SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report <u>correctly</u> 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</u> and <u>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 | 08/11/2019 17:33 |
| Date Of Accident | 26/10/2019 18:40 |
| Exact Location Of Accident | KEPPEL ROAD ROAD 1 TOWARDS VIVO CITY |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMD1864S |
| Insured/Policyholder | |
| Name Of Registered Owner | CHING HAN MING, JONATHAN (QIAN HANMING) |
| NRIC No | S8620232H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96202135 |
| Alternative Phone No | OTHERS-96202135 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 316 I 1.6 AT |
| Exact Purpose for which vehicle was being used at time of accident | PERSONAL 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 | 5103562415 |
| Cover Note Number | 09/09/2018-22/11/2019 |
| Driver | |
| Name of Driver | CHING HAN MING, JONATHAN (QIAN HANMING) |
| NRIC No | S8620232H |
| Date Of Birth | 07/07/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/07/2007 |
| Driving Experience | 12 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96202135 |
| Fax Number | |
| Contact Number | OTHERS-96202135 |
| | |

NOEMAIL

Address 511 BEDOK RESERVOIR ROAD #01-43

Postcode 479272 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 DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

1

Police Station Address ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-5852999 - **FAX NO**: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191027/2076

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBD1995C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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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.
- Sy 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 (all insurers) who have insured vehicle(s) involved in this accident (all insurers) and have insured vehicle(s) involved in this accident (all insurers) and have insured vehicle(s) involved in this accident (all insurers) and have insured vehicle(s) involved in this accident (all insurers) and have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers).
 - 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

Reporting Coatre Personnel's Signature

Name:

NRIC/FIN No

Police Report





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No. 1800-5852999

Report No. 1/2019/1027/2076

| Date/Tim | F A TRAFFIC No Report N 19 18:39 | The state of the s | Vide Report No. | N | Station Diary No. 84 |
|--------------------|--|--|---|-----------|--|
| Informa | nt's Partic | ulars. | | | |
| | Informant: | JONATHAN | Address 511 BEDOK RESERVOIR RO | DAD #01- | 43 SINGAPORE 47927 |
| ID Type NRIC NO | ID No 3 / \$86202 | 32H | Contact No.: Home/Office: Mobile: 98202135 | | : 96202135 |
| National SINGAP | ty: ORE CITIZ | EN | Email: | | The state of the s |
| Sex. Male | Age: | Date of Birth: 07/07/1986 | Type of informant: Driver | and the | |
| Race: Chinese | | | Language English | trestitut | ion / School Name: |
| Occupat | on: | | Driving Licence Information Class 3 | Date of | f Expiry. |

| Type of Accident | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident 28/10/2019 18:40 | Type of Location Straight Road |
|--|---------------------------|--|--|-----------------------------------|
| Location Along Road 1 KEPPEL ROA Towards Vivo Weather Clear | AD. | Road Surface Dry | | Road Speed Limit |
| Traffic Flow: | | Traffic Control: Traffic Light - Wo | | Traffic Volume: Heavy |
| Dual Carriage | e way | COMPRESENTATION OF THE PERSON | | Anyone conveyed by |

| Vehicle No | Турю | Make | Model | Color | Condition | No of Passenger |
|------------|------------|------|------------------------------------|-------|---------------------|-----------------|
| FBD1995C | Motorcycle | | | | | 0 |
| SMD1864\$ | Car | BMW | 316I 1 8 AT DIAB 4DR ABS HID | Black | Slightly Damaged | 0 |

| Details of Ve | ehicis Insurance | 1965 | | COLD TO SERVICE |
|---------------|------------------------------------|--------------|------------|-----------------|
| Vehicle No | Insurance Company | Insurance No | Effective | Expiry Date |
| SMD18845 | NTUC Income Insurance Co-Operative | 5103562415 | 09/09/2018 | 22/11/2019 |

Police Report



1/2015-02/72078

20/2

Report No. T/20191027/2076

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

Tel No: 1800-5852999

CONTINUATION OF REPORT

| ny Pedestrian In lo of Pedestrian | s Injured. NIL. Use of | of Pedestrian Cross | the second second |
|--------------------------------------|--------------------------|---|--------------------------------|
| ofiver . | CHING HAN MING, JONATHAN | ID No. | 98820232H |
| iame | | Contact No. | 96702135 |
| Related Vehicle | NIL | | - |
| Hospital/Clinic | MIL | Class of Driving License & Expiry Date | Class 3 Date of Expiry: NIL |

Brief Details

On the mentioned date and time. I was driving along Keppel Road. Upon approaching the junction of Keppen Bahru Road, I stopped bafore the junction to wait for the luaffic signal to be in my laver. Kempong Bahru Road, I stopped bafore the junction to wait for the luaffic signal to be in my laver. Kempong Bahru Road, I stopped bafore the junction in which was an interest to my left wheel. I harned at the rider but he squeezed through the lanes and did not stop. As a bumper and my left wheel. I harned at the rider but bumper and left front wheel. There is also a result of the accident there are scratches on my front left bumper and left front wheel. There is also a small dent on the bumper. The incident was captured on my in-car CCTV.



Classification Of Case:

Officer in Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No. 854 (614) 11 17991

Authentication Stamp

















Addendum Sheet