

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	11/12/2018 15:52
Date Of Accident	10/12/2018 14:10
Exact Location Of Accident	JUNC OF VICTORIA STREET AND ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN200S
Insured/Policyholder	
Name Of Registered Owner	GP MOTORING PTE. LTD.
Co Reg No	201205428D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85228210
Alternative Phone No	OFFICE-85228210

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being used at time of accident	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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101796673
Cover Note Number	

Driver

Name of Driver	MOHAMAD ISMAIL BIN MOHAMED AMIR
NRIC No	S8939266G
Date Of Birth	05/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85228210
Fax Number	
Contact Number	OTHERS-85228210
Email Address	NOEMAIL

Address	BLK 338B ANCHORVALE CRESCENT #03-53
Postcode	542338
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181210/2160

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	SLZ1313L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHUN YONG (LIN JUNRONG)
NRIC/Passport Number	S7807084F
Contact Number	81387677
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMAD ISMAIL BIN MOHAMED AMIR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBN200S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.

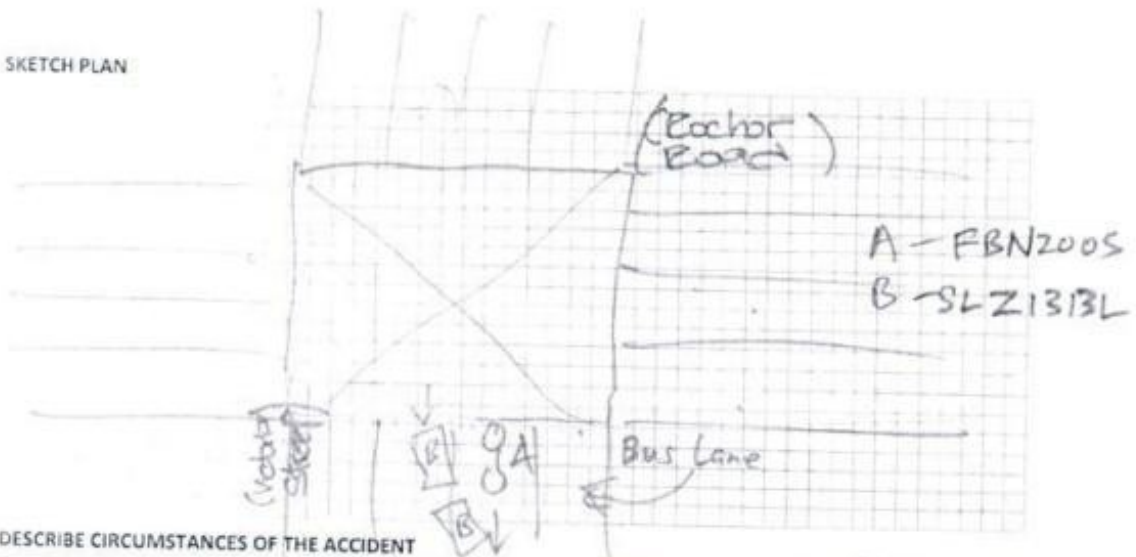

Policyholder's signature
Reg. No: 201205428D


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

 11/12/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area:

Separation
of lanes.

Pls Refer to the Police Report
T/20181210/2160

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: **Reg. No: 201205428D**

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

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

11/12/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20181210/2160

2 of 3

Report No. T/20181210/2160

CONTINUATION OF REPORT

Rider			
Name	MOHAMAD ISMAIL BIN MOHAMED AMIR	ID No.	S8939266G
Related Vehicle	FBN200S (Motorcycle)	Contact No.	8522 8210
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM CHUN YONG (LIN JUNRONG)	ID No.	S7807084F
Related Vehicle	NIL	Contact No.	8138 7677
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

Brief Details.

On 10/12/2018 at about 1210hrs, I was riding my motorbike (lease) along Victoria Street going towards Lavendar. Just after the junction of Victoria Street and Rochor Road, I was riding along the third lane from the right. Just then, a blue coloured car from the second lane (from the right) swerved into my lane in front of me. As soon as I realized it, I applied the brakes and swerved my motorbike to avoid collision. However, the front portion of the motorbike hit onto the left side mirror of the said car and its surrounding area. I landed on the fourth lane (bus lane).

The said driver of the car involved parked his car to the side of the road and assisted me together with other onlookers. We exchanged particulars and the said driver provided me his contact details to facilitate in the accident. I managed to ride the motorbike to the workshop as it had damages to the alignment and some scratches on the front portion of the motorbike. Due to the accident, I sustained multiple superficial graze marks on my right arm, knee and hip area. I sought medical assistance at the Street 11 Clinic and was given 3 days of medical leave from 10/12/2018 to 12/12/2018.

There is a CCTV at the said junction of Victoria Street and Rochor Road.

Accident Sketch Plan

GPR07091801



GP MOTORING PTE LTD

282 MacPherson Road, Singapore 348607 UEN : 201205428D
Tel: 6746 2420, 9168 6744 Fax: 6746 4596
Email: gprentals888@gmail.com FB: http://fb.me/singaporemotorcyclereental

RENTAL AGREEMENT

Ref: GPR07091801

HIRER'S NAME MOHAMAD ISMAIL BIN MOHAMED AMIR		DATE OF BIRTH 05/11/89	NRIC/PASSPORT NO. S8939266G	NATIONALITY SINGAPOREAN
ADDRESS 338B ANCHORVALE CRESCENT, #03-53		OCCUPATION TECHNICIAN	DRIVING LICENSE NO. 001618364J	DRIVING CLASS 2B,2A,2,3
POSTAL CODE 542338	HOME CONTACT NO.	MOBILE PHONE NO. 85228210	PASS DATE 25/06/2008	

JOINT HIRER'S NAME NIL		DATE OF BIRTH	NRIC/PASSPORT NO.	NATIONALITY
ADDRESS		OCCUPATION	DRIVING LICENSE NO.	DRIVING CLASS
POSTAL CODE	HOME CONTACT NO.	MOBILE PHONE NO.	PASS DATE	

NEXT OF KIN AYU		N.O.K. RELATION WIFE	N.O.K. HOME PHONE	N.O.K. CONTACT NO. 84282520
ADDRESS			POSTAL CODE	

VEHICLE NO. FBN200S		MAKE/MODEL YAMAHA SPARK 135	
CHECK OUT	DATE 07/09/18	TIME 1430HRS	SIGNATURE
CHECK IN	DATE	TIME	REMARKS \$3/L if not returned with full tank

IMPORTANT NOTES:

- Please check vehicle for damage issues thoroughly before taking over.
- Include damage as clear as possible on the diagram.
- No refund of deposit will be given for vehicle returns before end of contract.
- Own Damage Liability: \$51500 excess* to vehicle plus loss of earnings while damaged vehicle is under repair.
- Third Party Liability: \$51500/\$53000* excess for any third party accident claim.
- Hirer is responsible for all parking fines and traffic summons during contract period.
- Vehicle should be returned before 12pm, failure to do so hirer shall be charged at \$10 per hour.
- As preventive maintenance, please check coolant level and engine oil level daily.
- Joint Hirer is subjected to approval and surcharge of \$25 onwards applies.
- Deposit will be refunded usually within two weeks after return of vehicle with no outstanding fines and offences.
- One week notice is required for Extension or Returns.
- Full details please refer to Contract Page.

RENTAL CHARGES

DAILY/WEEKLY/MONTHLY	88
JOINT HIRER SURCHARGE	0
REGISTRATION FEE	\$30.00
SECURITY DEPOSIT	\$100.00

CONTRACT DURATION

26	WEEKS
START 07/09/18 1430HRS	END 08/03/19 1430HRS

*This contract consist of this page, contract page, insurance page and vehicle diagram page.

HIRER'S SIGNATURE

NAME
NRIC

JOINT HIRER'S SIGNATURE

NAME
NRIC

GP MOTORING PTE LTD
UEN : 201205428D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181210/2160

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No: T/20181210/2160

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2018 20:57		Vide Report No.:		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: MOHAMAD ISMAIL BIN MOHAMED AMIR			Address: APT BLK 338B ANCHORVALE CRESCENT #03-53 SINGAPORE 542338		
ID Type / ID No.: NRIC NO / S8939266G			Contact No.: Home/Office: Mobile: 8522 8210		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 05/11/1989	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2018 12:10	Type of Location: Straight Road
Location: Along Road 1 VICTORIA STREET ROCHOR ROAD Along Victoria Street going towards the direction of Lavender, just after the junction of Victoria Street and Rochor Road.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN200S	Motorcycle	YAMAHA	Spark	Black	Slightly Damaged	0
SLZ1313L	Car	MINI	Cooper	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



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T/20181210/2160

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Date Treatment	10/12/2018		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM CHUN YONG (LIN JUNRONG)		ID No. S7807084F
Related Vehicle	NIL		Contact No. 8138 7677
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

Brief Details.

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Police Report



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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20181210/2160

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Report No. T/20181210/2160

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:

G /
Staff Sgt MUZAINAH BINTE LATIFF

any

Signature Of Informant:

[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
10/12/2018 20:57

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

any