

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	29/11/2018 19:47
Date Of Accident	28/11/2018 08:30
Exact Location Of Accident	STRATHMORE AVE PUBLIC CARPARK NUMBER Q93 LOT23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ8988P
Insured/Policyholder	
Name Of Registered Owner	TAN KENG SIONG (CHEN QINGXIANG)
NRIC No	S7935613A
Email Address	ORTHODOXY_TKS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96370981
Alternative Phone No	OTHERS-96370981

Vehicle Particulars

Manufacturer	BMW
Model	C650 GT
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	5102093279
Cover Note Number	

Driver

Name of Driver	TAN KENG SIONG (CHEN QINGXIANG)
NRIC No	S7935613A
Date Of Birth	09/11/1979
Occupation	INDOOR
Date Of Driving Pass	20/06/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96370981
Fax Number	
Contact Number	OTHERS-96370981
EEmail Address	ORTHODOXY_TKS@YAHOO.COM.SG

Address	BLK 82 STRATHMORE AVENUE #04-150
Postcode	141082
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181129/2044

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	GBF5131S
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)

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: 29/11/2018

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

UNKNOWN BIKE WAS PROCEEDED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

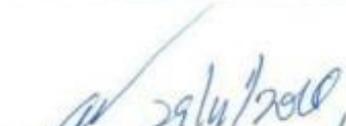
PLS REFER TO POLICE REPORT
7/2018/1129/2018

DECLARATION

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

 29/11/2018
Policyholder's Signature
Date & Time:

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

 29/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181129/2044

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20181129/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2018 12:23	Vide Report No.:	Station Diary No.: 67
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Informant's Particulars			
Name of Informant: TAN KENG SIONG		Address: APT BLK 82 STRATHMORE AVENUE #04-150 SINGAPORE 141082	
ID Type / ID No.: NRIC NO / S7935613A		Contact No.: Home/Office: Mobile: 96370981	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 09/11/1979	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Crane operator (port)		Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2018 08:30	Type of Location: Car Park
Location: Along Road 1 STRATHMORE AVENUE Strathmore Avenue public carpark number Q93, lot 23				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FZ8988P	Motorcycle	BMW	C650 GT	Black	Seriously Damaged	0
GBF5131S	Van				No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ8988P	NTUC Income Insurance Co-Operative Limited	5102093279	14/07/2018	13/07/2019

POLICE REPORT



SINGAPORE
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T/20181129/2044

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Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20181129/2044

CONTINUATION OF REPORT

Brief Details.

On 28/11/2018 at about 0830hrs, I parked my motorcycle bearing registration number FZ8988P at Strathmore Avenue public carpark number Q93, lot 23. At that point of time, everything was intact.

On the same day at about 2200hrs, I wanted to go out and ride my motorcycle. I then discovered that my motorcycle had fallen. I made a check and noticed a note saying "Sorry. I wait u 30 mins please call. 6383 1188" I then contacted the number and he provided me with the vehicle registration number which is GBF 5131S belonging to Joaquim Florist & Gifts Pte Ltd. He admitted that one of his driver had accidentally hit my bike while reversing.

I would like to mention that there were cracks & scratches at my left side fairing. The side mirror is also damaged. No one was injured.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181129/2044

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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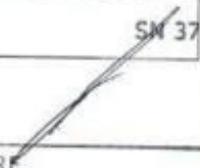
Report No. T/20181129/2044

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 2 KHAIRUL ANWAR LLOVIDO BIN JOHARI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2018 12:23
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151  POLICE FORCE	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	SN 37

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



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