Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 01/06/2020 13:31

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 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.

ACCIDENT STATEMENT

Date Of Report	28/04/2020 14:49
Date Of Accident	27/03/2020 12:35
Exact Location Of Accident	JUNC OF TELOK BLANGAH RD & HENDERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE137P
Insured/Policyholder	
Name Of Registered Owner	WAN HOE LOON MELVYN (YIN HAOLUN)
NRIC No	SXXXX643Z
Email Address	LUNLOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96693997
Alternative Phone No	OFFICE-96693997
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	MP3 400 I.E.
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	5093932010-02
Cover Note Number	
Driver	
Name of Driver	WAN HOE LOON MELVYN (YIN HAOLUN)
NRIC No	SXXXX643Z
Date Of Birth	31/05/1980
Occupation	INDOOR
Date Of Driving Pass	09/05/2006
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96693997
Fax Number	
Contact Number	OFFICE-96693997
EMail Address	LUNLOON@GMAIL.COM

Address	BLK 93A TELOK BLANGAH ST 31 #16-161
Postcode	101093
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?	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
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

REFER TO POLICE REPORT T/20200428/2006 & T/20200601/2018.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL6848M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVAN NG
NRIC/Passport Number	SXXXX150H
Contact Number	97423869
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WAN HOE LOON MELVYN (YIN HAOLUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBE137P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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 companies.
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 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 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: 26/04/2020
1400 hrs

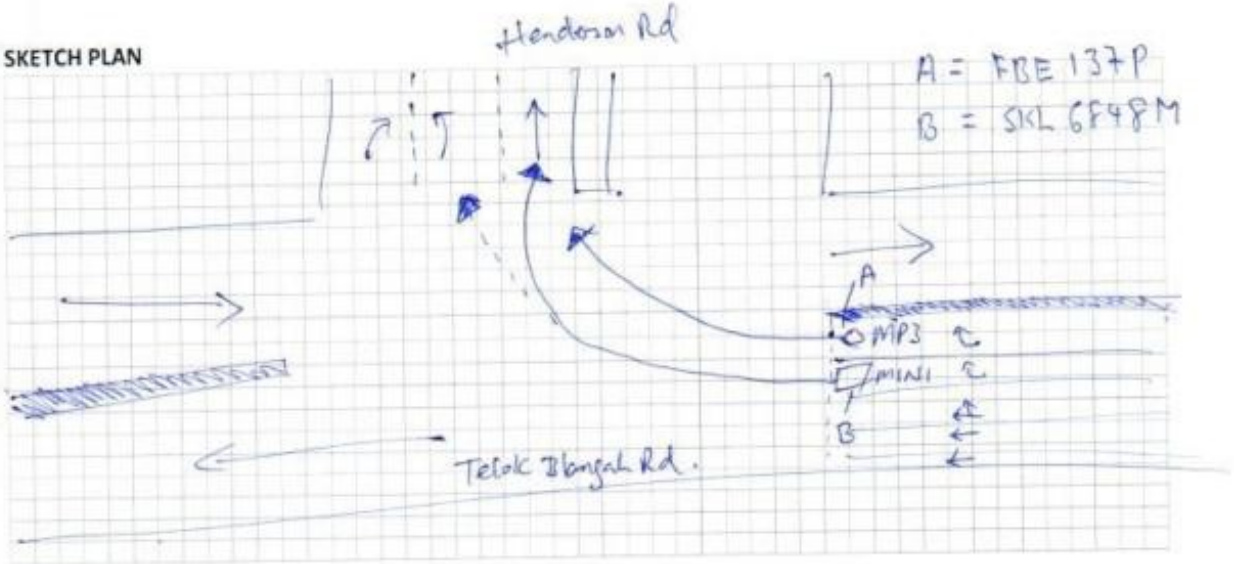
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIAPMC SketchPlanForm_V3

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report, VIDE REPORT No: D/20200327/0060

