

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 Submission	30/12/2020 13:01 (SGT)
Date of Accident	29/12/2020 12:45 (SGT)
Exact Location of Accident	Bedok South Ave 3, Singapore
Additional Location Information	KEW CRESCENT JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9482L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Company Reg No	2XXXXX089K
Email Address	rental@prestoequatmotoring.com
Mobile Phone No	(Phone) +65-9685778
Alternative Phone No	+65-82960378

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109441522-01
Cover Note Number	-

DRIVER

Name of Driver	JOCHMANN LUDWIG VIKTOR
Passport No/FIN	GXXXX472W
Date Of Birth	11/06/1970
Occupation	Indoor

Date Of Driving Pass	01/11/2010
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82960378
Alt. Phone Number	-
Email Address	lalijochmann@yahoo.com
Address	187KEW CRESCENT
Address complement	#06-00 KEW GRENN
Postcode	466131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JSS2732
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201230/2017

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	JSS2732
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	WONG KIAN YAP
NRIC No	-1
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

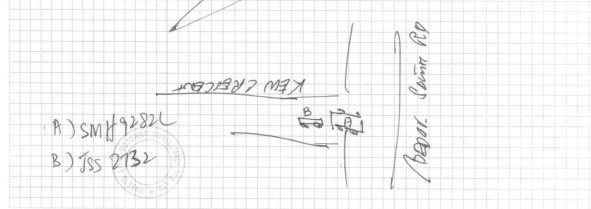
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time

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

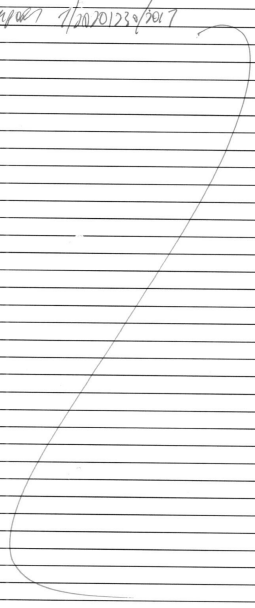
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER to Police Report 7/20/2012 9:15 AM



Declaration

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

Witnessed by Reporting Centre Personnel

[Handwritten signatures and date 30/12/2020]















**SINGAPORE
POLICE FORCE**



T/20201230/2017

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

1 of 3
Report No. T/20201230/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 09:56 Vide Report No.: Station Diary No.: 30

Informant's Particulars

Name of Informant: JOCHMANN LUDWIG VIKTOR		Address: 187 KEW CRESCENT #06-00 KEW GREEN SINGAPORE 466131	
ID Type / ID No: FIN NO / G5708472W		Contact No.: Home/Office: Mobile: 82960378	
Nationality: FRENCH		Email:	
Sex: Male	Age: 50	Date of Birth: 11/06/1970	Type of Informant: Driver
Race: Caucasian		Language: English	Institution / School Name:
Occupation: GENERAL MANAGER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 29/12/2020 12:45	Type of Location: T-Junction
Location: KEW CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
JSS2732	Motorcycle	YAMAHA		Blue	Slightly Damaged	0
SMH9482L	Car	MAZDA	Mazda 3/ 1.6L	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH9482L	NTUC Income Insurance Co-Operative Limited	JM6BL10Z1A01134 62	09/06/2020	08/06/2021



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T/20201230/2017

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2 of 3
Report No. T/20201230/2017

CONTINUATION OF REPORT

Brief Details.

On 29/12/2020 @ 1245 hrs. I was driving along Kew Crescent. When I reached junction of Bedok South Road, I was making a right turn. Suddenly a motorbike JSS2732 from my vehicle rear side knocked onto my vehicle rear side. We stopped at the road side and we exchanged particulars. There is no injury to either of us. We left the place subsequently. I then informed the rental company of my vehicle and they told me to lodge a Police report for the accident. The purpose of me lodging the report is for insurance purpose.

**SINGAPORE
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T/20201230/2017

Police Station Of Origin:
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Tel No: 1600-4719999

3 of 3

Report No. T/20201230/2017

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/
Sr Staff Sgt LIM KIM HUAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/12/2020 09:56

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH SN 49
Contact No: 9344826

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE