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Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: (),	
Confirmed by : (· Dates,	Times)	
Insured/Driver Liability: (%) [Note-Est S	Status (WO): N: 0-20)%; P: 21-79%. P: 80-	-100%]	
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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 wilholding of material facts may allow insurance companies to
- 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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	19/03/2019 14:15
Date Of Accident	13/03/2019 11:00
Exact Location Of Accident	JUNCTION OF IRWELL BANK ROAD/RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE SINGAPORE
Attached to the party of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG7390S
Insured/Policyholder	
Name Of Registered Owner	MARPLE ADAM CHRISTOPHER
NRIC No	G6355091X
Email Address	ADAMMARPLE@MAC.COM
Mobile Phone No	(LOCAL) +65-97837412
Alternative Phone No	OTHERS-97837412
Vehicle Particulars	21.16.10-3103141Z
Manufacturer	HARLEY-DAVIDSON
Model	XL883N IRON-883CC
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 FIRE AND/OR THEFT
Fleet Policy	NO NO
Policy Number	5066033542-04
Cover Note Number	s (5.3)
Driver	
Name of Driver	MARPLE ADAM CHRISTOPHER
NRIC No	G6355091X
Date Of Birth	19/03/1981
Occupation	INDOOR
Date Of Driving Pass	02/08/2012
Driving Experience	6 YEARS AND 7 MONTHS
Sender	MALE
Johilm Manch	(LOCAL) +65-97837412
ax Number	Webbones and Company of the Company
American Traffic No. 100	
Contact Number	OTHERS-97837412

ADAMMARPLE@MAC.COM

Address

65 WATTEN DRIVE #14-05 WATTEN ESTATE

Postcode

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 - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

RIVER VALLEY NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2789999 - FAX NO: 62786427

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190314/2056

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 Vehicle Make/Model/Colour

SLA4597X

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MARPLE ADAM CHRISTOPHER

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBG7390S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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
- 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)
 - (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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

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CLARATION	
le declare the foregoing particulars are true in every respect.	
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Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/EIN NO

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1 of 3

Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

Report No. T/20190314/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2019 13:01		lade:	Vide Report No.: Station Diary No.: E/20190313/0053 17					
Informa	nt's Partici	ulars						
	f Informant: E ADAM CH	HRISTOPHER	Address: 65 WATTEN DRIVE #14-0 287698	5 WATTEN ESTATE SINGAPORE				
	/ ID No.: / G6355091	IX	Contact No.: Home/Office:	Mobile: 97837412				
National AMERIC	20.00	1)	Email:					
Sex: Male	Age: 37	Date of Birth: 19/03/1981	Type of Informant: Rider	3.				
Race: Caucasian			Language: Institution / School National English					
Occupat LECTUR			Driving Licence Information: Class: 2B Date of Expiry:					

Seneral Inform	nation of the Accident			
Type of Accident	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/03/2019 11:00	Type of Location: T-Junction
RIVER VALLE		II BANK BO	A.D.	
Weather:	The state of the s	ad Surface:	71115	Road Speed Limit:
Sunny	Dry	DATE I STATE OF THE STATE OF TH		and the second s
Traffic Flow:	Tra	ffic Control:		Traffic Volume:
One Way	Tra	iffic Light - Wo	rking	Light
Type of Collisi Between Movi	on: ng Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBG7390S	Motorcycle	HARLEY DAVIDSON	XL883N IRON	Blue	Seriously Damaged	9420	

Details of V	ehicle Insurance			DENTI CHI
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7390S	NTUC Income Insurance Co-Operative Limited	5066033542-04	30/10/2018	29/10/2019





Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

Report No. T/20190314/2056

CONTINUATION OF REPORT

Brief Details.

On 13/03/2019 at about 1100hrs, I am traveling on a motorcycle from River Valley Road towards Irwell Bank Road at the Traffic Junction.

I saw the traffic light was green and continued to accelerate, however one car (unknown plate number) suddenly make a U-turn and resulted into my motorcycle collided onto the side of the car.

I am injured and ambulance came and I was conveyed to Singapore General Hospital. I have attained ten days of MC.

Traffic police was at scene and I am advised to lodge a report. My motorcycle was seriously damaged.





3 of 3

Report No. T/20190314/2056

Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

CONTINUATION OF REPORT

Sketch Pian

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: E / Sgt 3 JACKSON KOH TIAN LIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2019 13:01
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	SN 069
Authentication Stamp	

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· Video List

Claim Handling(accident reporting Claim Task)

Outsidert Re/Date Field: Date	Fire tru	ma	O .
NAC_BUNIT_MEANY_BIDG/GENATIONAL ASSETSHENT CENTRE SERVICE (COUNTY MERANY) on 19 May 2010 15-14	NAIC/ Driving Licerse	highreal	WRICE Driving Liberus 2019-3-19
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THAC_BUALT_MERAN_SCORYGE NATIONAL ASSESSMENT CENTRE SERVICE S (BUALT M(RAAM)) on 13 Year 2019 15118	Philos	Mornal	Photos 2019-3-19
NAC_BUXIT_MERAN, 800678(NATIONAL ASSESSMENT CENTRE SERVICE 8 (BOXIT MERAN)) on 19 May 2019 15:14	Photos	Normal	Photos 3016-3-16
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NAC_BURTT_MERAH_BOOKTE(NATIONAL ASSESSMENT CENTRE SPRVICE S (BURTT MERAH)) on 12 May 2019 15-14	Moise	Normal	Provide Julia 3-15
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NAC, ROKET, MERAN, BOOSTEL NATIONAL ESSESSMENT CENTRE SENJOCE 6 (BUELT MERAN) on 18 May 3019 15:14	Photos	Normal	Memo 51178-3-10
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NAC_BURIT_MERAN, BINGZO, NATIONAL AGRESSMENT CENTRE SERVICE BIBURIT MERANIC on 18 May 2019 15:14	Phonon	Beend	Prince 2019-3-19
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NAC_BURIT_MERAH_BEG676(NATIONAL ASSESSMENT CENTRE SERVICE E (BURIT MERAH)) 20 19 May 2019 15:15	*******	Reconst	Photos 2015-3-38
	Califf Handling(a	coldent reporting Claim	Task)

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USA Georgia

DRIVER'S LICENSE

DL NO. 049197949 DOB 03/19/1981 CLASS CM EXP 03/19/2025 ADAM CHRISTOPHER MARPLE

3071 HEIDLEBURG DR NW KENNESAW, GA 30144-1123 COBB End NONE

iss 02/28/2017 Sex M Eyes BLU Hgt 5'-11" Wgt 180 lb

DD | 300438565480016115

DONOR W



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

LASALLE COLLEGE OF THE ARTS LIMITED



Name MARPLE ADAM CHRISTOPHER **LECTURER**

FIN 05355091X

08-05-20%





L6914159

Rev 07/01/2018



MEDICAL INFORMATION: None







CLASS: CM-5-26,000 lbs. GVWR and Trailer 5-10,000 lbs. All recreat wheeled motorcycles

ENDORSEMENTS: Name

RESTRICTIONS A-None



03/19/1901

VISIT PASS

Immigration Regulations

MARPLE ADAM CHRISTOPHER



19-03-1981 M

Date of Issue

AMERICAN

Date of Expiry G5355091X 15-06-2018 26-07-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



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