

## 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	06/04/2019 10:47
Date Of Accident	05/04/2019 11:45
Exact Location Of Accident	SERANGOON RD B4 CTE NEAR TO EXIT 15A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1119J
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#### Insured/Policyholder

Name Of Registered Owner	RI SHEN SERVICES PTE. LTD.
Co Reg No	201109258N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86889366
Alternative Phone No	OFFICE-86889366

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE SUPER GL DARK PRIME II 2.8 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106663704
Cover Note Number	

#### Driver

Name of Driver	OW KOK SHENG, ZACHARY
NRIC No	S9140839B
Date Of Birth	13/11/1991
Occupation	INDOOR
Date Of Driving Pass	17/07/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86889366
Fax Number	
Contact Number	OTHERS-86889366
E-Mail Address	NOEMAIL

Address	BLK 475A UPPER SERANGOON CRESCENT #03-509
Postcode	531475
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 357 HOUGANG AVENUE 7 #01-805 , <b>POSTCODE:</b> 530357 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2869999 - <b>FAX NO:</b> 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190405/2203

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL6847Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLG9513Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

## SKETCH PLAN

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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) in compliance 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:

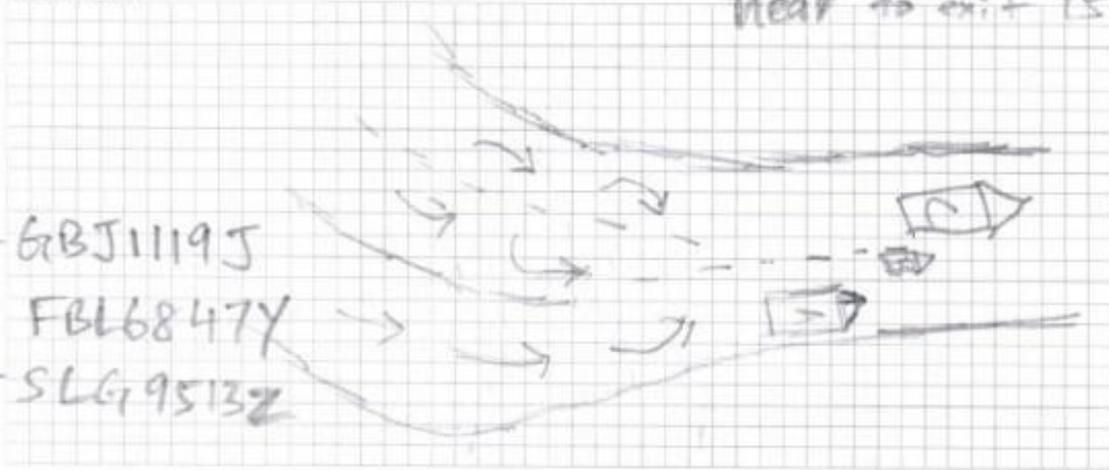
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Along Serangoon road before CTE  
NEAR to exit 15A

- A- GBJ1119J
- B- FBL6847Y
- C- SLG9513Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Pls Refer to the Police Report —  
T/20190405/2203

DECLARATION

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

Policyholder's Name:  
Date & Time:



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

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

6/4/2019

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20190405/2203

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

2 of 3

Report No. T/20190405/2203

**CONTINUATION OF REPORT**

**Brief Details.**

On 05/04/2019 at about 1145hrs, I was travelling along Serangoon Road before CTE nearing to exit 15A in my Van (GBJ 1119J) and everything was in order. At that point of time when I was very near to the merging lane towards CTE, I noticed one motorcycle (FBL 6847Y) which was on my right lane where I was travelling. Initially, he was in the middle of two lanes but after which, I noticed the motorcycle swerving left and right which I was clueless where the motorcycle was heading.

After which, I picked up speed as I wanted to join the traffic along CTE, all of a sudden, I noticed the motorcycle in front of me and it was very close to the front of my vehicle. I quickly applied the brakes and as such, I managed to stop in time however, the motorcycle had grazed onto the front of my vehicle. I wish to state that the reason for me applying the brakes is because the motorcycle was very close to my vehicle as I was joining the traffic along CTE. After which, I stopped my vehicle at the side of the road and after checking on the rider, noticed some injuries on him and I called for the police which ultimately, the ambulance also arrived.

The motorcycle also collided onto another vehicle (SLG 9513Z) which was travelling along the left lane. I wish to state that I was not injured however, the rider of the motorcycle was conveyed to hospital. I also wish to state that there some graze marks on the front left of my van.

Sketch Plan #4



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

(U)

Ref: Report No: 8/2019 0005/0080

Roshidha  
GSU 2 6216

I, TISANG  
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP40  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 32
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from OW 591408303  
(Name, NRIC or Passport No. / Rank and No.)

of B/47512 277 Juncie Ave #03-504 531411  
(Address / Police Station / NPC / NPP)

on 050419 at 1235  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

(Signature)

OW 591408303

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

TISANG

(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190405/2203

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Police Report



SINGAPORE  
POLICE FORCE



T/20190405/2203

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

3 of 3

Report No. T/20190405/2203

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: F / Sgt 1 ONG YU HAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2019 20:42
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

Authentication Stamp  
NP168