

## 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	16/01/2019 12:18
Date Of Accident	15/01/2019 14:40
Exact Location Of Accident	JUNCTION OF JALAN BUKIT MERAH AND KIM TIAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6178A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK MONG SENG
NRIC No	S1435695I
Email Address	BERNARDQUEKMONGSENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92364516
Alternative Phone No	OTHERS-92364516

### Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	VRSCDX NIGHT ROD SPECIAL
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V13237/VMS/R02
Cover Note Number	

### Driver

Name of Driver	QUEK MONG SENG
NRIC No	S1435695I
Date Of Birth	10/12/1960
Occupation	INDOOR
Date Of Driving Pass	20/03/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92364516
Fax Number	
Contact Number	OTHERS-92364516
Email Address	BERNARDQUEKMONGSENG@GMAIL.COM

Address	BLK 74A REDHILL ROAD #20-40
Postcode	151074
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?	NO
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 AND ATTACHMENT

#### 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	SLL4499M
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BERTRAND
NRIC/Passport Number	
Contact Number	92771714
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME:       :  
GENDER:     :

## 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.
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:

- (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:

16.1.19  
11.30 a.m.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

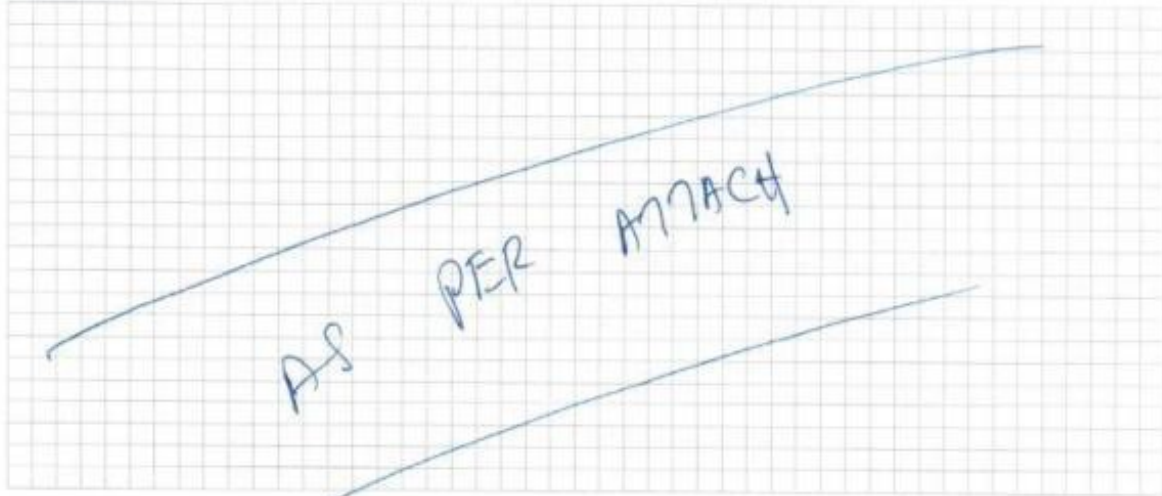
NRIC/FIN No.:

16/01/2019

Ref: 11111111

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

### DECLARATION

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

Policyholder's Signature

Date & Time: 16.1.19  
1630 am

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

16/01/2019  
Reporting Centre Personnel's Signature

Name:

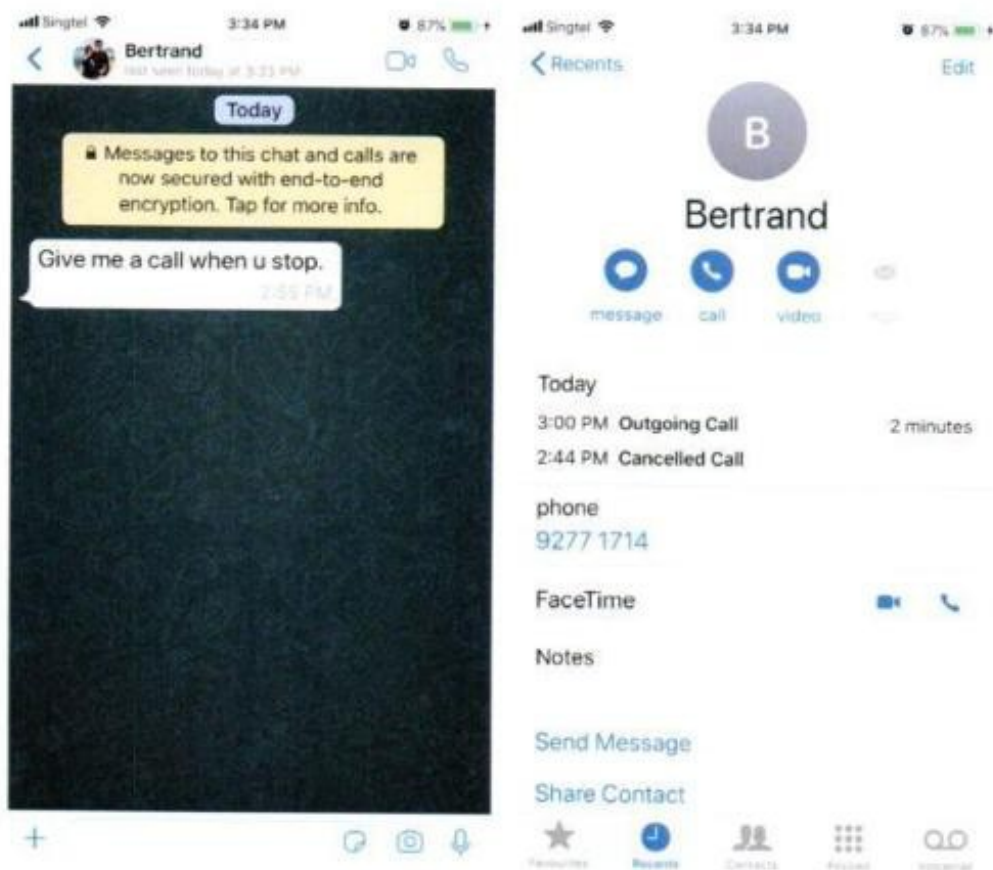
NRIC/FIN No.:



## Accident Sketch Plan

I was travelling along Jalan Bukit Merah towards Kg Bahru Road/Eu Tong Sen Street and stop at the traffic light at about 2.40 pm. When the traffic light turn green, I move my vehicle forward. The car on the left did not move off. My vehicle engine guard scratch onto the right rear end of the rear bumper of the vehicle on my left. The vehicle is a white colour BMW with registration plate SLL 4466 M. We both move forward ahead crossing the traffic light and park at the left lane along Jalan Bukit Merah. The driver and the front seat passenger alighted. The front seat passenger (going by the name Bertrand) and myself examined the car. The scratch is very superficial and based on that, I offered him a private settlement amount of \$150 to \$200. He rejected and we both decided to lodge accident report instead.

At about 2.55pm, Bertrand sent me a WhatsApp message to call him when I stop as I was riding on the road. I called him back at 3.00pm and we talked over the phone. He wanted \$500 for the private settlement. I counter offered him private settlement amount of \$300 which to me is fair as the scratch is very superficial, which again he rejected. Hence, we ended our tele-conversation and decided to proceed with our accident report.

