

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 | 30/05/2019 10:38 |
| Date Of Accident | 07/05/2019 17:45 |
| Exact Location Of Accident | ALONG AYE BEFORE CLEMENTI AVENUE 6 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | FBA7289J |
| Insured/Policyholder | |
| Name Of Registered Owner | SOUTHERN MOTOR |
| Co Reg No | 23414700L |
| Email Address | ALLEYYYYOHORELLA@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91554229 |
| Alternative Phone No | OFFICE-62730369 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | YAMAHA |
| Model | SPARK-135CC |
| Exact Purpose for which vehicle was being used at time of accident | ON THE WAY HOME |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5100726122 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------------|
| Name of Driver | MUHAMMAD ALI OHORELLA BIN ROSLEE |
| NRIC No | S9747333A |
| Date Of Birth | 29/12/1997 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/10/2018 |
| Driving Experience | 0 YEAR AND 6 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91554229 |
| Fax Number | |
| Contact Number | OFFICE-62730369 |
| Email Address | ALLEYYYYOHORELLA@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 162 YISHUN STREET 11 #05-246 |
| Postcode | 760162 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8529999 - FAX NO: 68522299 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20190527/2110

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 | SLE2214T |
| Vehicle Make/Model/Colour | CHEVROLET ORLANDO 1.4 TURBO |
| 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)

Accident Sketch Plan

SKETCH PLAN

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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:

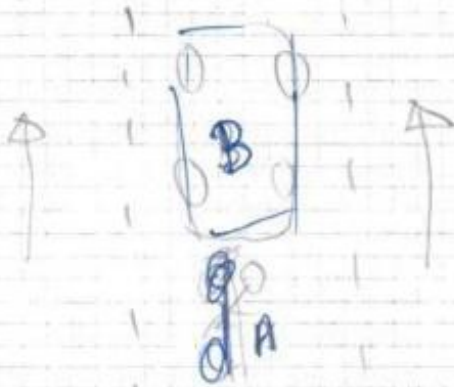
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

ALONG AYE BEFORE CLEMENTI AVENUE 6 EXIT



A) FBA 7289J

B) SLE 2214T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer Police Report
2/20190527/2110

DECLARATION

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

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20190527/2110

1 of 2

POLICE REPORT (NP299)

Report No. L/20190527/2110

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

| | | |
|--|---|--------------------------|
| Date/Time Report Made 27/05/2019 21:31 | Vide Report No. | Station Diary No. 189 |
| Name Of Informant MUHAMMAD ALI OHORELLA BIN MOHD ROSLEE | Address APT BLK 162 YISHUN STREET 11 #05-246 SINGAPORE 760162 | |
| ID Type / ID No. NRIC NO / S9747333A | Contact No. Home/Office | Mobile 91554229 |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation National Service Full Time | Sex Male | Age 21 |
| Institution/School Name | Date of Birth 29/12/1997 | Race Malay |
| Date/Time Of Incident 07/05/2019 17:45 - 07/05/2019 17:45 | Location Of Incident Along AYE before Clementi Avenue 6 Exit | |

Brief details.

On the 07/05/2019 at around 1745hrs , I was riding a rental Motorbike , Model : Yamaha Spark 135 bearing registration plate no : FBA 7289J , along AYE. The motorbike was rented from SOUTHERN MOTOR , located at Block 1006 Bukit Merah Lane 2 #01-10 S(159762) Reg No : 234147/00L , from 07/05/2019 to 13/05/2019

The traffic was slowing moving and I was riding on lane 2. Somewhere before Clementi Exit 6 , I wanted to switched to lane 3 and thus I checked my blind spot on my left and while I was checking my

| | |
|--|--------------------------------|
| Signature Of Officer Recording The Report: L / Staff Sgt ZENG ZHIMIN, KEVIN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 27/05/2019 21:31 |
| Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp LIM JING XIANG Contact No.: 64660000 | Classification Of Case: |
| Authentication Stamp | |

POLICE REPORT



SINGAPORE
POLICE FORCE



L/20190527/2110

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190527/2110

blind spot , the car in front of me , bearing registration no : SLE 2214T , braked abruptly and I couldn't react and stop my motorbike in time and thus collided into the rear of the car. No one was injured in this accident and we agreed on private settlement. We took photographs of the damages on our vehicles and I informed the motorbike shop informed of the accident. However subsequently , I was informed by the bike shop to lodge a Police Report as required by their insurance company. I am lodging this report for insurance company action.

Signature Of Officer Recording The Report:

L / Staff Sgt ZENG ZHIMIN, KEVIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Insp LIM JING XIANG
Contact No.: 64660000

Authentication Stamp

Signature Of Informant:

Date/Time:
27/05/2019 21:31

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

