# 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

		ACCIDENT STATEMENT
	Date Of Report	25/06/2019 17:44
	Date Of Accident	30/05/2019 16:30
	Exact Location Of Accident	AYE TWDS TUAS NEAR JALAN BUKIT MERAH
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	FBP1959U
	Insured/Policyholder	
	Name Of Registered Owner	SENG JUN MIN ALVIN
	NRIC No	S8813743D
	Email Address	SENG_ALVIN@HOTMAIL.COM
	Mobile Phone No	(LOCAL) +65-90619728
	Alternative Phone No	OTHERS-90619728
	Vehicle Particulars	
	Manufacturer	YAMAHA
	Model	SNIPER T150
	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	5107716740
	Cover Note Number	
	Driver	
	Name of Driver	SENG JUN MIN ALVIN

 NRIC No
 \$8813743D

 Date Of Birth
 25/04/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 04/10/2016

Driving Experience 2 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90619728

Fax Number

Contact Number OTHERS-90619728

EMail Address SENG\_ALVIN@HOTMAIL.COM

Address BLK 328 JURONG EAST STREET 31

#13-144

Postcode 600328

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 CLEAR
Road Surface ROAD WET

**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 NANYANG N.P.C

Police Station Address ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT: T/20190603/2042

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 SGK6113C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 22

Postcode

# Name SENG JUN MIN ALVIN Approximate Age Injuries Sustain BODY Injured person in which vehicle? FBP1959U Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

### Sketch Plan

### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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.
- 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.

Boacyholder'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 Road &	A A B B A A A A A A A A A A A A A A A A	ey towards tras	A-B-	-FBP1959 -SGK611	U 3C
DESCRIBE CIRCUN	ISTANCES OF T	FIRPHSQU HE ACCIDENT	4	0 630	*	]
9	15 Ros	er the	Police	03/3	3 <sup>W</sup>	
DECLARATION I/We declare the for	egoing particular	are true in every respect.		\		
Policyholder's Signatu Date & Time:	re	Driver's Signature (If driver is not the policy) Date & Time:	nolder)	Reporting Centre Name: NRIC/FIN No.:	Pelsonnel's Signature	1201

### Sketch Plan #3





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 2 of 3 Report No. T/20190603/2042

CONTINUATION OF REPORT

Details of Perso	on Involved		Montage and	A CARLES	250 121	Self Day of Property
Any Pedestrian I	nvolved: No					STATE OF STREET STREET
No. of Pedestrian	ns Injured: NIL		Use of	f Pedestriar	Cross	ing NA
Rider	THE PERSON NAMED IN	ASIA (1855)	EACH	SCHOOL ST	-	AND DESCRIPTION OF THE PARTY OF
Name	SENG JUN MIN, AL	SENG JUN MIN, ALVIN			+ 1	S8813743D
Related Vehicle	FBP1959U (Motorcycle)			Conta	ct No.	90619728
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITA			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	31/05/2019		Date I	Discharge		/2019
No. of Days gran	ted Medical Leave	23		e of Injury	Slight	

### Brief Details.

On 30/05/2019 at 1630hrs, I was riding my motorbike, FBP1959U, along AYE. - first lane. I entered AYE somewhere near Bukit Merah and as I was driving towards Tuas, I observed a silver sedan car in front of me. The car then swerved to the right. I figured that the female driver was giving me space to overtake. As such, I signaled and went in-between lane 1 and lane 2 to overtake. Then suddenly, the car swerved back to the left, and bumped onto me. I skidded and suffered a fall. The female driver came out to assist me and subsequently called for ambulance. I was conveyed to NUH in conscious state. I had multiple abrasions on both arms and legs, as well as a deep cut on my left knee.

I did not have the opportunity to exchange particulars.

I was subsequently instructed by Traffic Police to lodge a traffic accident report.

### Sketch Plan #4



Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel - 6547 0000

Tel: 6547 0000 Fax: 6547 6259

Date: 31 May 2019

SGK6113 Cyour Ref

: TP/IP/34445/2019

SENG JUN MIN, ALVIN
APT BLK 328 JURONG EAST STREET 31
#13-144
SINGAPORE 600328

# հեկովիդիդիդիդիեկի

Dear Sir / Madam.

