

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	12/03/2020 16:21
Date Of Accident	11/03/2020 13:00
Exact Location Of Accident	ANG MO KIO AVENUE 6 TOWARDS ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4182X
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	WINWIN121195@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88916033
Alternative Phone No	OFFICE-88916033

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5109280207
Cover Note Number	

Driver

Name of Driver	SEE WIN WIN
NRIC No	SXXXX444D
Date Of Birth	11/12/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88916033
Fax Number	
Contact Number	OTHERS-88916033
EEmail Address	WINWIN121195@HOTMAIL.COM

Address	39 JALAN INDAH 10/3 TAMAN BUKIT INDAH JOHOR BAHRU
Postcode	81200
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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 MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200312/2074

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	SLW4245X
Vehicle Make/Model/Colour	HONDA FIT HYBRID 1.5 AUTO
Details Of Properties	
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 INJURED PERSON 1

Name SEE WIN WIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBG4182X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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:

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

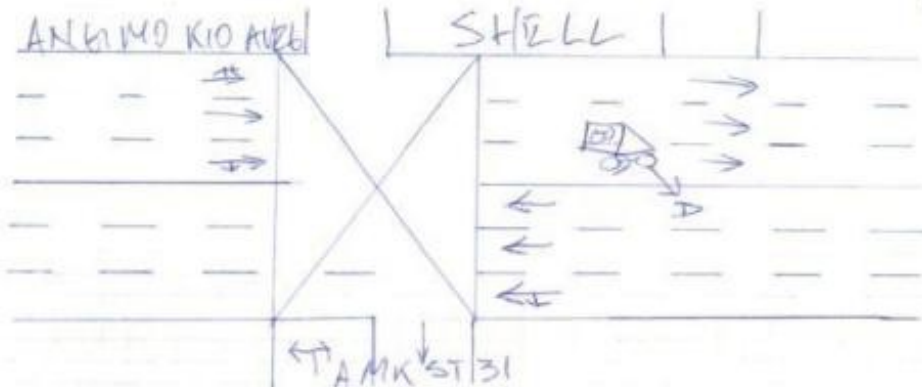
12/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A) FB 4182X

B) SLW4245X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT 1/20200312/2014

DECLARATION

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



Policyholder's Signature
Date & Time:

Susan

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

Reddi 12/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200312/2074

1 of 3

Report No. T/20200312/2074

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2020 15:10	Vide Report No.:	Station Diary No.: 54
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Informant's Particulars			
Name of Informant: SEE WIN WIN		Address: 39 JLN INDAH 10/3 TMN BUKIT INDAH 81200 JOHOR MALAYSIA	
ID Type / ID No.: NRIC NO / S9576444D		Contact No.:	Mobile: 88916033
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 24	Date of Birth: 11/12/1995	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/03/2020 13:00	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 6				
Ang Mo Kio Ave 6 towards Ang Mo Kio Ave 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4182X	Motorcycle	YAMAHA	JUPITER MX (HC)	Blue	Slightly Damaged	0
SLW4245X	Car	HONDA	FIT HYBRID 1.5 AUTO	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200312/2074

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Report No: T/20200312/2074

Police Station Of Origin:
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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Rider			
Name	SEE WIN WIN	ID No.	S9576444D
Related Vehicle	FBG4182X (Motorcycle)	Contact No.	88916033
Hospital/Clinic	YISHUN CENTRAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/03/2020	Date Discharge	11/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 11/03/2020 at about 1300hrs. I was travelling along Ang Mo Kio Avenue 6 towards Ang Mo Kio Avenue 3 with my motor vehicle bearing the registration plate number of FBG4182X suddenly a vehicle bearing the registration plate number SLW4245X collided onto my left side and subsequently, I fell onto the road. The said driver then stopped his vehicle immediately and render assistance. He further informed me that he was checking on his phone earlier henceforth, he accidentally collided onto my motor bike. I then spotted that the vehicle that collided onto me did not on his signal light. Traffic police was at scene however, I did not managed to get the incident number. This is the first time such incident had occurred to me. I wish to state that there is no government property or pedestrian involved when the accident occurred.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200312/2074

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No: T/20200312/2074

CONTINUATION OF REPORT

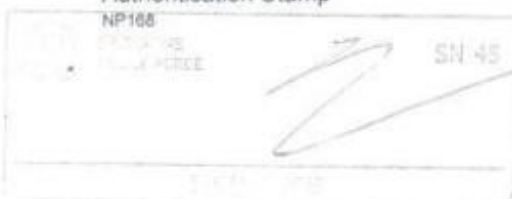
Sketch Plan

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: D / Sgt 1 TAN TECK CHYE ALAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2020 15:10
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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