

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	03/07/2019 10:53
Date Of Accident	02/03/2019 22:50
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2254X
Insured/Policyholder	
Name Of Registered Owner	SULONG BIN JA'AFAR
NRIC No	S0217690D
Email Address	REND_ARENA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94751911
Alternative Phone No	OTHERS-94751911

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	5052870108-07
Cover Note Number	

Driver

Name of Driver	SULONG BIN JA'AFAR
NRIC No	S0217690D
Date Of Birth	21/04/1949
Occupation	INDOOR
Date Of Driving Pass	18/07/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94751911
Fax Number	
Contact Number	OTHERS-94751911
EEmail Address	REND_ARENA@HOTMAIL.COM

Address	BLK 756 #03-273 WOODLANDS AVENUE 4
Postcode	730756
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 - 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?	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	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.E/20190307/7023;

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	SHD363L
Vehicle Make/Model/Colour	RENAULT / LATITUDE 2.0L DCI AUTO D/AB 4DR
Details Of Properties	
Vehicle Category	TAXI
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	SULONG BIN JA'AFAR
Approximate Age	69
Injuries Sustain	
Injured person in which vehicle?	FBE2254X
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 756 #03-273 WOODLANDS AVENUE 4
Postcode	730756

SKETCH PLAN

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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.

- 3 JUL 2019

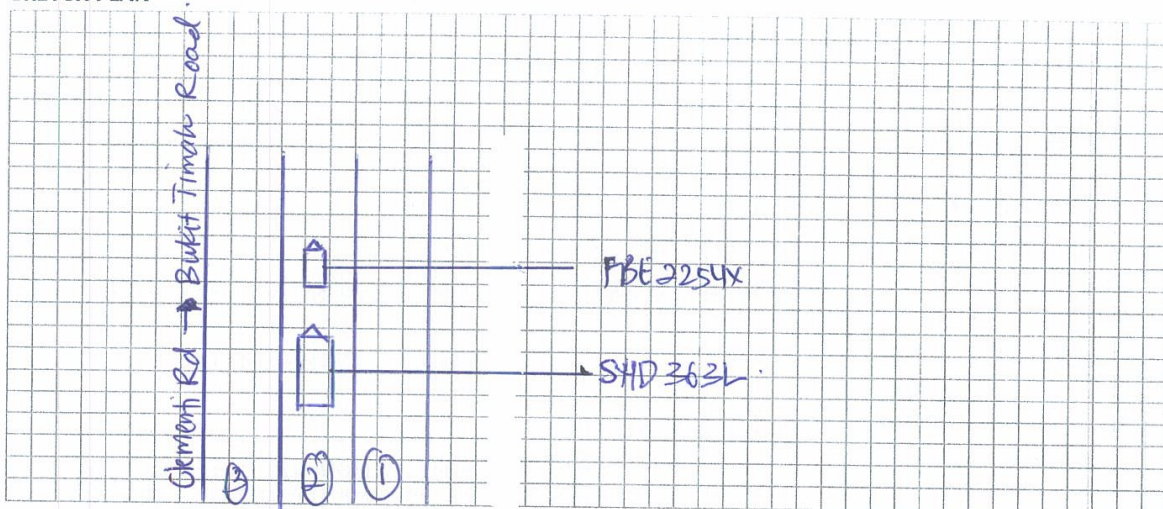
IDAC KAKI BUKIT (VAC)

Reporting Centre: 23 Kaki Bukit Ave 4
 Name: Singapore 415933
 NRIC/TEN: 67416697 Fax: 67492305
 Email: vackb@singnet.com.sg

Policyholder's Signature
 Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
To Police Report

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/ID No.:

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



E/20190307/7023

1 of 2

POLICE REPORT (NP299)

Report No. E/20190307/7023

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 07/03/2019 15:45	Vide Report No.	Station Diary No.
Name Of Informant SULONG BIN JA'AFAR	Address APT BLK 756 WOODLANDS AVENUE 4 #03-273 SINGAPORE 730756	
ID Type / ID No. NRIC NO / S0217690D	Contact No. Home/Office:	Mobile: 94751911
Nationality SINGAPORE CITIZEN	Email Address sulongjaafar33@gmail.com	
Occupation Chauffeur	Sex Male	Age 69
	Date of Birth 21/04/1949	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 02/03/2019 22:45 - 02/03/2019 22:50	Location Of Incident BUKIT TIMAH ROAD	

Brief details.

