

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	10/02/2020 19:59
Date Of Accident	05/02/2020 17:10
Exact Location Of Accident	OCEAN DRIVE IN FRONT OF 48 OCEAN DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5278Y
Insured/Policyholder	
Name Of Registered Owner	PRIARONE FEDERICO
NRIC No	GXXXX960L
Email Address	FEDEPRIA1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91702945
Alternative Phone No	OTHERS-91702945

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA LX 150-151CC CVT
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	5096453418-02
Cover Note Number	

Driver

Name of Driver	PRIARONE FEDERICO
NRIC No	GXXXX960L
Date Of Birth	26/12/1975
Occupation	INDOOR
Date Of Driving Pass	07/08/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91702945
Fax Number	
Contact Number	OTHERS-91702945
Email Address	FEDEPRIA1@GMAIL.COM

Address	226 OCEAN DRIVE #04-31 THE BERTH BY THE COVE
Postcode	098617
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 - CHANGE/CROSS LANE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200206/2060

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	SHA518Z
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN YUH MIN JOSEPH
NRIC/Passport Number	
Contact Number	90298191
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	PRIARONE FEDERICO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG5278Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

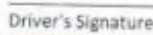
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8. Consent under the Personal Data Protection Act (PDPA)

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.

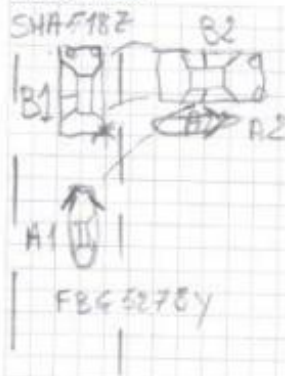

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



OCEAN DRIVE MIFRONT OF 48 OCEAN DRIVE

A 74BL 5278Y
B 1 SHA 518Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200206/2060

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.:

GANAC SketchPlan form_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200208/2060

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20200208/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2020 13:41	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: PRIARONE FEDERICO	Address: 226 OCEAN DRIVE #04-31 THE BERTH BY THE COVE SINGAPORE 098617		
ID Type / ID No.: FIN NO / G6001960L	Contact No.: Home/Office: Mobile: 91702945		
Nationality: ITALIAN	Email:		
Sex: Male	Age: 44	Date of Birth: 26/12/1975	Type of Informant: Rider
Race: Caucasian	Language:		Institution / School Name:
Occupation: Ship broker	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2020 17:10	Type of Location:
Location: Along Road 1 OCEAN DRIVE				
In front of 48 Ocean Drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5278Y	Motorcycle	PIAGGIO	VESPA LX150 CVT	Black	Slightly Damaged	0
SHA518Z	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5278Y	NTUC Income Insurance Co-Operative Limited	5096453418-02	17/08/2019	16/08/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200205/2080

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No: T/20200205/2080

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PRIARONE FEDERICO	ID No.	G6001960L
Related Vehicle	FBG5278Y (Motorcycle)	Contact No.	91702945
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	05/02/2020	Date Discharge	05/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Chan Yuh Min Joseph	ID No.	NIL
Related Vehicle	SHA518Z (Car)	Contact No.	90298191
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 5/2/2019 @ about 1710, I was travelling along Ocean Drive proceeding back home. While I was riding my motorcycle along Ocean Drive, I spotted one taxi driving in front of me. The taxi slowed down in front of me. Thinking that the taxi is going to come to a complete stop, I attempted to overtake him on the right.

While proceeding to overtake, I saw the taxi signal right and turn right into 48 Ocean Drive immediately. I tried to avoid the collision by breaking, however to no avail. I collided into the vehicle rear right passenger door. My body had hit onto the taxi and subsequently I felt onto the road.

The taxi then parked at 48 Ocean Drive and alighted from the vehicle. At the point of time, I know that my left shoulder was dislocated. I managed to put it back in place, however I still felt pain on the shoulder and knee. Soon after, we exchange particulars and I boarded another taxi and proceed to Gleneagles hospital.

I went to Gleneagles Hospital and was given 3 days MC from 06/02/2020 to 08/02/2020. I wish to state that there is no government property damaged and no police or ambulance came to scene. At the point of time, the taxi driver was not injured. I wish to state that I am not wearing any camera

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20200208/2080

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Report No. T/20200208/2080

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200206/2060

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20200206/2060

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: E / Staff Sgt ONG CHUN KAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 13:41
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	 SN 17

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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