

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	06/01/2020 13:56
Date Of Accident	02/01/2020 05:40
Exact Location Of Accident	KJE SLIP ROAD CHOA CHU KANG WAY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4036A
Insured/Policyholder	
Name Of Registered Owner	BODESTYNE FRANCIS GHAZALIE
NRIC No	S1780966J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98891247
Alternative Phone No	OFFICE-98891247

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10612261
Cover Note Number	

Driver

Name of Driver	BODESTYNE FRANCIS GHAZALIE
NRIC No	S1780966J
Date Of Birth	24/07/1966
Occupation	INDOOR
Date Of Driving Pass	07/11/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98891247
Fax Number	
Contact Number	OFFICE-98891247
Email Address	NOEMAIL

Address	BLK 145 TAMPINES ST 12 #06-340
Postcode	521145
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	CHAIN COLLISION
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	3
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20200106/2026

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	SMP9835K
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC923B

Vehicle Make/Model/Colour

Details Of Properties VEH C

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 BODESTYNE FRANCIS GHAZALIE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKC4036A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan Pg. 1

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:

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

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

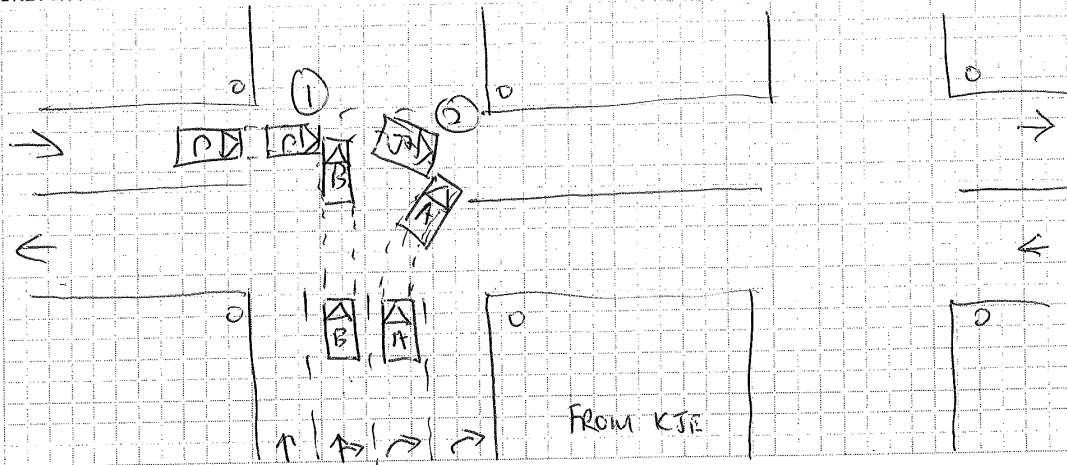
GIA RECORDS MANAGEMENT CENTRE

1

SINE MOTOR PTE LTD

Accident Sketch Plan Pg. 1

SKETCH PLAN




A : 8KC4036A
B : SMP9835K
C : SHC923B

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/FIN No.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200106/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200106/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2020 10:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BODESTYNE FRANCIS GHAZALIE			Address: APT BLK 145 TAMPINES STREET 12 #06-340 TAMPINES PARK SINGAPORE 521145		
ID Type / ID No.: NRIC NO / S1780966J			Contact No.: Home/Office: Mobile: 98891247		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 24/07/1966	Type of Informant: Driver		
Race: Eurasian			Language: English		Institution / School Name:
Occupation: SINGAPORE ARMED FORCES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/01/2020 17:40	Type of Location:
Location: Along Road 1 CHOA CHU KANG WAY KJE SLIP ROAD INTO CCK WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC923B	Car					0
SKC4036A	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR	Black		0
SMP9835K	Car					1



**SINGAPORE
POLICE FORCE**



T/20200106/2026

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200106/2026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC4036A	AVIVA LTD	10612261	24/08/2015	23/08/2020

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG SLIP OF KJE TURNING RIGHT INTO JUNCTION OF CHOA CHU KANG WAY I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN UPON TURNING GREEN I STARTED TO MOVE FORWARD WITH ANOTHER VEHICLE(SMP9835K) WHILE I WAS MAKING A RIGHT TURN, I SUDDENLY HEARD A LOUD BANG, A RED CAR(SMP9835K) HAD COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE AFTER IT WAS HIT BY ANOTHER VEHICLE FROM THE OTHER DIRECTION. I WAS THEN CONVEYED TO NG TENG FONG HOPSITAL AND GIVEN 7 DAYS OF HOSPITALIZATION LEAVE FROM 02/01/2020 TO 09/01/2020.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20200106/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200106/2026

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:
TP /
BERNARD KOH REN JUN

Signature Of Interpreter:
Not applicable

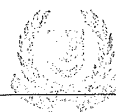
Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476228

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/01/2020 10:20

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:



T/20200106/2047

1 of 3

Report No. T/20200106/2047

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/2020106/2026

Report Number T/20200106/2047

Vide Report Number

Date/Time of Report Made 06/01/2020 11:55

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant BODESTYNE FRANCIS GHAZALIE

ID Type / ID No. NRIC NO / S1780966J

Home/Office

Mobile 98891247

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 02/01/2020 05:40

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC923B	Car					0
SKC4036A	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR	Black		0
SMP9835K	Car					1

**POLICYHOLDER**

INSURED:
 FAMILY NAME Ghazalie
 GIVEN NAME Bodestyne Francis
 BUSINESS/PROFESSION: Armed Forces (Regular)

COVER

PLAN TYPE: Motor Lite
 COVER TYPE: Comprehensive
 PLAN TERM: Annual Plan

EXCESS

(Excess payable if the claim is admissible)

OWN DAMAGE POLICY EXCESS \$51,000.00
 YOUNG AND/OR INEXPERIENCED DRIVER EXCESS: \$52,500.00
 (Aged 24 and below or has held a valid driving license for less than 2 years.)
Note: in addition to Own Damage Policy Excess if applicable
 WINDSCREEN EXCESS: \$100.00
 (All excess subject to GST if applicable)

USE INSURED AGAINST

Use for social, domestic and pleasure purposes and for use in connection with the policyholders own business. The policy does not cover use for (i) Hire and rewards, (i) Racing, pace making, reliability trial or speed testing, (iii) Driving tuition, (iv) The carriage of goods for hire and reward, (v) Any purpose in connection with the motor trade.

PREMIUM CALCULATION

PREMIUM \$5 720.61
 1ST @ 7.00% \$5 50.44
 TOTAL DUE \$5 771.05
 DATE ISSUED 23-Aug-2019 at 05:35hours

POLICY NO.: 10612261

PERIOD OF INSURANCE
(both dates inclusive)

FROM: 24-Aug-2019 00:00hours
 TO: 23-Aug-2020 23:59hours

AGENT'S DETAILS

CODE: 10000001
 NAME: DIRECT (GEN-INS)
 COMPANY NAME: DIRECT (GEN-INS)

CAR INSURED

MAKE & TYPE OF BODY: KIA CERATO FORTE 1.6 SX 1591cc
 REGISTRATION NO.: SKC4036A
 SUM INSURED: Market Value inclusive of COE
 YEAR OF REGISTRATION: 2011
 OFF-PEAK CAR: No
 PERIOD OF OWNERSHIP OF CAR TO BE INSURED: 7 to <8 years
 MODIFICATIONS TO YOUR CAR: No
 WHICH DO NOT COMPLY WITH AND/OR ARE NOT APPROVED BY LTA:

ADDITIONAL COVERS

Additional Personal Accident

WHO MAY DRIVE YOUR CAR

You and any driver aged 30 or over

NO CLAIMS DISCOUNT

(This NCD amount is specific to your Aviva policy only)

NCD%: 50
 Safe Driver Discount%: 5

POLICY OWNERS' PROTECTION SCHEME (PPF)

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg).

