

## 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	26/09/2019 14:54
Date Of Accident	20/09/2019 16:40
Exact Location Of Accident	ADMIRALTY ROAD WEST IN SEMBAWANG CAMP / NDU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3849R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW MEI FANG
NRIC No	S8305192B
Email Address	WDY.SDW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90686531
Alternative Phone No	OFFICE-90686531

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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	5108539890 (TPFT)
Cover Note Number	

### Driver

Name of Driver	LIEW MEI FANG
NRIC No	S8305192B
Date Of Birth	05/02/1983
Occupation	INDOOR
Date Of Driving Pass	24/03/2004
Driving Experience	15 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90686531
Fax Number	
Contact Number	OFFICE-90686531
EEmail Address	WDY.SDW@HOTMAIL.COM

Address	BLK 166A #04-351 TECK WHYE CRESCENT
Postcode	681166
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 116 TECK WHYE LANE , <b>POSTCODE:</b> 680116 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7629999 - <b>FAX NO:</b> 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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	SLD5884U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KUAN YEOW
NRIC/Passport Number	
Contact Number	98331327
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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:

26 SEP 2019

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

Reporting Centre Person's Signature  
Name:  
NRIC ID No.:

NG WING KIN JAMES  
admin.vac@vicom.com.sg

SKETCH PLAN

A FBP 3849R


B SLP 5884U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Police  
Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

26 SEP 2019

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



Reporting Centre Personnel's Signature  
Name: **NG WING KIN JAMES**  
NRIC (FIN) No: admin.vac@vicom.com.sg



**SINGAPORE  
POLICE FORCE**



T/20190925/2219

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20190925/2219

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/09/2019 21:38		Vide Report No.:		Station Diary No.: 184	
<b>Informant's Particulars</b>					
Name of Informant: LIEW MEI FANG			Address: APT BLK 166A TECK WHYE CRESCENT #04-351 SINGAPORE 681166		
ID Type / ID No.: NRIC NO / S8305192B			Contact No.: Home/Office: Mobile: 90686531		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 05/02/1983	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Singapore Armed Forces personnel			Driving Licence Information: Class: 2B Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/09/2019 16:40	Type of Location: Car Park
Location: Along Road 1 ADMIRALTY ROAD WEST				
At 38 Admiralty Road West, Sembawang Camp/NDU Open space carpark .				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3849R	Motorcycle	YAMAHA	YZF-R155	Black	Slightly Damaged	0
SLD5884U	Car				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3849R	NTUC Income Insurance Co-Operative Limited	5108539890	28/03/2019	27/03/2020



**SINGAPORE  
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T/20190925/2219

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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20190925/2219

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LIEW MEI FANG	ID No.	S8305192B
Related Vehicle	FBP3849R (Motorcycle)	Contact No.	90686531
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Lim Kuan Yeow	ID No.	NIL
Related Vehicle	SLD5884U (Car)	Contact No.	98331327
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/09/2019 at about 0730hrs, I parked my motorcycle(FBP3849R) at Sembawang Camp/NDU Open space carpark and everything is intact.

At about 1640hrs, I went to my motorcycle(FBP3849R) and I realised that the position of my motorcycle(FBP3849R) is different. I look on the left side and I discovered scratches/damages on the left side of my motorcycle(FBP3849R). I also discovered a note stating "Sorry! Knock your bike down when reversing. See got damage. Call me 98331327, Kuan yeow". After which, I called the other parties and he told me to fix my motorcycle(FBP3849R) and tell him the damage cost. He then delayed as keep told me to fix my motorcycle(FBP3849R). Suddenly, on 25/09/2019 at about 1220hrs, the other parties told me to report the case to my insurance as he wants to settle via insurance claim now. I then come to report the issue to the traffic police as the accident had already over 24hours and I have yet to report the case to my insurance as the other parties agreed on private settlement at first. I wish to state that the other parties car plate number is SLD5884U. I also wish state he told me to change the accident date so that he can report the case to his insurance within 24hours however I refused.



**SINGAPORE  
POLICE FORCE**



T/20190925/2219

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SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20190925/2219

**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 / Sgt 2 SOO AU EN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2019 21:38
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151 	Classification Of Case:
Authentication Stamp NP168 <b>Singapore Police Force</b>	



WITH COMPLIMENTS

Sorry !  
Knock your bite down  
when reverse.

See got damage.

Call me 98351327



Kuan Yee  
REPUBLIC OF SINGAPORE NAVY

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

