### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/12/2018 12:38
Date Of Accident	20/11/2018 20:05
Exact Location Of Accident	BLK 476 TAMPINES ST 43 MSCP DECK 2A M/CYCLE LOT 50
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE1404L
Insured/Policyholder	
Name Of Registered Owner	YEO ZONG HAN FERRE
NRIC No	S9420750I
Email Address	ZONGHAN6@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92345810
Alternative Phone No	OTHERS-92345810
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR-200CC DTS-I (M)
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	REPORTING ONLY
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	5095731548
Cover Note Number	
Driver	
Name of Driver	YEO ZONG HAN FERRE
NRIC No	S9420750I
Date Of Birth	07/06/1994
Occupation	INDOOR
Date Of Driving Pass	02/11/2017
Driving Experience	1 YEAR AND 0 MONTHS

MALE

(LOCAL) +65-92345810

ZONGHAN6@HOTMAIL.COM

OTHERS-92345810

**BLK 420 TAMPINES STREET 41** Address

#12-122

Postcode 520420

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

2

NO

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 TAMPINES NORTH NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

**COUNTRY**: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKF3523B Vehicle Registration Number **BMW** Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver LEE LI PENG NRIC/Passport Number S7376312F

**Contact Number** 

Address Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

## **IMPORTANT NOTICE**

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  facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

l 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")
- (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: 12/12/2018 12pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name: Hold Mandre

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## **Accident Sketch Plan**

SKETCH PLAN				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MKNOWN	BIKE U	188 BU	RKED
DESCRIBE CIRCUMSTANCES O				
	_		alof	
	(D)	Police	162	
	20,00	18/1001		
	4.			
ECLARATION We declare the foregoing particul.	ers are true in every respo	ect.		18/12/2018
olicyholder's Signature ste & Time: 18/12/2018 12pm	Driver's Signature (If driver is not the po Date & Time:	olicyholder)		Personnelly Signature ROS LI WATTAB

## **POLICE REPORT**





Date of Expiry:

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

1 of 3 Report No. T/20181120/2162

Tel No: 1800-7818999

Occupation:

SOFTWARE ENGINEER

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 21:54	/lade:	Vide Report No.:	Station Diary No.: 52
Informa	nt's Partic	ulars		
	f Informant: NG HAN F		Address: APT BLK 420 TAMPIN 520420	NES STREET 41 #12-122 SINGAPORE
	/ ID No.: O / S94207	501	Contact No.: Home/Office:	Mobile: 92345810
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 24	Date of Birth: 07/06/1994	Type of Informant: Rider	E
Race: Chinese			Language: English	Institution / School Name:

Driving Licence Information:

English

Class: 2B

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/11/2018 20:05	Type of Location Car Park
Location: Along Road 1 TAMPINES ST Blk 476 Tampii Weather:		SCP, Deck 2A, motorcycle Road Surface:		and Speed Limit
Clear		Dry		load Speed Limit: 5 Km/h
THE COLUMN TWO	1	Traffic Control: Not Controlled	Т	raffic Volume:
Traffic Flow: Two Way		140t Controlled		loderate

Details of V	ehicle Involve	d	1 2 0 1 1 2	this (Family)	TALL SURE STATE	AT STREET, ST.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE1404L	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Red	Slightly Damaged	0
SKF3523B	Car	BMW		Black	Slightly Damaged	0

Details of V	ehicle Insurance	CALED COLORS	A STATE OF THE PARTY OF THE PAR	Sales Control of the last
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1404L	NTUC Income Insurance Co-Operative Limited	5095731548	08/11/2017	27/02/2019

### POLICE REPORT





Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

2 of 3 Report No. T/20181120/2162

Tel No: 1800-7818999

Details of Perso	n Involved			on the		
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Us			Use of Pe	destriar	Cross	ing: NA
Rider		State Int			THE	
Name	YEO ZONG HAN FERRE			ID No.		S9420750I
Related Vehicle	FBE1404L (Motorcycle)			Contact No.		92345810
Hospital/Clinic	NIL 3			Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver				MINT 12	tames.	The Royal Burnston
Name	Lee Li Peng			ID No.		S7376312F
Related Vehicle	SKF3523B (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

#### Brief Details.

On 20.11.2018 at about 1855hrs, I parked and secured my motorcycle FBE1404L (red Bajaj Pulsar) at Blk 476 Tampines Street 43, MSCP Deck 2A motorcycle lot 50 head in and everything is intact before I left for dinner.

On the same day at about 2005hrs, when I went back to retrieve my motorcycle, I discovered that my motorcycle was lying on it's right and my motorcycle have come in contact with a vehicle SKF3523B. The other vehicle sustained minor scratches on the car front right body and rear right door. Whilst my motorcycle have some scratches on my right side of the tank. I like to state that there are Polcom at the premises where I parked my motorcycle.

The owner of the black BMW waited for me to be at scene and we exchange particulars. I do not who had hit onto my motorcycle resulting my motorcycle fall on it's right and come on contact with the black BMW.

### POLICE REPORT





010112012102

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Report No. T/20181120/2162

3 of 3

Tel No: 1800-7818999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Authentication Stamp

NP168

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 TAN HOCK CHYE

Signature Of Interpreter:
Not applicable

Date/Time:
20/11/2018 21:54

Classification Of Case:
TP / HRT /

SWEAFORE

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

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