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	28/04/2020 14:49
Date Of Accident	27/04/2020 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 Duiver	WANTIOF LOOK MELVANI (VINTIA OLLIN)

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 11 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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200428/2006

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

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

511200 10111

Vehicle Category

PRIVATE CAR

Name of Driver IVAN NG
NRIC/Passport Number SXXXX150H

Contact Number 97423869

Address

Postcode

Insurance Company Name

Postcode

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? Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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.
- 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:
 - 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:
 - 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.

Policybolder's signature

Date & Time: 20/04/2020

1400 has

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIAPML SANSOPPRINT DOWN, V.S.

Accident Sketch Plan

KETCH PLAN	Hendoson Ad	n - to- 137P
	1 1 1 1	A = FBE 137P B = SKL 6F48M
	101111	B = SICL 68791
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WHITE THE TENT		ITMINI &
		3 4
C-	Telok Blengal Rd.	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
		- 1 1-0/-
Deare refer to fl	Le police report, VIDE REPORT NO	D/20200327/0060
	ticulars are true in every respect.	4
	ticulars are true in every respect.	in the second se
	ticulars are true in every respect.	in the second se
attelion		Reporting Centre Personnel's Signature
	ticulars are true in every respect. Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

POLICE REPORT



1 of 3

Report No. T/20200428/2006

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

REPORT O	F A TRAFFIC	ACCIDENT		I State Birm No.	
Date/Time Report Made: 28/04/2020 11:05			Vide Report No.: Station Diary D/20200327/0060		
Informa	nt's Particu	ulars		THE PARTY NAMED ASSESSMENTS.	
Name of	Informant: DE LOON M		Address: APT BLK 93A TELOK BLAN BLANGAH PARCVIEW SING	GAH STREET 31 #16-161 TELOK GAPORE 101093	
ID Type	/ ID No.: O / S80156	43Z	Contact No.: Home/Office:	Mobile: 96693997	
National			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)		er (general)	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

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 HENDERSOI					Road Speed Limit:
Weather: Road Clear Dry		d Surface:		ADMINISTRAÇÃO DE CONTRACTO	
Traffic Flow.		ffic Control: Controlled		Traffic Volume: Moderate	
Type of Collis Moving Vehic	sion: cle Against - Others				Anyone conveyed by ambulance: Yes

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

POLICE REPORT





2 of 3

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.

POLICE REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865



3 of 3 Report No. T/20200428/2006

CONTINUATION OF REPORT

Sketch Plan

Tel No: 65470000

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: Signature Of Informant: SM NAYKIB SYAWAL BIN NAZMUL HASSAN Signature Of Interpreter: Date/Time: Not applicable 28/04/2020 11:05 Officer In Charge Of Case: Classification Of Case: TP / GIT / SINGAPORE Sgt 3 MARIAH BINTE ZAKARIA POLICE FORCE Contact No.: 65476433 Authentication Stamp NP168 Signature: _

















