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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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 truthful and accurate 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

表示的性心 医对射性 医肾经验 有些	ACCIDENT STATEMENT
Date Of Report	26/12/2018 17:34
Date Of Accident	25/12/2018 14:20
Exact Location Of Accident	JUNCTION OF LORONG 27 GEYLANG/SIMS AVENUE
Country/State of Loss	SINGAPORE
STATE OF THE PARTY	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN8100U
Insured/Policyholder	
Name Of Registered Owner	TAN FU RONG
NRIC No	S9511020G
Email Address	AHRONGG05@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91213919
Alternative Phone No	OTHERS-91213919
Vehicle Particulars	
Manufacturer	HONDA
Model	CB150R-149CC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5106493220
Cover Note Number	
Driver	
Name of Driver	TAN FU RONG
NRIC No	S9511020G
Date Of Birth	05/04/1995
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91213919
Fax Number	
VALUE AND	Transaction and account for the decay and

OTHERS-91213919

AHRONGG05@GMAIL.COM

Address BLK 895A WOODLANDS DRIVE 50

#04-02

Postcode 730895

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 (including own vehicle)

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJY5362Y

Vehicle Make/Model/Colour

WOLKSWAGEN

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

OH CHEE WAN

NRIC/Passport Number

S7471983Z

Contact Number

90172591

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

TAN FU RONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

FBN8100U

NO

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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. 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:

- 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
- 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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

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P) 25/12/2017	10	LORZAA Heylay
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	for oncorning	traffic. Vehicle SJY53621
calided -	- onto my mo	storaycle while turning right
I fell on my		
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CLARATION		
e declare the foregoing particulars	s are true in every respect.	/ /
		1. 1. 1 ans
1 H		ON 26 (12/ 1800)
cy/lolder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:	(If driver is not the policyhalder Date & Time:	r) Name: Koll W

GIARMIC STep & Plan Form VIII

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Certificate No.		Terrore rate	FBN8100U	OST Registration No.		
Putcyholder Name	TWN FU RONG					
Product Code	MDTORCYCLE INSURANCE	Cover Type	=2222000000000000000000000000000000000	Policyholder NRIC	555110200	
Contact No.(Monde)	91213919		Third Harry, Fire & Theft.	inating	0	
Email Address	72810832	Contact No.(Office)		Contact No.(Mome)		
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→ Accident Details	Tel	NCO Entitlement(%)	0	Private Hire	No	
Report Date						
	36/12/2018 18:10	Accident Report Within 24 hrs	Yes	Accident Type	Cuthelon + Head to R	
Date of Accident	25/12/2018	Time of Accident his min	14:20	Country of Accident	Singapore	
Reporting Centre		Drange Force		ICM No.	- articipations.	
Accident Location	JUNETION OF LORONG 27 CEYLANG/SIMS AVENUE					
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Address 4		Address Type	Singapore address	Post Code	730H01	
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Agricus Date of Driver License	12/09/2014	Driver Age	23	Driving Experience	03/04/1995	
antact No.(Mobile)	91213919	Contact No.(Office):		Contact No.(Home)		
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ddryss 4		Address Type	Singapper address		SCHOAPORE 730895	
nit Nu.			100 A 1 1 2 Town Town 24 V A	Post Code	730695	
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Breathalyser or Blood Test. Reading?	D mg.					
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	7000	Any injury?	Yes + No			
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♥ Video List

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5 (BUKIT MERAH)) on 26 Dec 2018 18:13

Folder Date

NAC_BURIT_MERAIT_809676[ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAIT) on 26 Dec 2018 18:13	Photos	Alarmal	Photos 2018-12-26
NAC_BURIT_MERAH_BOSST6( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT NERAH)) on 25 Dec 2018 18:13	Photos	Normal	Photos 2018-12-26
NAC_BURIT_HERAH_BOOGT6( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 26 Dec 2018 18:13	Photos	Normal	Photos 2018-12-26
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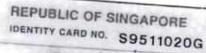
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Source

# ACCIDENT STATEMENT 4 20(8) (DD/MM/YYY), TIME: (1 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: b)INSURANCE COMPANY: C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY THIRD PARTY FIRE &THEFT) BIMAKE & MODEL: CELSO R f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:\_ I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER AINAME: Tan MICO MALE / FEMALE b) NRIC/FIN/PASSPORT: CONTACT: \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER \$ No of passange DRIVER MALE FEMALE a) NAME: (Including driver) b) NRIC/FIN/PASSPORT: CONTAC CIADDRESS: \*d) DATE OF BIRTH: ( U) e)OCCUPATION: (INDOOR /OUTDOOR) 1) DATE OF DRIVING PASC WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION; (CLEAR / RAINING / OTHERS, b) ROAD SURFACE: (DRY LWET / OTHERS 6. WAS ANYBODY INJURED LYES / NOh 7. a) REPORTED TO POLICE (YES /(NO)/ IF YES, PLEASE STATE WHICH POLICE STATION 8. THIRD PARTY VEHICLE # He of passenger a) VEHICLE NUMBER: b) DRIVER'S NAME:\_ ( Including driver) c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE \* No of passenger VEHICLE NUMBER: DRIVER'S NAME: (Including driver) f NRIC/FIN/PASSPORT:

email = ahrong g 05@g mail. com







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TAN FU RONG

陈富

CHINESE Date of birth

05-04-1995 Country of horis SINGAPORE









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