CASE OF TRAFFIC ACCIDENT INVOLVING FBP1959U ALONG AYER RAJAH EXPRESSWAY ON 30 MAY 2019 @ 4.48 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer MA JUNXIANG DYLAN at his / her office number: 65476251 or the supervisor NORHIDAWATI BTE AHMAD at 65476310 if you have any further queries.
- 5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION





Our Ref: MT/CA/TP/059/1049049-001/HT/VU

14 Jun 2019

SENG JUN MIN ALVIN BLK 328 #13-144 JURONG EAST STREET 31 SINGAPORE 600328

Dear Policyholder

CLAIM NUMBER: MT/1049049-001 ACCIDENT INVOLVING FBP1959U / SGK6113C on 30 May 2019

We would like to inform you that a claim for \$\$760.00 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong Manager

Motor Insurance

NTUC Income Insurance Co-operative Limited income Centre 75 Bras Easah Road Singapore 185557 - Tel: 6788 1777 • Fex: 6338 1500 • Email: csquery@income.com.sg • Website: www.income.com.sg an NTUC Social Enterprise

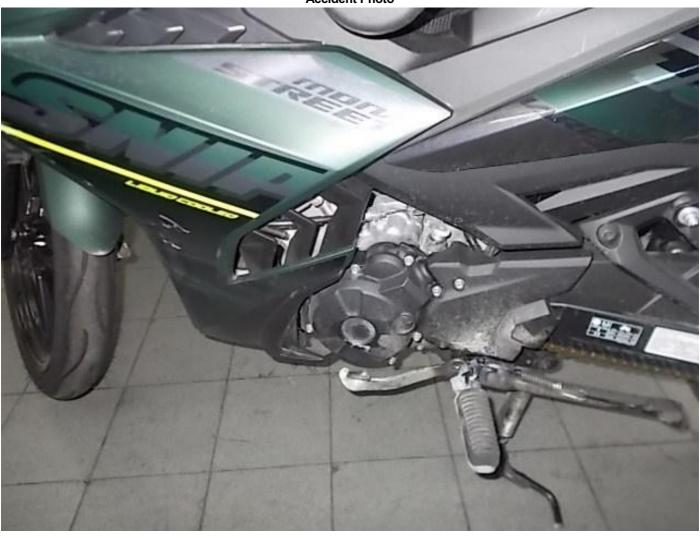






















# Police Report





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 407000002042

1 of 3 Report No. T/20190603/2042

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Depart Marie		
Date/Time Report Made: 03/06/2019 11:33	Vide Report No.:	Station Diary No.:
		23

Informa	nt's Partic	ulars	Die Helinisch genoue	
Name of SENG J	Informant: JN MIN, A		Address: APT BLK 328 JURONG EAS: SINGAPORE 600328	T STREET 31 #13-144
ID Type NRIC NO	/ ID No.: D / S88137	43D	Contact No.: Home/Office:	Mobile: 90619728
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 31 25/04/1988			Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name
Occupati Counsell	on: or (rehabili	tation)	Driving Licence Information: Class:	Date of Expiry:

	mation of the Accident		DESCRIPTION OF THE PARTY OF THE	
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2019 16:30	Type of Location Straight Road
	HEXPRESSWAY Tuas, Near Jalan Bukit M	erah		
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d		el State of Lines		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBP1959U	Motorcycle	YAMAHA	SNIPER	Green	Schallon	0
		04 000 140 000 000 000 000	T150			

Details of V	ehicle Insurance	office of the last	AND DESCRIPTION OF THE PARTY OF	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1959U	NTUC Income Insurance Co-Operative		22/02/2019	21/02/2020

### **Police Report**





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 3 Report No. T/20190603/2042

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Perso Any Pedestrian I	2201312 PR. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	OF PART			II.R	
No. of Pedestrian			Use o	f Pedestriar	Cross	ing: NA
Rider		TO CHE	STATE OF STREET	- D. V. V.	13 113	DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
Name	SENG JUN MIN, AL	VIN		ID No	4	S8813743D
Related Vehicle	FBP1959U (Motorcycle)			Conta	ct No.	90619728
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITA			Class Drivin Licent Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	31/05/2019		Date	Discharge	31/05	/2019
No. of Days granted Medical Leave 23				ee of Injury	Slight	

### Brief Details.

On 30/05/2019 at 1630hrs, I was riding my motorbike, FBP1959U, along AYE. - first lane. I entered AYE somewhere near Bukit Merah and as I was driving towards Tuas, I observed a silver sedan car in front of me. The car then swerved to the right. I figured that the female driver was giving me space to overtake. As such, I signaled and went in-between lane 1 and lane 2 to overtake. Then suddenly, the car swerved back to the left, and bumped onto me. I skidded and suffered a fall. The female driver came out to assist me and subsequently called for ambulance. I was conveyed to NUH in conscious state. I had multiple abrasions on both arms and legs, as well as a deep cut on my left knee.

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# **Police Report**





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 3 Report No. T/20190603/2042

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:  J / Staff Sgt R VIKNESH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2019 11:33
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214	Classification Of Case:
Authentication Stamp NP168	1.8"