

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	15/01/2019 17:51
Date Of Accident	14/01/2019 08:30
Exact Location Of Accident	69 BALESTIER RD OUTSIDE S'PORE INDIAN ASSOCIATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1341H
Insured/Policyholder	
Name Of Registered Owner	JONAS LEE JUN YI
NRIC No	S9544541A
Email Address	JONASLEE6@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96528556
Alternative Phone No	OTHERS-96528556

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5097393411-01
Cover Note Number	

Driver

Name of Driver	JONAS LEE JUN YI
NRIC No	S9544541A
Date Of Birth	14/07/1995
Occupation	INDOOR
Date Of Driving Pass	14/07/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96528556
Fax Number	
Contact Number	OTHERS-96528556
Email Address	JONASLEE6@HOTMAIL.COM

Address	BLK 5 BOON KENG ROAD #02-90
Postcode	330005
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190115/2048

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW6159H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STACIA
NRIC/Passport Number	
Contact Number	81007922
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name JONAS LEE JUN YI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBJ1341H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

Paul 15/01/2019
1200hrs

Policyholder's Signature
Date & Time:

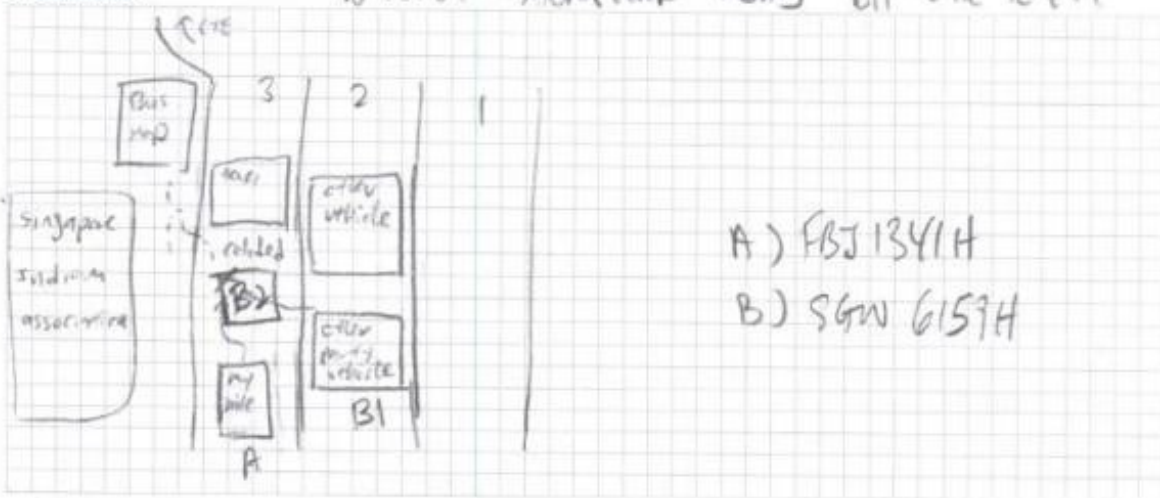
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Paul 15/01/2019

Reporting Centre Personnel's Signature
Name: *Paul*
NRIC/FIN No.: *123456789*

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 8.30 AM on 14 Jan 2019, I was travelling on the lane closest to the bus stop along Balakrishna Road before the CTE exit, upon changing lanes from the middle lane to the into the 3rd lane shortly after less than 2 seconds the other party's vehicle of SGW 6159H swerved into my lane, resulting in hitting the front right side of my bike. I then lost control of my bike and mounted the pavement and collided against the green railing along the road. I had a split second of giddiness. My bike fell on the right side and my front headlamp and assembly was damaged.

Police Report T20190115/2048

DECLARATION

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


Policyholder's Signature
Date & Time: 15/01/2019 1100

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


Reporting Centre Personnel's Signature
Name: Ravi, Anil MB
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190115/2048

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190115/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2019 12:49		Vide Report No.:		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: JONAS LEE JUN YI			Address: APT BLK 5 BOON KENG ROAD #02-90 SINGAPORE 330005		
ID Type / ID No.: NRIC NO / S9544541A			Contact No.: Home/Office: Mobile: 96528556		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 13/11/1995	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 14/01/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD 69 Balestier Road , outside Singapore Indian Association				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ1341H	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	Red	Slightly Damaged	0
SGW6159H	Car	TOYOTA		Beige	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ1341H	NTUC Income Insurance Co-Operative Limited	5097393411-01	13/01/2019	12/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190115/2048

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190115/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JONAS LEE JUN YI	ID No.	S9544541A
Related Vehicle	FBJ1341H (Motorcycle)	Contact No.	96528556
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/01/2019	Date Discharge	15/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name			
Name	Stacia	ID No.	NIL
Related Vehicle	SGW6159H (Car)	Contact No.	81007922
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 14/01/2019 at about 0830hrs, I was riding vehicle FBJ1341H on the 3rd lane along 69 Balestier Road toward CTE. Suddenly vehicle SGW6159H which was in the 2nd second swerved to my lane and collided on the right side of my motorbike, which resulted in me losing control of my bike causing me to mount up the pavement and subsequently crashing into the green fence.

I would like to state that the vehicle owner of SGW6159H signaled at the last minute and change lane at the same time. I assume she did not check her blind spot. I have a camera installed on the front and rear of my bike. We then exchanged particulars. I checked my cctv footage and it also shows that she was recklessly driving.

My vehicle steering, headlamp, dashboard, speedometer and my brake clutch was damaged and I had to tow it away. I sustain injury on my left foot, multiple abrasion on my both arms and on my left leg. I consulted doctor on 14/01/2019 at about 11.30pm, Unihealth clinic at Toa Payoh and they referred me to A&E. On 15/01/2019 at 0042hrs I consulted doctor at Tan Tock Seng Hospital and I was given 3 days MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190115/2048

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190115/2048

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190115/2048

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190115/2048

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: D / Sgt 2 SURAIYAH PARVEEN BINTE HABIB MUHAMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2019 12:49
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 49
Authentication Stamp NP168	

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

