

## 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             | 02/09/2019 11:54                      |
| Date Of Accident           | 30/08/2019 22:35                      |
| Exact Location Of Accident | CTE TWDS AYE BEFORE HENDERSON FLYOVER |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | FBE2494U |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                   |
|--------------------------|-------------------|
| Name Of Registered Owner | DYLAN NGO JUN WEI |
|--------------------------|-------------------|

#### Vehicle Particulars

|                  |            |
|------------------|------------|
| Manufacturer     | SUZUKI     |
| Model            | DRZ 400 SM |
| Vehicle Category | MOTORCYCLE |

#### Insurance Company

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage          | THIRD PARTY             |
| Fleet Policy              | NO                      |
| Policy Number             | PNMC2018-00005620       |
| Cover Note Number         |                         |

#### Driver

|                |                                   |
|----------------|-----------------------------------|
| Name of Driver | DYLAN NGO JUN WEI                 |
| NRIC No        | S9447907Z                         |
| Address        | BLK 601 CLEMENTI WEST ST 1 #10-07 |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |

#### Other Information

|  |     |
|--|-----|
| Was any foreign vehicle involved in this accident? | NO  |
| Was any body injured in the Accident?              | YES |
| Was any other material or property damaged?        | YES |
| Number of Passengers (Including Driver)            | 1   |

#### Circumstances of Accident

REFER TO ATTACHED

#### 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 | SML2134S |
|-----------------------------|----------|

Vehicle Make/Model/Colour

Name of Driver

MD MIZANUR RAHMAN

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

DYLAN NGO JUN WEI

Injured person in which vehicle?

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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 interested parties.
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:

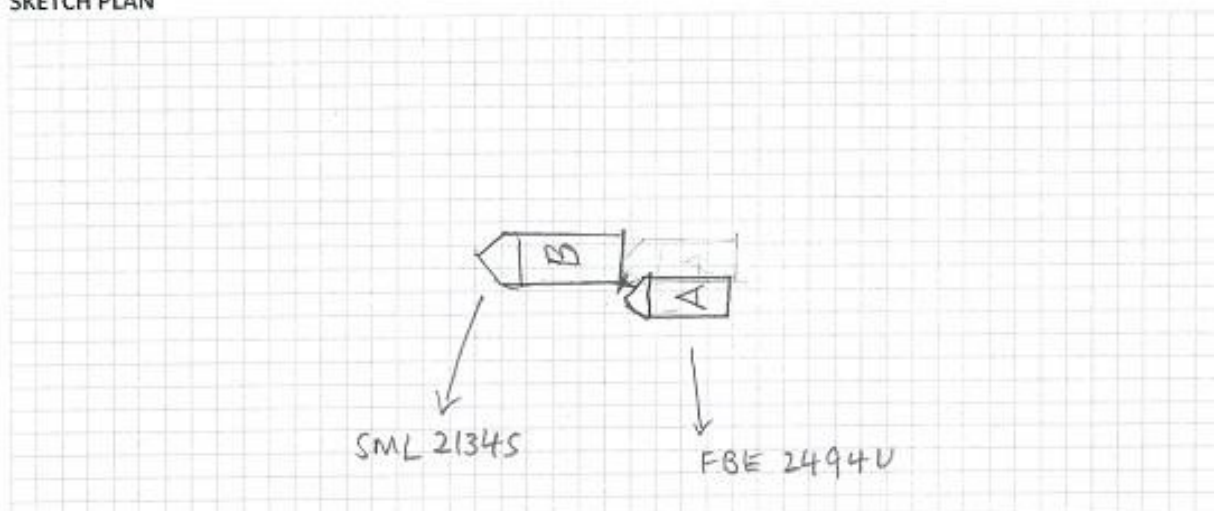
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 020919 1022HRS

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report D/20190831/7032.

## 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: 0209/9 1022 HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20190831/7032

1 of 2

## POLICE REPORT (NP299)

Report No. D/20190831/7032

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

|  |   |                   |
|--|---|-------------------|
| Date/Time Report Made<br>31/08/2019 21:20                    | Vide Report No.   | Station Diary No. |
| Name Of Informant<br>DYLAN NGO JUN WEI                       | Address<br>APT BLK 601 CLEMENTI WEST STREET 1 #10-07<br>SINGAPORE 120601              |                   |
| ID Type / ID No.<br>NRIC NO / S9447907Z                      | Contact No.<br>Home/Office: Mobile:<br>96223943                                       |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>Dylanngo@hotmail.com   |                   |
| Occupation<br>Other government associate professionals nec   | Sex<br>Male   | Age<br>24         |
| Institution/School Name                                      | Date of Birth<br>17/12/1994   | Race<br>Chinese   |
| Date/Time Of Incident<br>30/08/2019 22:35 - 31/08/2019 21:15 | Location Of Incident<br>APT BLK 601 CLEMENTI WEST STREET 1 #10-07<br>SINGAPORE 120601 |                   |

### Brief details.

Vehicle accident.

On 30/08/2019 @ around 2235Hrs my motorbike FBE2494U had a collision with SML2134S at CTE towards AYE before Henderson flyover. Both parties exchanged particulars and parted ways. I recieved minor injuries and went to Ng Teng Fong hospital and received outpatient treatment for injuries around my right leg.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>31/08/2019 21:20   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



D/20190831/7032

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20190831/7032

|                          |  |              |                       |
|--------------------------|--|--------------|-----------------------|
| <b>Subjects Involved</b> |  |              |                       |
| <b>Victim</b>            |  |              |                       |
| Person Name              | DYLAN NGO JUN WEI  |              |                       |
| ID Type                  | NRIC NO  | ID No        | S9447907Z             |
| Gender                   | Male   | Age          | 24                    |
| Race                     | Chinese  | Language     | English               |
| Occupation               | Other government associate professionals nec                     | Address Type |                       |
| Address                  | APT BLK 601 CLEMENTI<br>WEST STREET 1 #10-07<br>SINGAPORE 120601 |              | Mobile No<br>96223943 |
| Is Informant A Victim?   | Yes  |              |                       |
|                          |  |              |                       |
| Person Name              | DYLAN NGO JUN WEI (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:

31/08/2019 21:20

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MYTA19115662 Vehicle Registration No: FBE2494U  
Name(as shown in NRIC) : DYLAN NGO JUN WEI NRIC/FIN/Passport No : S9447907Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 601 CLEMENTI WEST ST 1 #10-07 Singapore( 120601 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96223943  
Email Address : \_\_\_\_\_  
Date of Accident : 30/08/2019 Time of Accident : 22:35  
Place of Accident : CTE TWDS AYE BEFORE HENDERSON FLYOVER  
Insurance Company: FWD Singapore Pte. Ltd.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UPLOAD POLICE REPORT

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

SHUYI  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: