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 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.	
	ACCIDENT STATEMENT
Date Of Report	05/04/2019 18:15
Date Of Accident	04/04/2019 09:15
Exact Location Of Accident	JUNC DUNEARN RD & VANDA RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG6495Z
Insured/Policyholder	
Name Of Registered Owner	TAN JUNG LOONG JEREMIAH
NRIC No	S8848760E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93875562
Alternative Phone No	OFFICE-93875562
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107376282
Cover Note Number	
Driver	

TAN JUNG LOONG JEREMIAH Name of Driver

NRIC No S8848760E Date Of Birth 02/12/1988 Occupation **OUTDOOR** 21/07/2017 **Date Of Driving Pass**

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93875562

Fax Number

Contact Number OFFICE-93875562

EMail Address NOEMAIL Address BLK 415C FERNVALE LINK

#08-70

Postcode 793415

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 - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JPS5459 (MOTORCYCLE)

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?

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 BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190404/2028.

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 JPS5459

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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:

Name: NRIC/FIN No.:

Reporting Centre Perso

Accident Sketch Plan

SKETCH PLAN B: JP55459 venda &d DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Rola police report- Thorquyor 12048 DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Date & Time: Date & Time: Name:

NRIC/FIN No.:





Police Station Of Origin:

Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

1 of 3 Report No. T/20190404/2028

	OF A TRAFFI	Profesional and the Company of the C				
Date/Time Report Made: 04/04/2019 09:50			Vide Report No.;	Station Diary No.: 27		
Informa	nt's Partic	ulars		(A) 10 10 10 10 10 10 10 10 10 10 10 10 10		
	f Informant: NG LOON	S, JEREMIAH	Address: APT BLK 415C FERNVALE L	INK #08-70 SINGAPORE 793415		
	/ ID No.: O / S88487	60E	Contact No.: Home/Office: Mobile: 93875562			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 30	Date of Birth: 02/12/1988	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: MYREPUBLIC TECHNICIAN			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/04/2019 09:15	Type of Location: Straight Road	
DUNEARN R		ta Road			
Weather: Clear	ther: Road Surface:			Road Speed Limit:	
		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Traffic Flow: One Way		Traine Light - VVC			

Details of V	ehicle Involve	d			HOUSE STATE	宣言规则是否 信息
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JPS5459	Motorcycle				Slightly Damaged	0
SKG6495Z	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Beige	Slightly Damaged	0

Details of V	ehicle Insurance		THE RESERVE	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG6495Z	NTUC Income Insurance Co-Operative Limited	5107376282	02/02/2019	01/02/2020



T/20190404/2028

-

Report No. T/20190404/2028

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No		- House			***	
No. of Pedestrians Injured: NIL Use of				of Pedestrian Crossing: NA			
Driver				The second	SALES OF	202107005	
Name	TAN JUNG LOONG, JEREMIAH		Н	ID No.		S8848760E	
Related Vehicle	NIL			Conta	ct No.	93875562	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g. ce &	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	100 May 100 Ma	Date Disc	-	NIL	Service College	
	ted Medical Leave	NIL	Degree o	f Injury	NIL		

Brief Details.

On the above mentioned date time and location. A minor accident had occurred.

I was driving on the first 3rd lane of the 3 lane road and was about to turn left into Esso Petrol Kiosk, a motorcycle turned out from the small road - Vanda Road right before Esso Petrol Kiosk and collided into my vehicle.

The motorbike fell and my left side mirror was damaged.

The motorcyclist was slightly injured, nothing major as it was a light collision.

I am lodging this report for insurance claim and because the motorcycle is a foreign motorcycle.

Police Report



Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999



3 of 3 Report No. T/20190404/2028

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 RE / Sgt 3 TEO TECK CHUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2019 09:50
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp	SIGNATURE SN 170