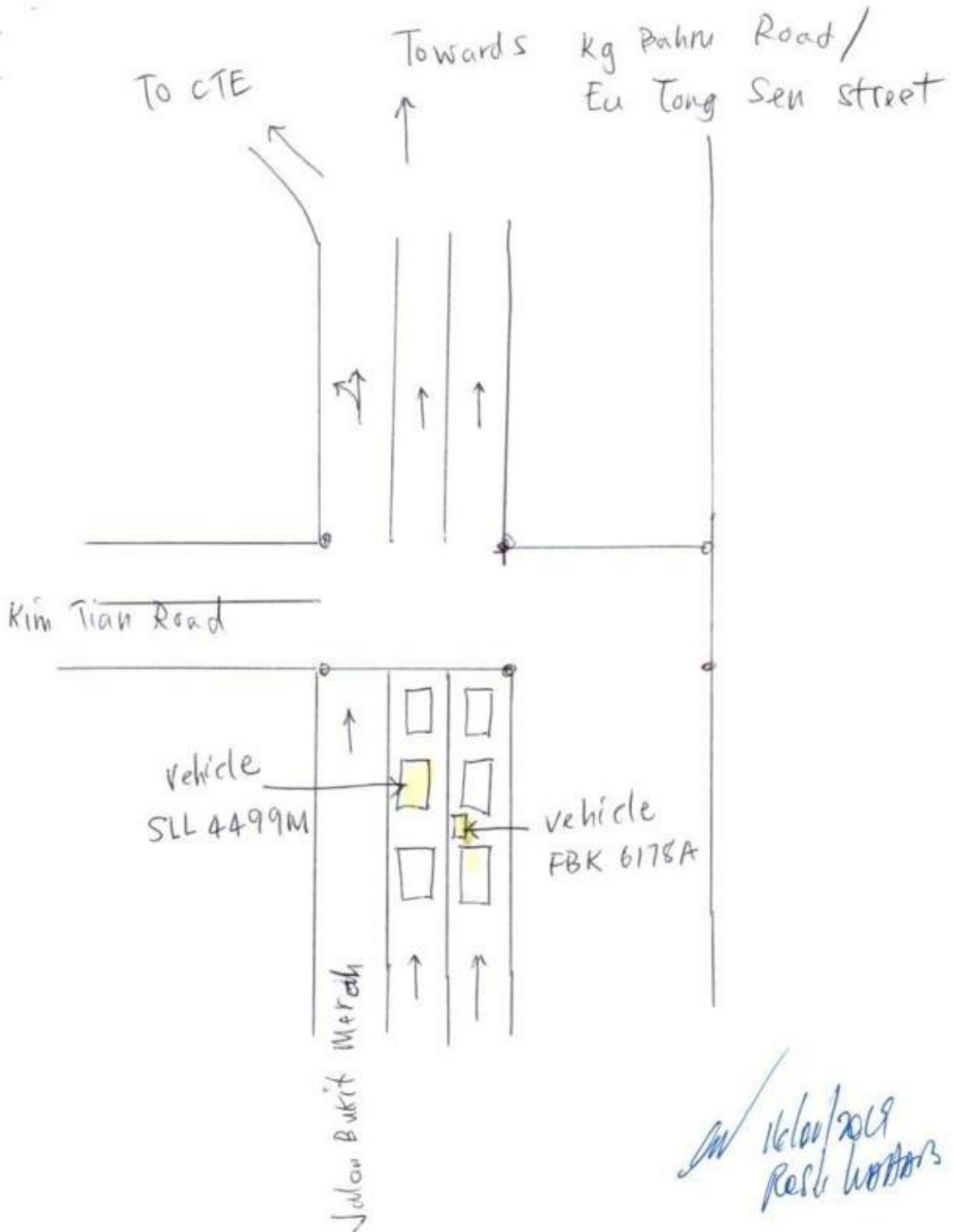


Quek Mong Seng  
Harley Davidson Night Rod Special  
FBK 6178 A  
15 Jan 2019

*Quek Mong Seng*  
16.1.19  
11.30 a.m.

*16/01/2019*  
*Rashid*

Accident Sketch Plan



16/01/2019  
Res. Watson

16.1.19  
11.30 am



# Accident Sketch Plan

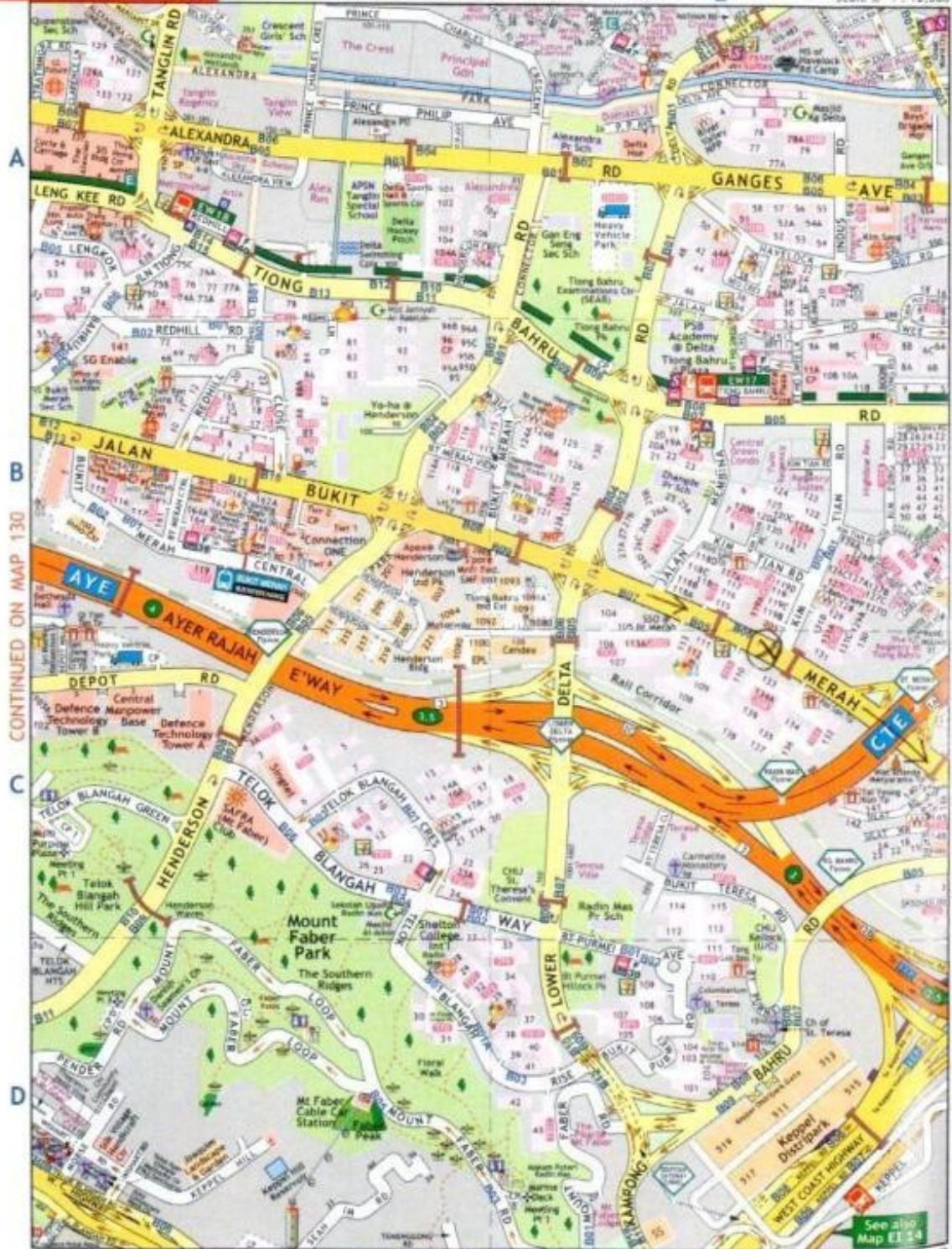
MAP 131

1

CONTINUED ON MAP 109

2

Scale @ 1 : 12,500



Copyright 1999-2010 Mapbox Publishing Pte Ltd

1

CONTINUED ON MAP 142

2

Scale @ 1 : 12,500

Need a customised **Area Map? Singapore Map? World Map?** We provide maps of all sizes to suit your requirements.  
Email your enquiry for a quote: [mighty@mightyminds.com.sg](mailto:mighty@mightyminds.com.sg) or call Tel: 6353 5035



PHOTO



*16 Jan 2019  
Roshan*

PHOTO



*16/01/2019  
Rafli Hassan*

ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S14356951



QUEK MONG SENG  
郭茂盛  
Name  
CHINESE  
Date of Birth  
10-12-1960  
Sex  
M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number: S14356951  
Name: QUEK MONG SENG  
Date of Birth: 10 Dec 1960  
Issue Date: 25 Sep 2015

002476724D

2375714



NRIC No. S14356951



Visual Group: O+  
Date of issue: 13-09-1994

APT BLK 74A REDHILL ROAD #20-40  
SINGAPORE 151074  
NRIC No: S14356951  
Date: 23/02/2008  
No: 5896429

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 1B	Motorcycles <= 200 CC	29 Nov 1984
Class 1A	Motorcycles between 200 CC and 400 CC	29 Nov 1984
Class 2	Motorcycles > 400 CC	29 Nov 1984
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	24 Feb 1985

S14356951

S / No. 9000238087

NP 428A

Licence No: S14356951



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S645500200 / GST Reg. No: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA919007252 Vehicle Registration No: FBK 6178A  
Name (as shown in NRIC) : Quek Mook Suan NRIC/FIN/Passport No : S14356952  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 92364516  
Email Address : \_\_\_\_\_  
Date of Accident : 15/01/2019 Time of Accident : 14:40  
Place of Accident : JUNCTION OF JALAN BUKIT MERDAS AND KIN HONG ROAD  
Insurance Company : LIBERTY

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER TO FBK 6178A

---

---

---

---

---

---

---

---

---

---

Policyholder / Driver's Signature  
Date:

16/01/2019  
Reporting Centre Personnel's Signature  
Name: Kapli  
NRIC/FIN No.:  
Date: