

## 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	03/08/2020 18:53
Date Of Accident	30/07/2020 17:10
Exact Location Of Accident	ALONG COLEMAN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR2646E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEW HENG CREDIT ENTERPRISE PTE LTD
Co Reg No	1XXXXX191M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87491214
Alternative Phone No	OFFICE-87491214

### Vehicle Particulars

Manufacturer	HONDA
Model	ADV150-149CC ABS CVT
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	5116649627
Cover Note Number	

### Driver

Name of Driver	JUFRI PRICE
NRIC No	SXXXX577H
Date Of Birth	11/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2009
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87491214
Fax Number	
Contact Number	OFFICE-87491214
Email Address	NOEMAIL

Address	46 MARINE PARADE ROAD #03-01
Postcode	449305
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	COLLISION - HEAD TO REAR
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200731/2072 AND T/20200803/2104

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT5230K
Vehicle Make/Model/Colour	VOLKSWAGEN SCIROCCO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YU QING
NRIC/Passport Number	SXXXX107J
Contact Number	92374695
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name JUFRI PRICE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBR2646E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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.



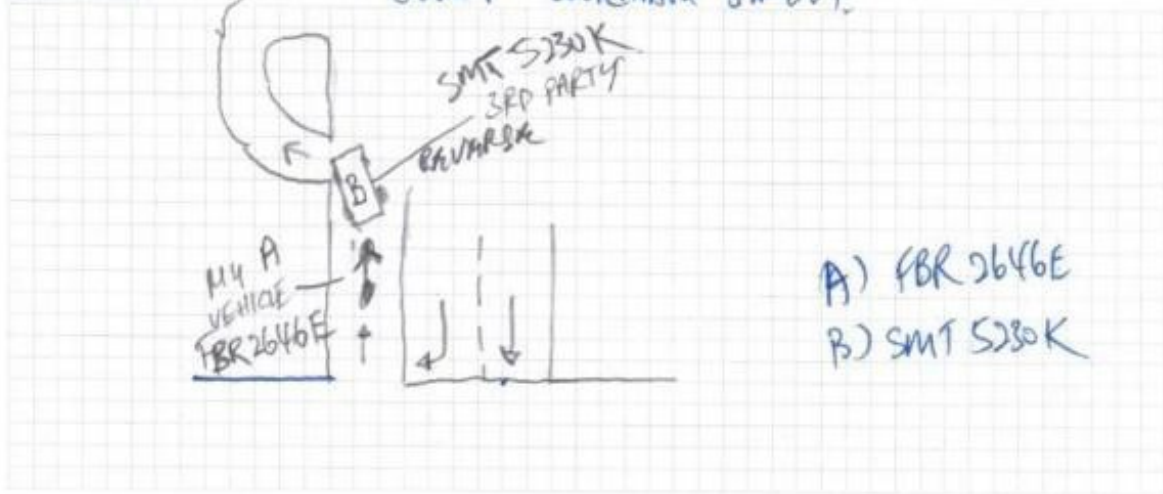
Policyholder's Signature  
Date & Time:

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO Police Report 7/20200731/2072  
7/20200803/2104

## 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.:

GLA/MSK SketchPlanForm V.2



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200731/2072

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

1 of 3  
Report No. T/20200731/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2020 17:47		Vide Report No.: A/20200730/0079		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Jufri Price			Address: BLK 46 MARINE PARADE ROAD #03-01 SILVERSEA SINGAPORE 449305		
ID Type / ID No.: NRIC NO / S8839577H			Contact No.: Home/Office: Mobile: 87491214		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 11/10/1988	Type of Informant: Rider		
Race: Caucasian			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2020 17:10	Type of Location: Straight Road
Location: Along Road 1 COLEMAN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving vehicle against - stationary vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2646E (Not Accurate)	Motorcycle				Totally Damaged	0
SMT5230K (Not Accurate)	Car				Slightly Damaged	0

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200731/2072

2 of 3

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

Report No. T/20200731/2072

### CONTINUATION OF REPORT

#### **Brief Details.**

On 30/07/2020 at about 1710hrs I was driving on Coleman Street delivering food. I came to a stop as I noticed the vehicle in front of me came to a stop and as he had overshoot a turn into the driveway of 23A Coleman St. . He reversed the car too fast and I was not able to react fast enough to horn my bike. I did not sustain any injuries as I jumped off my bike when the vehicle came into contact with my bike.