DECLARATION

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

Policyholder's Signature
Date & Time: 28/04/2020 1400hrs

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

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

POLICE REPORT

SINGAPORE POLICE FORCE

T/20200428/2006

Report No. T/20200428/2006

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/04/2020 11:05	D/20200327/0060	

Informant's Particulars

Name of Informant: WAN HOE LOON MELVYN			Address: APT BLK 93A TELOK BLANGAH STREET 31 #16-161 TELOK BLANGAH PARCVIEW SINGAPORE 101093	
ID Type / ID No.: NRIC NO / S8015643Z			Contact No.: Home/Office: Mobile: 96693997	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 31/05/1980	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/04/2020 12:35	Type of Location: T-Junction
Location: Along Road 1 HENDERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE137P	Motorcycle	PIAGGIO	MP3 400 I.E.	Silver	Seriously Damaged	0
SKL6848M	Car	MINI	JOHN COOPER WORKS 1.6 MT ABS AIRBAG HID		No Damage	0

SINGAPORE POLICE FORCE

T/20200428/2006

Report No. T/20200428/2006

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE137P	NTUC Income Insurance Co-Operative Limited	5093932010-02	20/10/2019	19/10/2020

Brief Details.

ON ABOVE MENTIONED DATE, TIME, LOCATION.

I WAS STATIONARY ALONG TELOK BLANGAH ROAD TOWARDS PASIR PANJANG ROAD ON LANE 1 OF 5 LANES DUE TO TRAFFIC LIGHT WAS RED, I ALSO NOTICE THAT THE SAID CAR WAS STATIONARY ON THE LANE 2. AFTER TRAFFIC LIGHT TURNED GREEN, I PROCEEDED TO TURN RIGHT IN A SLOW SPEED INTO HENDERSON ROAD TOWARDS PRINCE CHARLES CRESCENT DUE TO THERE WAS VEHICLE MAKING A U-TURN AHEAD OF ME, AS I WAS IN THE MIDST OF MAKING RIGHT TURN, JUST BEFORE ENTERING INTO HENDERSON ROAD, THE SAID CAR ENCROACHED INTO MY PATH WHICH I NEED TO APPLIED HARD BRAKE AND AVOID COLLISION ONTO THE SAID CAR.

I WISH TO SAID THAT MY VEHICLE DID NOT HAVE ANY CONTACT WITH THE SAID CAR.

THAT'S ALL.

SINGAPORE POLICE FORCE

T/20200428/2006

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

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 / SM NAYKIB SYAWAL BIN NAZMUL HASSAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2020 11:05
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

Signature:

T/20200601/2018

Report No. T/20200601/2018

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No	0
Report Number	T/20200601/2018
Vide Report Number	T/20200428/2006
Date/Time of Report Made	01/06/2020 12:50
Place Report Lodged	Traffic Police
Type of Informant	Driver
Name of Informant	WAN HOE LOON MELVYN
ID Type / ID No.	NRIC NO / S8015643Z
Home/Office	
Mobile	96693997
Email	
Type of Accident	Injury / Conveyed By Ambulance
Drink Drive	No
Anyone conveyed by ambulance	No
Date/Time of Accident	27/03/2020 12:35

Brief Facts.

I wish to state that with reference to report: T/20200428/2006, the date of the accident should be stated as 27/03/2020 at1235hrs.

T/20200601/2018

Report No. T/20200601/2018

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / SUFIYAN BIN KHAIRI
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

SN 025

Signature

Singapore Police Force

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 12004399B Vehicle Registration No: FBE 137P

Name(as shown in NRIC) : Wan Hoe Loon Melvyn NRIC/FIN/Passport No : Sxxxx 643Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 96693997

Email Address : lunloon@gmail.com

Date of Accident : 27/3/20 Time of Accident : 12:35

Place of Accident : Junc of Telok Blangah Rd & Henderson Rd

Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Accident date and add in new police Report

Policyholder / Driver's Signature
Date: 01/06/2020

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 1/6/20