally right from me.

Subsequently, me and the driver got down to make a check on the rider. The rider suffered some scratches and was seen bleeding. After which the other driver called the police and ambulance for assistance. While waiting for the ambulance and police to arrive, we exchanged our particulars. Once the ambulance and police arrived, the rider was conveyed to the hospital and I was informed to lodge a traffic report.

I wish to state that the my vehicle has scratches on the right rear and my right rear light is broken. I also wish to state that I have no in-car camera in my vehicle.

Details of motorcyclist:

S9510288C

Muhammad Rasyid Bin Muhammad Suhaimi Abdullah

Vehicle: FBD2038J

Details of another driver:

SLG3609X

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181128/2029

3 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20181128/2029

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:

E /

Sgt 2 DOMINIC SONG GUO QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/11/2018 10:46

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

SN 170

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



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: S665500200 / 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 : 5128299Y Vehicle Registration No: 5128299Y
Name (as shown in NRIC) : NG KIN YEE NRIC/FIN/Passport No : S1808682D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91288900
Email Address : _____
Date of Accident : _____ Time of Accident : 09:00
Place of Accident : JUNCTION OF HOLOMAN ROAD & BELMONT ROAD
Insurance Company : NMC

(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 change from Reporting to OWN DAMAGE CLAIM
1800 6225269 (PERFORMANCE MOTOR PREPARED WORKSHOP)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Koh Lin
NRIC/FIN No.: 0312/2012
Date: