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 <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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/01/2019 12:04
Date Of Accident	03/01/2019 19:30
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE TOWARDS QUEENSTOWN
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK9603U
Insured/Policyholder	
Name Of Registered Owner	ENG KUN MING (YING KUNMING)
NRIC No	S8215303I
Email Address	KUNMING@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98520777
Alternative Phone No	OFFICE-98520777
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750XD
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM00000767-01-000
Cover Note Number	

Driver

Name of Driver ENG KUN MING (YING KUNMING)

 NRIC No
 \$8215303I

 Date Of Birth
 17/05/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 20/07/2010

Driving Experience 8 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98520777

Fax Number

Contact Number OFFICE-98520777

EMail Address KUNMING@SINGNET.COM.SG

Address BLK 115 CLEMENTI STREET 13

#08-76

Postcode 120115

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 BY FALLEN TREE / OTHER OBJECTS

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

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

NO 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

BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX

BLOCK A, **POSTCODE:** 088762, **COUNTRY**: SINGAPORE

Police Station Contact **TEL NO**: 1800-2369999 - **FAX NO**: 62268438

NO

Was notice of intended Prosecution given?

lion give

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190104/2107

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 INJURED PERSON 1

Name ENG KUN MING (YING KUNMING)

Approximate Age

Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBK9603U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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.
- 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.
- 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.
- 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)

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:
 - 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:

7-Jan-2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		Queenstoon
	Taptor Light	Divider V
		Pual
Pavement	car Car	Carri
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	Commonwall
		100
	N. A. C.	not 1
		W.
	X (tu	1
	00/10/	to
	1 to	
	(B) (90/1)	
	100 100	
1		
1		
/		
/		
ECLARATION		
	iculars are true in every respect.	m/m/m/mg
olicyholder's Signature ste & Time: 1-Jan - 2019 -	Driver's Signature (If driver is not the policyholder) Date & Time: Repo Name NRIC,	tring Centre Personnel's Signature
1229 Hours	Date & Time: NRIC,	FIN No.:

POLICE REPORT





1 of 3

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

Report No. T/20190104/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2019 16:43		Vide Report No.:	Station Diary No.: 85		
Informa	nt's Partic	ulars			
Name of Informant: ENG KUN MING			Address: APT BLK 115 CLEMENTI STREET 13 #08-76 SINGAPORE 120115		
ID Type / ID No.: NRIC NO / S82153031			Contact No.: Home/Office:	Mobile: 98520777	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 36 17/05/1982		Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:		
Occupation:		Driving Licence Informa	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2019 19:30	Type of Location: Straight Road	
Location: Along Road 1 COMMONWE Towards Que	ALTH AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light	
and the same of th	ion:		-	Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK9603U	Motorcycle	HONDA	NC750XD	Grey	Seriously Damaged	

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBK9603U	GREAT AMERICAN INSURANCE COMPANY	MT20180008	15/04/2018	14/04/2019	

POLICE REPORT



T/20190104/2107

2 of 3

Report No. T/20190104/2107

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Perso	n Involved	SETTIMENTS OF THE	AND DESCRIPTION OF THE PERSON	3243		
Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA		
Rider		John Maria			2.00	THE RESERVE AND A STREET
Name	ENG KUN MING		ID No		S8215303I	
Related Vehicle	NIL			Conta	ct No.	98520777
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Date I			charge	NIL	
No. of Days granted Medical Leave NIL		NIL	Degree o	of Injury	NIL	

Brief Details

On 03/01/2018 at about 1930hrs, I was driving along Commonwealth Ave toward Queenstown. I was riding in the center lane, about 1-2 vehicle length in front of me was a car. As I was riding my bike, I spotted a yellow ball appear in front of me. I think it might have appeared from underneath the car. There was no indication of any obstacle from the car, as the car did not apply any brakes.

I was unable to avoid the ball and I did not want to hit the bus on the left and fast moving vehicles on the right, thus I mounted the ball. After I mounted the ball, I lost control of the motorcycle and fell onto the road. No other vehicles were involved in the accident. The buses on the left stopped and a boy who was about 14-15 years old came to help me up and apologized to me. After I picked up all my belongings and move my bike to the curb, the boy was no longer at the scene. As I could still start the bike, I continue to ride home. I arrived homed at around 1945hr.

I woke up the next day and the pain still persisted, thus I went to A&E for a check up and was given 5 days MC (EMD20194457). I do not have any camera on my or my vehicle, but I believe that the single deck bus might have camera that saw the incident as the bus was stationary at the bus stop for about 5 mins.

I and lodging this report for insurance claim and wish for Traffic Police to advise who to claim from.

POLICE REPORT





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999 3 of 3 Report No. T/20190104/2107

CONTINUATION OF REPORT

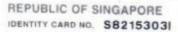
Sketch Plan

NP168

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: A / Sgt 2 PANG LIN TONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2019 16:43
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	







ENG KUN MING (YING KUNMING)

应坤明

CHINESE Chinese

17-05-1982 CountryPlace of borth SINGAPORE



6050230

A

23-10-2018

Access

APT BLK 115 CLEMENTI STREET 13 #08-76 SINGAPORE 120115 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc Class 2A Motorcycles between 201 cc and 400 cc Class 2 Motorcycles > 400 cc 26 Aug 2002 23 Jun 2007 20 Jul 2010 21 Feb 2003

NO 1128

HICEROBERS !