ORIGINAL


Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9966 • Website: www.aviva.com.sg
 Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

Identification Card Pg. 1

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
BODESTYNE FRANCIS
GHAZALIE

NRIC No
S1780966J





This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1780966J**
Name:
BODESTYNE FRANCIS
GHAZALIE

Birth Date: **24 Jul 1966**
Issue Date: **16 Oct 2003**





00000050004540

NRIC No / Colour
S1780966J/ PINK

Date Of Birth
24/07/1966

Service Status
REGULAR

Address
Blk 145 TAMPINES STREET 12
#06-340 SINGAPORE 521145

Race
EURASIAN

Country Of Birth
SINGAPORE

Military Rank Status
WARRANT OFFICER

Blood Group
O (+)

Sex
M




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE
07 Nov 2000

NP 428A

Licence No: **S1780966J**



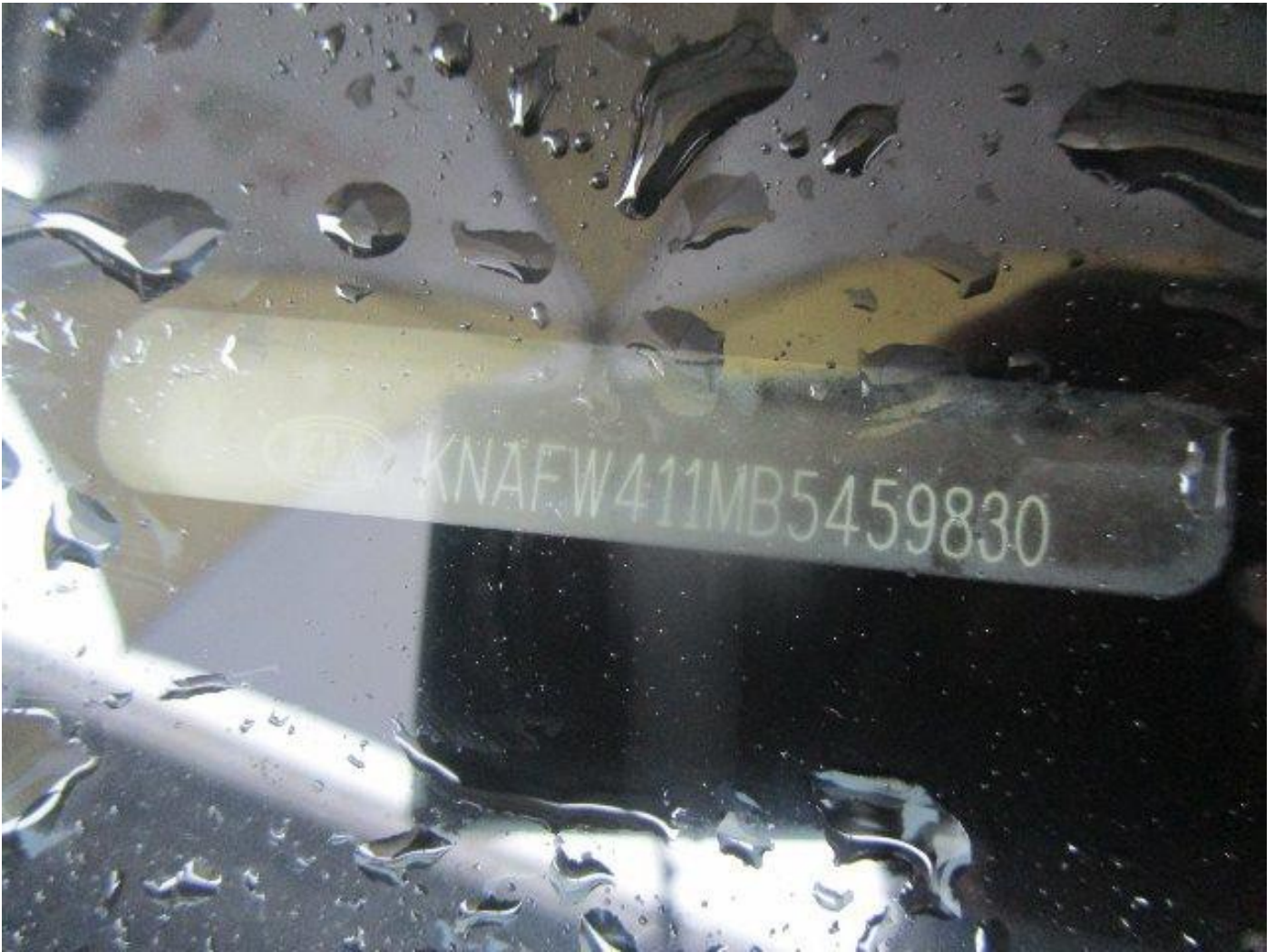
Accident Photo



Accident Photo



Accident Photo



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