

## 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	17/12/2018 09:20
Date Of Accident	14/12/2018 10:00
Exact Location Of Accident	FARRER ROAD B/F JALAN SERENE LAMPOST NUMBER 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1626B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CELDRAN JEREMIE
NRIC No	G3381583U
Email Address	JEREMIE.CELDRAN@SANOFI.COM
Mobile Phone No	(LOCAL) +65-81392972
Alternative Phone No	OTHERS-81392972

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA SPRINT 150-155CC SPORT
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	5100755721
Cover Note Number	

### Driver

Name of Driver	CELDRAN JEREMIE
NRIC No	G3381583U
Date Of Birth	24/08/1975
Occupation	INDOOR
Date Of Driving Pass	10/05/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81392972
Fax Number	
Contact Number	OTHERS-81392972
Email Address	JEREMIE.CELDRAN@SANOFI.COM

Address	139K WHITLEY ROAD
Postcode	297701
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 - U-TURN
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?	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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2959999 - <b>FAX NO:</b> 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181215/2031

#### 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	SLV6494K
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WOODFORD KATHERINE GEMMELL
NRIC/Passport Number	G5835827X
Contact Number	94886167
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name CELDRAN JEREMIE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBL1626B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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:

17/12/2018  
9:20 AM

GIA/RAI/Insurers/Workshop/Police

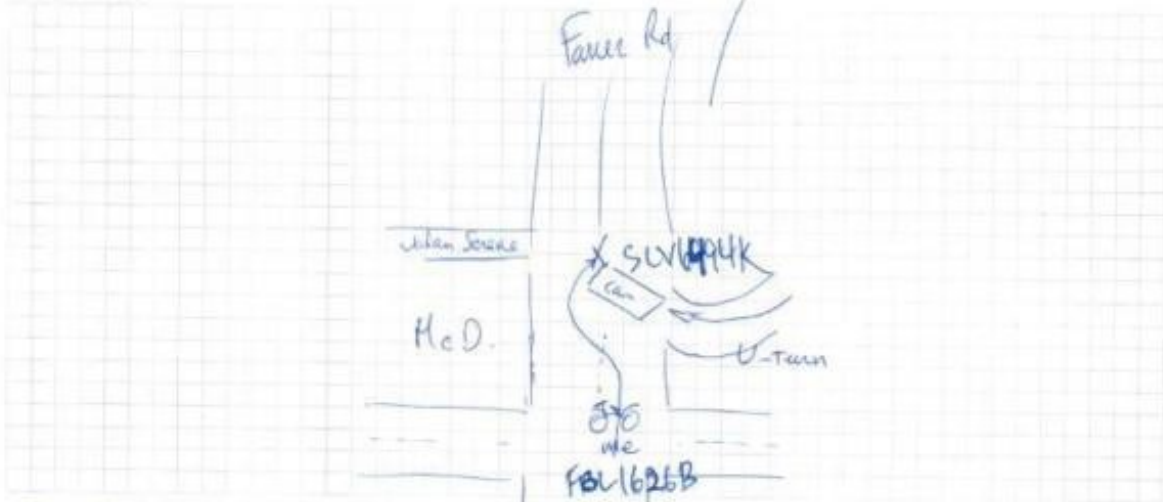
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

17/12/2018  
Rishi Kumar

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Referral to Police Report  
7/2018 12/15/2031

## DECLARATION

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

Policyholder's Signature

Date & Time:

17/12/2018

9:20 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/12/2018

Kelli Lim

# POLICE REPORT



**POLICE FORCE**



T/20181215/2031

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

1 of 4

Report No. T/20181215/2031

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2018 11:09	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars				
Name of Informant: CELDREN JEREMIE		Address: APT BLK 38 BEACH ROAD #18-11 SOUTH BEACH TOWER SINGAPORE 189767		
ID Type / ID No.: FIN NO / G3381583U		Contact No.: Home/Office: Mobile: 81392972		
Nationality: FRENCH		Email:		
Sex: Male	Age: 43	Date of Birth: 24/08/1975	Type of Informant: Rider	
Race: Caucasian		Language:	Institution / School Name:	
Occupation: CONTROLLER FINANCIAL		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2018 10:00	Type of Location:
Location: Along Road 1 FARRER ROAD  BEFORE JALAN SERENE Lamp Post Number: 4				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
FBL1626B	Motorcycle	PIAGGIO	VESPA SPRINT SPORT 150 ABS	Grey	Slightly Damaged	0
SLV6494K	Car					0

## Details of Vehicle Insurance

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



**SINGAPORE  
POLICE FORCE**



T/20181215/2031

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20181215/2031

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1626B	NTUC Income Insurance Co-Operative Limited	5100755721	28/05/2018	27/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CELDREN JEREMIE	ID No.	G3381583U
Related Vehicle	FBL1626B (Motorcycle)	Contact No.	81392972
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/12/2018	Date Discharge	14/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	WOODFORD KATHERINE GEMMELL	ID No.	G5835827X
Related Vehicle	SLV6494K (Car)	Contact No.	94886167
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 14 Dec 2018 at about 1000hrs, I was riding my motorcycle VRN: FBL1626B along Lane 1 of Farrer Road and I saw one vehicle VRN: SLV6494K u-turning out from Lamp post 5/2. To avoid collision, I did a lane changing to Lane 2 on the left side.

However, the vehicle hit onto the rear of my motorcycle after u-turning out. As such, the motorcycle and I fell onto the ground onto the right side due to the impact.

Subsequently, I exchanged particulars with the driver.

Thereafter, I went to seek treatment at Mount Elizabeth Novena Hospital and I was given 4 days of medical leave from 14 Dec 2018 to 17 Dec 2018 inclusive.

I am lodging this report for insurance claims purposes.

POLICE REPORT



**POLICE FORCE**



T/20181215/2031

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Report No. T/20181215/2031

CONTINUATION OF REPORT



POLICE REPORT



**POLICE FORCE**



T/20181215/2031

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Report No. T/20181215/2031

CONTINUATION OF REPORT

# POLICE REPORT



POLICE FORCE



T/20181215/2031

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Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20181215/2031

## 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 /  
Staff Sgt TAY BOON CHIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/12/2018 11:09

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE



Mount Elizabeth™  
NOVENA

24HR WALK-IN CLINIC AND ACCIDENT & EMERGENCY

38 Irrawaddy Road #01-01 Singapore 329563

Tel: 69330100 Fax: 69330501 Co Reg No: 19-9509118-D

### MEDICAL CERTIFICATE

This is to certify that:

MC No: PNH4018101888002

Name: CELDRAN JEREMIE

NRIC: G3381583U

Medical leave for 4 day/s from 14.12.2018 to 17.12.2018 inclusive

A handwritten signature in black ink, appearing to be 'G.' or similar, located below the medical leave text.

Date: 14.12.2018

DR ANDHARE HARSHAL BHIMRAO

THIS CERTIFICATE IS NOT VALID FOR ABSENCE FROM COURT OR OTHER  
JUDICIAL PROCEEDINGS UNLESS SPECIFICALLY STATED OTHERWISE

Accident Photo



Accident Photo





Accident Photo



Accident Photo



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