SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	17/06/2019 15:25	
Date Of Accident	09/06/2019 12:15	
Exact Location Of Accident	NORTH SOUTH HIGHWAY TOWARDS S'PORE FROM YONG PENG	
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FN111T	
Insured/Policyholder		
Name Of Registered Owner	WEE THIAM	
NRIC No	S1346298D	
Email Address	KENNYWEE24@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-96343373	
Alternative Phone No	OTHERS-96343373	
Vehicle Particulars		
Manufacturer	HARLEY-DAVIDSON	
Model	FAT BOB	
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	LIBERTY INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	SI18V14845/VMS/R1	
Cover Note Number		
Driver		
Name of Driver	WEE THIAM	
NRIC No	S1346298D	
Date Of Birth	24/12/1959	
Occupation	INDOOR	
Date Of Driving Pass	26/12/1979	
Driving Experience	39 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-96343373	

OTHERS-96343373

KENNYWEE24@YAHOO.COM

Address BLK 8 JALAN BUKIT HO SWEE

#06-106

Postcode 161008

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 RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JRA3053 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

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 MERAH EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX

BLOCK A , **POSTCODE:** 088762 , **COUNTRY**: SINGAPORE

Police Station Contact **TEL NO**: 1800-2369999 - **FAX NO**: 62268438

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190611/2001

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JRA3053

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 INJURED PERSON 1

Name WEE THIAM

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FN111T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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- 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:

Reporting Centre Personney

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN NOW	South Highway Towards Sport From Your PAUS
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^	
A.	8) J&A 3053
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DECLARATION	
I/We deglare the foregoing particu	ilars are true in every respect.
4	2/ /7/66/200
Policyholder's Signature Date & Thoe	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 2

Report No. A/20190611/2001

POLICE REPORT (NP299)

Police Station Of Origin Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

Date/Time Report Made 11/06/2019 00:03	Vide Report No.		Station Diary No.	
Name Of Informant WEE THIAM	Address APT BLK 8 JALAN BUKIT HO SWEE #06-106 SINGAPORE 161008			
ID Type / ID No. NRIC NO / \$1346298D	Contact No. Home/Office		Mobile 96343373	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Self Employed	Sex	Age 59	Date of Birth 24/12/1959	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 09/06/2019 12:15	Location Of Incident North South Highway (Towards Singapore from YongPeng) MALAYSIA			

Brief details.

Singapore Police Force

On the above mentioned date, time and location. I was traveling along the said highway. While traveling, I stopped by the road shoulder to wear my raincoat as It was about to rain. While wearing my raincoat, suddenly there was a motorcycle (JRA3053) hit my right leg from the back and I black out immediately. After the incident, I went back to Singapore (Singapore General Hospital) to seek treatment. My motorbike was slightly damaged. My vehicle number is FN111T. Thus, I am here to lodge a report for

Signature Of Officer Recording The Report:	Signature Of Informant:		
A / Sgt 2 CHUA ZHENG HONG JEVON	A		
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2019 00:03		
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP TAN ANG CHING LETTS Contact No.: 65575637	Classification Of Case:		
Authentication Stamp			

INSURANCE

9399 4320





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190611/2001

insurance claims.

Signature Of Officer Recording The Report:

A / Sgt 2 CHUA ZHENG HONG JEVON

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP TAN ANG CHING LETTS Contact No.: 65575637

Authentication Stamp

Signature Of Informant:

Date/Time: 11/06/2019 00:03

Classification Of Case:

POL.316 POLIS DIRAJA MALAYSIA **CAWANGAN TRAFIK** IBU PEJABAT POLIS DAERAH KULAIJAYA, 81000, KULAI 076632222 Resit Akuan Penerimaan Repot Polis : Nama Pengadu : WEE THIAM No Kad Pengenalan / Paspot : E6212775K No Repot Polis : TRAFIK KULADAYA/005837/19 Tarikh @ Masa Repot Polis : 13/06/2019 @ 16:13 Pengesahan Penerimaan Repot PEJABAT PERTATTAN BALAI POUS TAMAITIONER IPD SERI ALAM Tandatangan Ketua Pejabat Pertanyaan Pegawai Penyiasat : Nama Pegawai Penyiasat : (R104666) SJN ZULHARI B DAUD **Tempat Tugas** : JOHOR , KULAIJAYA No Telefon Pejabat No Telefon Bimbit : 013-7061272 Tarikh @ masa Perjumpaan Pengesahan Penerimaan Repot Tandatangan Pegawai Penylasat Juru Gambar : No Badan Nama Pangkat Tarikh @ Masa Gambar Diambil Pengesahan Gambar Diambil Tandatangan Juru Gambar Unit Pembekalan Dokumen Siasatan : No Telefon Unit Pembekalan Dokumen <u>Waktu Pejabat :</u> Isnin - Khamis : 08:00 Pagi - 04:30 Petang Jenis Dokumen Dibekal Kepada Pengadu : 1. Salinan Repot Polis Jumaat: 2. Gambar Kenderaan 08:00 Pagi - 12:15 Tengah Hari 02:45 Petang - 04:30 Petang Cuti Umum / Khas : Tutup 3. Rajah Kasar Kemalangan 4. Keputusan Siasatan 5. Lain-lain Dokumen Tarikh @ Masa Dokumen Diserah :

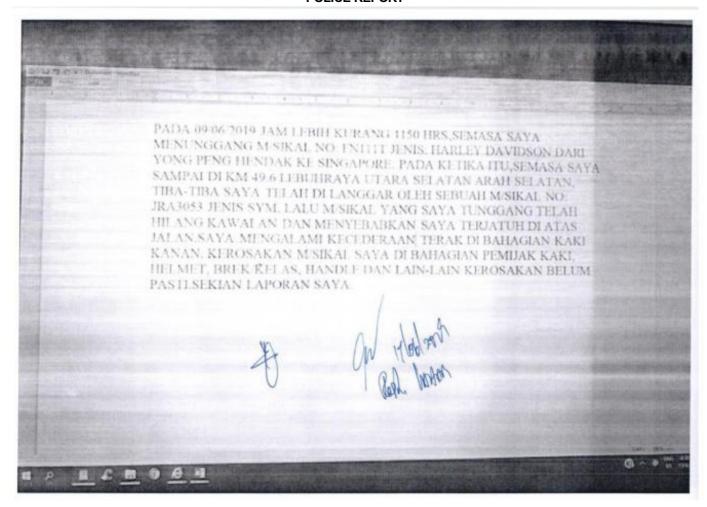
> Tandatangan Pegawai Kaunter Pembekalan Dokumen

https://prs.rmp.gov.my/prs/eoffice/eo_pol316.asp?repotid=021699/005837/19

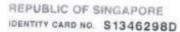
Dokumen:

Pengesahan Kaunter Pembekalan

13/6/2019



Identification Card



WEE THIAM

CHINESE 24-12-1959 SINGAPORE









5493000



APT BLK B JALAN BUKIT HO SWEE #08-108 SINGAPORE 161008 NPIC No: \$13452980 Date: 02/11/2

Date: 02/11/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motorcycles =< 200 cc.

Motorcycles between 201 cc and 400 cc.

Motorcycles > 400 cc.

Motorcycles with unladen weight =< 3000kg with =< 7 passengers, exclusive or diriver; and other motor venicles with unladen weight =< 2500kg.

Motor venicles which are constructed to carry load or passengers and the unladen weight > 2500kg.

Motor venicles which are not constructed to carry load or passengers and the unladen weight > 7250kg.

Motor venicles not constructed to carry load and insuladen weight > 7250kg.

For LKK/NAC Use Only

NP 426A