My bike was stationary when the incident happened. The damages to my bike are to my front mudguard which was chipped off and scratches to the front fairing(headlights), front left side fairing and rear left side fairing. The damages to his vehicle are scratch marks on the rear side.

I was informed to come down and make a police report for my insurance claims as the bike was from a rental company.



*[Handwritten signature]*

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200731/2072

3 of 3

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

Report No. T/20200731/2072

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:

G /

Sgt 1 NOORSHARFIRAH BINTE MOHAMED  
JUMADI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

31/07/2020 17:47

Classification Of Case:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200803/2104

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20200803/2104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2020 18:07	Vide Report No.: T/20200731/2072	Station Diary No.: 69
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### Informant's Particulars

Name of Informant: JUFRI PRICE			Address: 46 MARINE PARADE ROAD #03-01 SINGAPORE 449305	
ID Type / ID No.: NRIC NO / S8839577H			Contact No.: Home/Office: Mobile: 87491214	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 11/10/1988	Type of Informant: Rider	
Race: Caucasian			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2020 17:10	Type of Location: Straight Road
Location: Along Road 1 COLEMAN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBR2646E	Motorcycle				Totally Damaged	0
SMT5230K	Car				Slightly Damaged	0

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200803/2104

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200803/2104

CONTINUATION OF REPORT

Brief Details.

With reference to T/20200731/2072, I want to add on that I have went to Singapore General Hospital to seek for treatment and was given 7 days of hospitalization leave from 01/08/2020 to 07/08/2020. I sustained torn ligament on my right wrist. That is all.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200803/2104

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No: T/20200803/2104

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 3 HENG JINGWEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/08/2020 18:07

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No: 65476394  
Authentication Stamp  
NP168

Classification Of Case:



# RENTAL AGREEMENT



友興信貸企業私人有限公司  
**YEW HENG CREDIT ENTERPRISE PTE LTD**  
**1007 BUKIT MERAH LANE 3**  
**#01-05 SINGAPORE 159721**

Make / Model <i>Honda ADV 150</i>	License plate <i>FGD 2646E</i>
RENTAL AMOUNT (\$) <i>550</i>	Rental Term <i>1 month</i>
Start Date / Time <i>20/6/2020 4.45</i>	End Date / Time <i>20/7/2020</i>
Start mileage <i>10034</i>	Return mileage
Malaysia usage No. of days <i>—</i>	Malaysia usage amount \$5 <i>—</i>
Facebook ID: <i>—</i>	Email: <i>—</i>

HIRER'S NAME <i>JUFRI PRICE</i>	
HIRER'S ADDRESS <i>46 MARINE PARADE RD. #03-01, 449305</i>	
NRIC/PASSPORT NO. <i>S8839577H</i>	HIRER'S D.O.B <i>11/10/88</i>
DRIVING LICENSE NO. <i>S8839577H</i>	DRIVING LICENSE CLASS <i>2B</i>
LICENSE PASS DATE <i>2/2/09</i>	DEMERIT POINTS
CONTACT NO. <i>87491214</i>	Emergency Contact Name: <i>MICK PRICE</i> Hp No: <i>8749 9818728</i>

HIRER SIGNATURE: *[Signature]*  
NAME: *JUFRI PRICE*  
NRIC: *S8839577H*  
DATE: *20/6/20*

OFFICIAL USE:	
OFFERED BY:	<i>GPW</i>
PAYMENT:	<i>Payment transfer</i>
DEPOSIT:	<i>\$100</i>
BALANCE:	<i>\$550</i>
TOTAL:	<i>\$650</i>

*Extended till 20/8/2020*

*AmPb 202007-0734*



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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