#### 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 <u>truthful and 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	06/02/2020 18:13
Date Of Accident	02/02/2020 01:00
Exact Location Of Accident	MAYO ST OUTSIDE HOTEL 81
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBA1955J
Insured/Policyholder	
Name Of Registered Owner	TAN WEI LIANG, JEREMY
NRIC No	S9012001H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98501246
Alternative Phone No	OFFICE-98501246
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
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
Fleet Policy	NO
Policy Number	5092084631-02
Cover Note Number	
Driver	
Name of Driver	TAN WEI LIANG, JEREMY
NRIC No	S9012001H

 NRIC No
 \$9012001H

 Date Of Birth
 04/04/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 19/06/2017

Driving Experience 2 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98501246

Fax Number

Contact Number OFFICE-98501246

EMail Address NOEMAIL

Address BLK 22 HAVELOCK ROAD

#08-695

Postcode 160022

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

soliciting/offering accident claims assistance.

NO 0

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ROCHOR NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2949999 - **FAX NO**: 63918583

Was notice of intended Prosecution given?

If Yes, against whom?

**LL NO**. 1000-294999

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200204/2008.

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YP2593L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 26

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

20.00000 YEL 在转形的 20.000 Experimental Experiments (1990) Experimental Experimental

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 Centra established by the General shows the Association of Singapore (GIA) for exchiving and that copies of this report will for a fee be made available upon application by
- 7. By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to opies 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 insurence Association of Singapore ("GIA") may/are permitted to collect use, district and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or postessed by my sharer (collectively the "Personal information") and district and transfer such Personal information to all injureris) who have incurred vehicle(s) involved in this accident (all insureris) who have incurred vehicle(s) involved in this accident shall be collectively referred to as the "insurers", the injurers' sinvers/law lines, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
    - processing, handling sint/or dealing with my claims lockuding the settlement of the dalms and any necessary investigations relating to the claims;
    - (iii) Investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my instructions or respecting to any enquiries by me;
    - (by) administering my Italies (including the mailing of correspondence, statements, involces, reports or notices to ms, 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
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lowyers/faw times, may/are permitted to collect, use, disclore 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 solvice provides of 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, to an interest analyst any other using parties must execute the executing, invasing the concreting or manager 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 & Timer

Driver's Signature

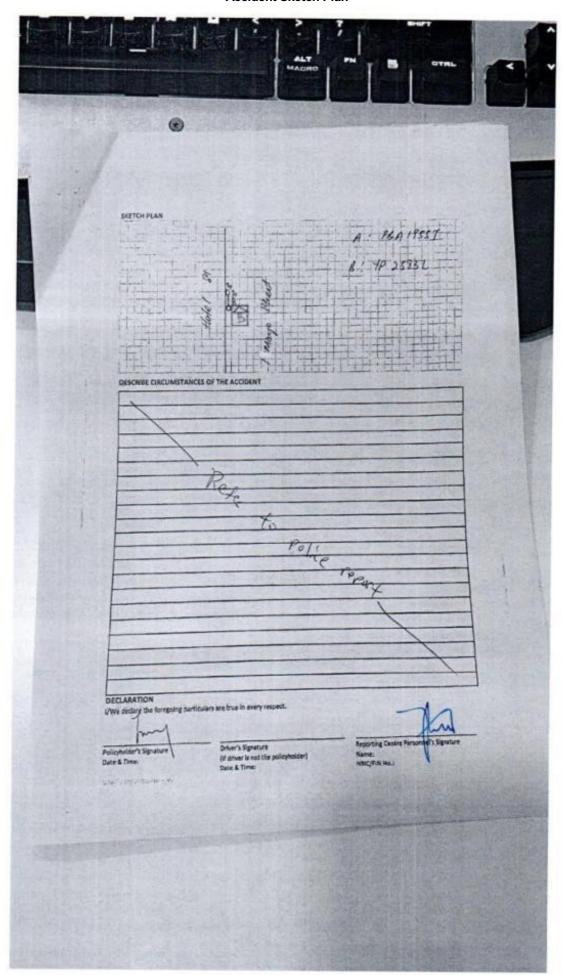
fill driver is not the policyholder Date & Timer

Reporting Centre Person

NRIC/FIN No.:

STANCE WILLIAM VI

#### **Accident Sketch Plan**



#### Police Report





Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

<sup>-1</sup>1 of 3 Report No. T/20200204/2008

REPORT	F A TRAFFIC	ACCIDENT			
	ne Report M 120 02:53	lade:	Vide Report No.:         Station Diary No.:           A/20200204/0018         13		
nforma	nt's Particu	lars	LOS DEMANSARIA.		
	Informant:	EREMY	Address: APT BLK 22 HAVELOC	K ROAD #08-695 SINGAPORE 160022	
W. C. C.	/ ID No.: 0 / S901200	01H	Contact No.: Home/Office:	Mobile: 98501246	
National SINGAP	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 29	Date of Birth: 04/04/1990	Type of Informant: Vehicle Owner		
Race: Chinese	,		Language:	Institution / School Name:	
Occupa	tion: O ARTIST		Driving Licence Informa Class:	tion: Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/02/2020 01:00	Type of Location Straight Road
Location: Along Road 1 MAYO STREE OUTSIDE HO Lamp Post Nu Weather:	TEL 81	Road Surface:		Road Speed Limit:
Clear		Dry		The second secon
Cital		Traffic Control		Traffic Volume:
Traffic Flow:		Traffic Control:		riding volume.

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBA1955J	Motorcycle				Seriously Damaged	951.6
YP2593L	Lorry					0

Details of Person Involved		THE RESERVE OF THE PARTY.
Any Pedestrian Involved: No		(3)
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossin	g: NA





2 of 3

Report No. T/20200204/2008

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Vehicle Owner	T4441161114110 IF	POEMIN		ID No	)	S9012001H
Name	TAN WEI LIANG, JEREMY			10.140		
Related Vehicle	FBA1955J (Motorcycle)			Class of Driving Licence & Expiry Date		98501246  Class: NiL Date of Expiry: NIL
Hospital/Clinic	NIL					
Date Treatment	NIL	IL Date Disc				
No. of Days granted Medical Leave NIL Degree			Degree of	Injury	NIL	

Brief Details.

On 3/2/20 at about 1825hrs, I had parked my motorbike, bearing plate number FBA1955J, outside Hotel 81 along Mayo Street at parking lot 4, near Lamppost no. 2. I then went to my shop for work. When I came back to my motorbike at 0100hrs on 4/2/20, I noticed that my motorbike leaning against the wall and there was a note on it. The note indicating that a laundry driver had banged onto my bike and to proceed to Hotel 81 Rochor to check with the management. The note was signed off by the front office staff, Alex, with a Hotel 81 Rochor stamp.

I then went to Hotel 81 Rochor to check with the management and they informed me that the manager will contact me tomorrow. When I left, I then called for police assistance.

I was attended by a traffic police officer, who informed me that the plate number of the lorry is YP25fr3L and was driven by Dong Sheng Li. The officer also informed me to lodge a cover report.

The exterior of my motorbike was seriously damaged. The damages for the Interior on the motorbike is still unknown.

That is all.

#### **Police Report**





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

3 of 3 Report No. T/20200204/2008

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 Informant:

Signature Of Officer Recording The Report:
A /
Sgt 2 NUR MAISYIRAH BINTE KASIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stampe NP168 POLICE FORCE

SIGNATURE

Date/Time: 04/02/2020 02:53