I left Bukit Ayer Molek towards Bukit Timah Road on 2nd March, Saturday night at 1045pm. At slip road between Dunearn Road and Bukit Timah Road, I've stopped to check the traffic coming from my left. The traffic was clear when I checked, so I turned into Bukit Timah Road on the center lane of three lanes traffic. Suddenly, a taxi, SHB 363L, who was earlier on the right lane knocked into the back of my motorcycle FBE 2254X. I sustained injuries on my left hand including my left knee, right hand and right hips. The taxi driver did not injured. I was sent to Ng Teng Fong Hospital for treatment. I was discharged on the 6th of March, Wednesday after my treatment.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2019 15:45
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20190307/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190307/7023

Subjects Involved			
Suspect			
Person Name	Sim Jwee Kiat Jacob		
ID Type	NRIC NO	ID No	S0031049B
Gender	Male	Race	Chinese
Language	English	Mobile No	86682088
Victim			
Person Name	SULONG BIN JA'AFAR		
ID Type	NRIC NO	ID No	S0217690D
Gender	Male	Age	69
Race	Malay	Language	English
Occupation	Chauffeur	Address Type	
Address	APT BLK 756 WOODLANDS AVENUE 4 #03-273 SINGAPORE 730756		Mobile No 94751911
Is Informant A Victim?	Yes		
Person Name SULONG BIN JA'AFAR (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

07/03/2019 15:45

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

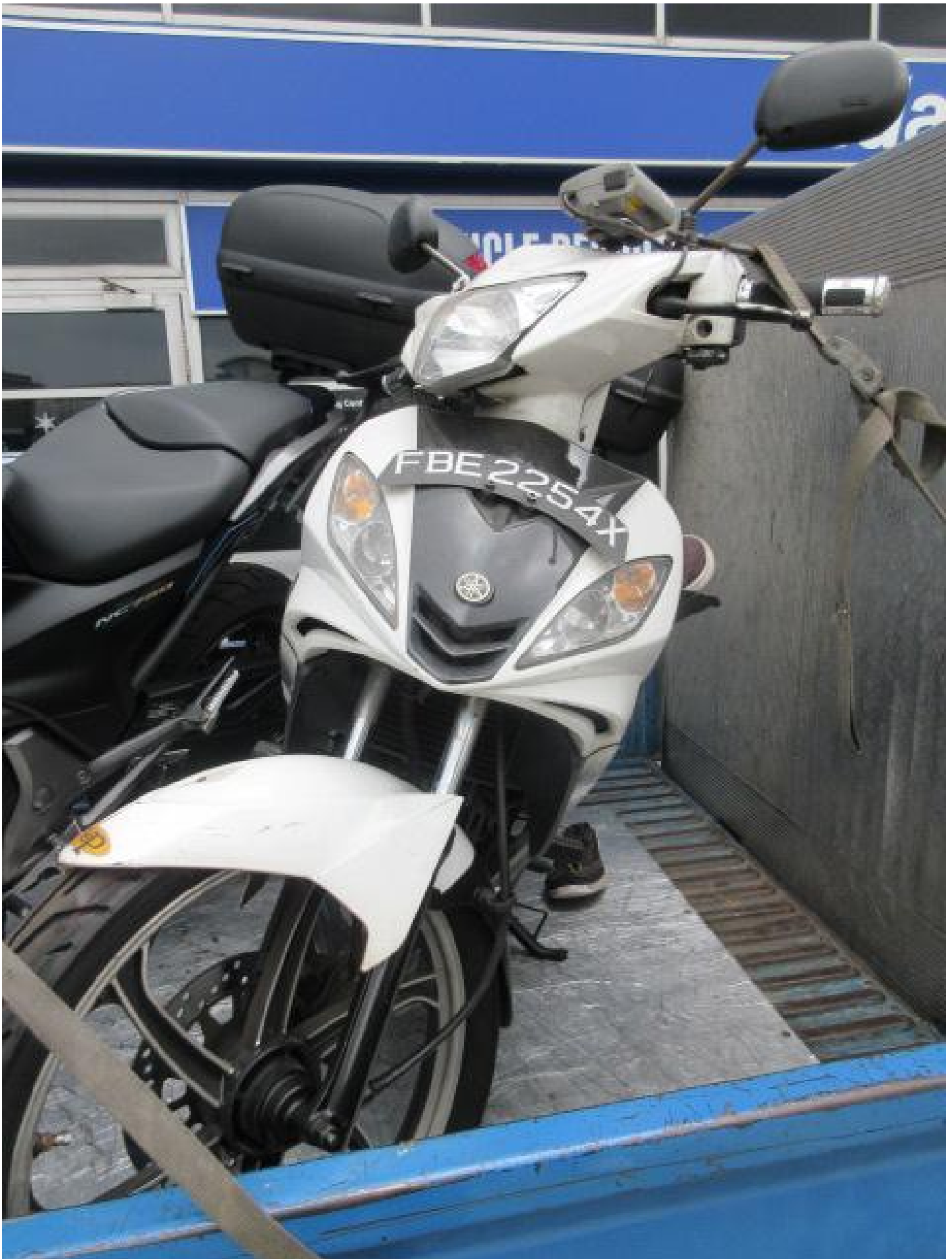




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

