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 <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	25/06/2019 18:33
Date Of Accident	24/06/2019 09:45
Exact Location Of Accident	SLIP RD EDGEFIELD PLAINS TWDS PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FW155U
Insured/Policyholder	
Name Of Registered Owner	LUQMAN BIN ABDUL LATIFF
NRIC No	S8114614D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82000876
Alternative Phone No	OFFICE-82000876
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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
Policy Number	5032600557-10
Cover Note Number	
Driver	

Name of Driver LUQMAN BIN ABDUL LATIFF

NRIC No S8114614D

Date Of Birth 22/05/1981

Occupation OUTDOOR

Date Of Driving Pass 19/07/2001

Driving Experience 17 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82000876

Fax Number

Contact Number OFFICE-82000876

EMail Address NOEMAIL

BLK 617D PUNGGOL DRIVE Address

#08-825

Postcode 824617

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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 **PUNGGOL N.P.C**

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190624/2100.

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 SGR4366R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR **CHONG KIM POH** Name of Driver

S0023015D NRIC/Passport Number **Contact Number** 82984366

Address Postcode

Insurance Company Name

Page 2 of 19

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LUQMAN BIN ABDUL LATIFF

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FW155U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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
- 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.

der's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Person Signature

NRIC/FIN No.:

Accident Sketch Plan

	Rangyal Carrel	A: FW155V E- JG E4366R
		A: FW 175 V E- JG PY 3662
		E- 16 P43662
	79n	B. 31C
	12ª	
	1861	
	1691	
	/* /	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refer to ontre	179274-7/2019004/200.	
Letto to bette	167517-11/20193024 1700.	
CLARATION		
e declare the foregoing partic	rulars are true in every respect.	
fruf-a		
cyholder's Signature	Driver's Signature	Banastina Costan D
e & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Police Report





Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 3 Report No. T/20190624/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 14:27		flade:	Vide Report No.:	Station Diary No.: 53		
Informa	nt's Partici	ulars		(公理2) 美国马拉雷克利亚亚岛山上		
AND THE RESERVE	Informant: N BIN ABD		Address: APT BLK 617D PUNGGOL D 824617	RIVE #08-825 SINGAPORE		
	/ ID No.:		Contact No.:			
NRIC NO / S8114614D		14D	Home/Office:	Mobile: 82000876		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 22/05/1981	Type of Informant: Rider			
Race: Indian			Language: English	Institution / School Name:		
Occupation: Technician			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 24/06/2019 09:45	Type of Location X-Junction	
Location: Along Road 1 EDGEFIELD	PLAINS				
junction of Punggol Field Weather: Clear		Road Surface: Dry		Road Speed Limit:	
	Traffic Flow: Dual Carriage Way			Traffic Volume: Light	
	e Way	Traffic Control: Traffic Light - Wo	rking	Light	

Details of V	ehicle Involve	d		THE REAL PROPERTY.	House and Advised	STREET, STATE OF THE PARTY OF T
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FW155U	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black	Seriously Damaged	
SGR4366R	Car					0

Details of V	ehicle Insurance		STEATH STO	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20190624/2100

CONTINUATION OF REPORT

Vehicle No.	Insurance Company		OHILL SALES	· 经经营营业
F1 5 4 4 7 7 7 1	NTUC Income Income	Insurance No	Effective	30/10/2019
		5032600557-10	31/10/2018	

Details of Pers	on Involved					
Any Pedestrian	Involved: No			Hiller	SEC.	
No. of Pedestria	ns Injured: NII		111 - 12	-		
Rider	Carlo		Use of P∈	edestria	n Cros	sing: NA
Name	LUQMAN BIN ABDUL LATIFF			ID No	0.	S8114614D
Related Vehicle	FW155U (Motorcycle)			Contact No.		82000876
Hospital/Clinic	RAFFLES MEDICAL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment						
No of David assets 111 ii			Date Disc	harge	24/06	3/2019
Driver	ted Medical Leave 0	3	Degree of	Injury	NIL	
Name	CHONG KIM POH			ID No		S0023015D
Related Vehicle	SGR4366R (Car)			Contact No.		82984366
Hospital/Clinic	NIL			Class of Driving Licence &		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	Expiry	NIL	
No. of Days grant	ed Medical Leave N	L	Degree of	Injury	NIL	

Brief Details.

On 24/06/2019 at about 0945hrs, I was travelling along Edgefield Plains filtering into Punggol Central, when suddenly the vehicle behind me collided into mine. We then exchanged particulars and the Traffic Police and Ambulance attended to us. I refused conveyance but decided to seek my own medical attention at Raffles Medical located at Waterway Point. I was given outpatient treatment and 3 days of medical leave.

The other driver is not injured and also does not need any conveyance to hospital. I was told that he is driving for Go-jek. I do not have a camera on my motorcycle but to my knowledge, the other driver have an in-car camera in his vehicle. That is all.

Police Report





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20190624/2100

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 / Sr Staff Sgt ADIBAH HANIM BINTE MOHAMED RASIT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2019 14:27
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case: SN 085
Authentication Stamp	





















