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	28/06/2019 09:15				
Date Of Accident	27/06/2019 13:05				
Exact Location Of Accident	UPP SERANGOON RD TWDS SENGKANG EAST DR				
Country/State of Loss	SINGAPORE				
C	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJE997D				
Insured/Policyholder					
Name Of Registered Owner	QUIK HOCK SOON				
NRIC No	S1771519D				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-97832789				
Alternative Phone No	OFFICE-97832789				
Vehicle Particulars					
Manufacturer	ТОУОТА				
Model	ALTIS				
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	PRIVATE CAR				
Insurance Company					
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	5083619957-02				
Cover Note Number	_				
Driver					
Name of Driver	QUIK HOCK SOON				
NRIC No	S1771519D				
Date Of Birth	11/10/1966				
Occupation	OUTDOOR				
Date Of Driving Pass	04/10/2012				
Driving Experience	6 YEARS AND 8 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-97832789				

OFFICE-97832789

NOEMAIL

BLK 242 SERANGOON AVE 3 #07-196 Address

Postcode

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 **COLLISION - CHANGE/CROSS LANE**

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4880999 - FAX NO: 64883561 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBG9149K

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver MUHAMMAD UQBAH BIN MOHD AZMI

NRIC/Passport Number S9637047D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		
Serangoon Ave 2		A) SJE 997 D SJE 997 D B) FBG 9147
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	11
down to a land that was to my lare not quoid to Police & an	to drive on who behind the bus - I brake immed	sen the motocyclist suddenly switch istely but could the motocyclist
DECLARATION I/We declare the foregoing par	rticulars are true in every respect.	fund
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





1 of 3

Report No. T/20190627/2101

Station Diary No.:

Road Speed Limit

Police Station Of Origin: Serangoon N.P.C. 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

Date/Time Report Made:

REPORT OF A TRAFFIC ACCIDENT

27/06/2019 15:52	F/20190627/0076 53			
Informant's Particulars				
Name of Informant: QUIK HOCK SOON	Address: APT BLK 242 SERAN SINGAPORE 550242	GOON AVENUE 3 #07-196		
ID Type / ID No.: NRIC NO / S1771519D	Contact No.: Home/Office: Mobile: 97832789			
Nationality SINGAPORE CITIZEN	Email:			

Vide Report No.:

Type of Informant: Date of Birth Sex: Age: 11/10/1966 Driver Male 52 Language: Institution / School Name Race Chinese Chinese Driving Licence Information Occupation: Class Date of Expiry CONSTRUCTION

General Information of the Accident Drink Date/Time of Type of Location: Injury Type of Accident: T-Junction Conveyed By Ambulance Drive: Accident: 27/06/2019 13:05 No Location: Along Road 1 Traveling Toward Road 2

UPPER SERANGOON ROAD SENGKANG EAST DRIVE

Weather. Clear		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Between Moving Vehicles	Anyone conveyed by ambulance: No	

Road Surface:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9149K	Motorcycle					0
SBS3737P	Bus/Coach/Mi					10
SJE997D	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Blue		0

POLICE REPORT





Police Station Of Origin Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 2 of 3 Report No. T/20190627/2101

Tel No. 1800-4880999

Details of Vehicle Insurance

CONTINUATION OF REPORT

Vehicle No.	Ins	urance Company		Insurance No		Effective	Expiry Date	
SJE997D		UC Income Insurance Co-C nited	urance Co-Operative 5083619957-02		2	15/10/2018	14/10/2019	
Details of P	erso	n Involved						
Any Pedestri	ian Ir	rvolved: No						
No. of Pedes	strian	s Injured: NIL		Use of Per	destriar	Cross	sing: NA	
Rider								
Name		Muhammad Uqbah Bin Mohd Azmi		li.	ID No.		S9637047D	
Related Vehi	icle	FBG9149K (Motorcycle)			Contact No.		NIL	
Hospital/Clin	ic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatm	ent	NIL Date D			scharge NIL			
No. of Days granted Medical Leave		ted Medical Leave NII		Degree of Injury NIL				
Driver	STI2			7500				
Name		QUIK HOCK SOON			ID No.		S1771519D	
Related Veh	icle	SJE997D (Car)			Contact No.		97832789	
Hospital/Clin	nic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Exp	piry: NIL

Brief Details.

Date Treatment NIL

No. of Days granted Medical Leave

On 27/06/2019 at about 1305hrs, I was travelling along Upper Serangoon Road towards Sengkang East Drive. I was turning left into Serangoon Ave 2 at the T-Junction of Upper Serangoon Road and Serangoon Ave 2. There was a bus slowing down to stop at lane 3 and I was in lane 4 turning into Serangoon Ave 2 using the filter lane which is lane 4. Out of a sudden, one motorcycle, came from my right who was seen to be taking over the bus from the left at lane 3. I was unable to stop in time and I hit into the side portion of the motorcycle. Subsequently, TP arrived and the rider of the motorcycle was conveyed to hospital.

NIL

Date Discharge NIL

Degree of Injury NIL

POLICE REPORT





0.139/02/12 (0.)

Police Station Of Origin:
Serangoon N P C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT
Tel No: 1800-4880999

Report No. T/20190627/2101

3 013

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	Signature Of Informant:				
Sgt 3 ONG ZHEN ZUO	Kungh				
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2019 15:52				
Officer In Charge Of Case. TP / GIT /	Classification Of Case				
Staff Sgt MOHAMED HUSNUL TAUFIG BLAND YUSOF Contact No.: 65476358	A 3N 154				
	nature:				























