# **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.

- 4. The issue and acceptance of this is form by instrained 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 05/01/2021 11:43 (SGT) Date of Accident 06/07/2020 11:50 (SGT) Exact Location of Accident Mountbatten Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJW5845G

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALPHABEES ASIA PTE LTD Company Reg No 2XXXXX864R **Email Address** ERIC@ALPHABEES.COM.SG Mobile Phone No (Phone) +65-90712525 Alternative Phone No +65-90712525

# VEHICLE PARTICULARS

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

# INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5117792618 Cover Note Number

# DRIVER

Name of Driver KON WEI KUN NRIC No SXXXX271E Date Of Birth 25/11/1977 Occupation Outdoor

Date Of Driving Pass 01/12/2000 Driving experience 19 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90712525 Alt. Phone Number Email Address ERIC@ALPHABEES.COM.SG Address BLK 339 UBI AVE 1 #07-881 Address complement Postcode 400339 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο 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 Collided into Bicyclist Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Kampong Ubi Neighbourhood Police Post Police Station Phone No (Phone) +65-18007479999 Alt. Police Station Phone No (Fax) +65-67453410 Police Station Address Blk 9 Eunos Crescent #01-2687 Singapore 400009 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20200706/2091 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 **CYCLIST** Vehicle Manufacturer Vehicle Model Vehicle Variant

Mobile equipment

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	 	<u>-</u>
Address complement		
Postcode		
Insurance Company Name		<u>-</u>
Nature Of Damage	 	<u>-</u>
Details of property damaged in accident		<u>-</u>
No. Of Passenger (Including Driver)		

### SKETCH PLAN

# **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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 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' law yers/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 haurers' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

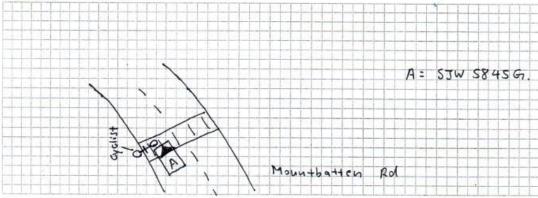


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

# Sketch Plan



Refer	+2	Polite	Report	T/ 200	00706	12091
				1		
44						
					7/1	
		/	/-			
-						
aration						
eclare the foregoing	particulars ar	e true in every respe	ect.			
S ASIA		1				
UEN I'm		6	5		14	
E 2017318648		MV			Fin	
*		0			S	





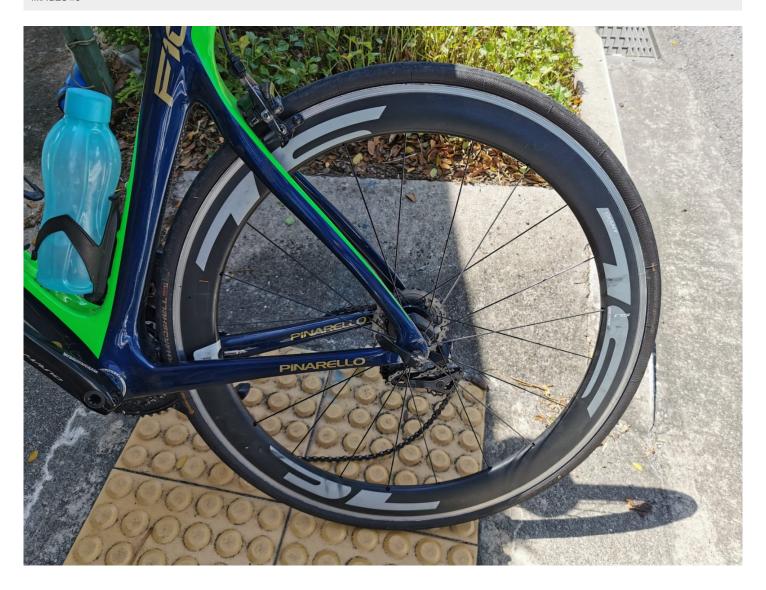




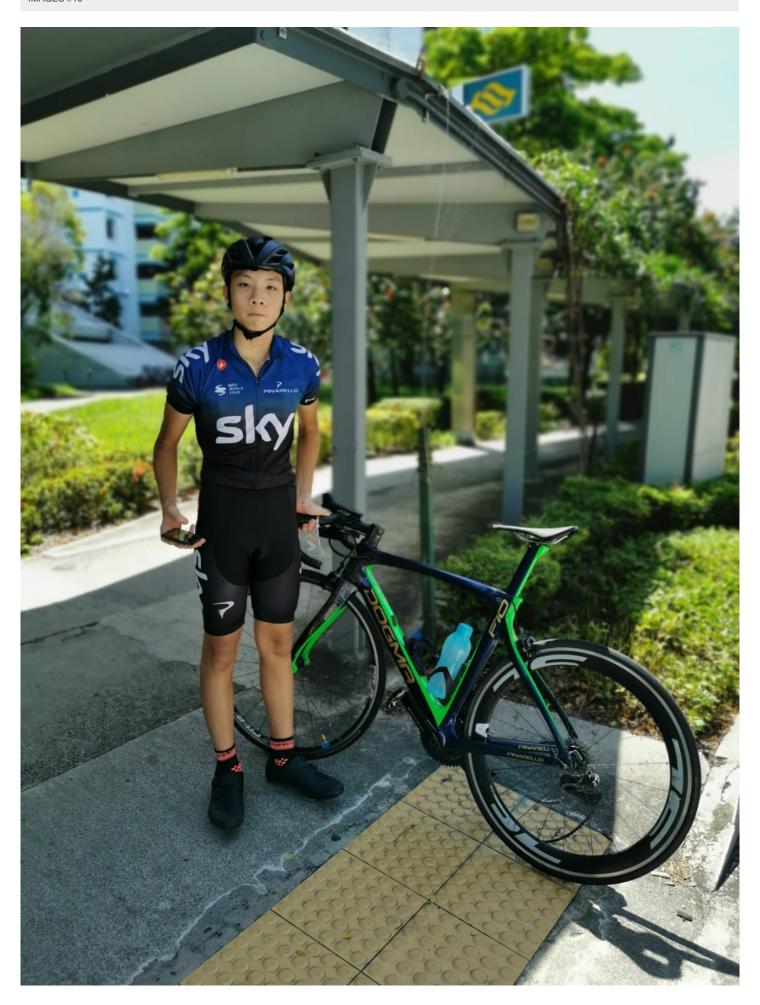


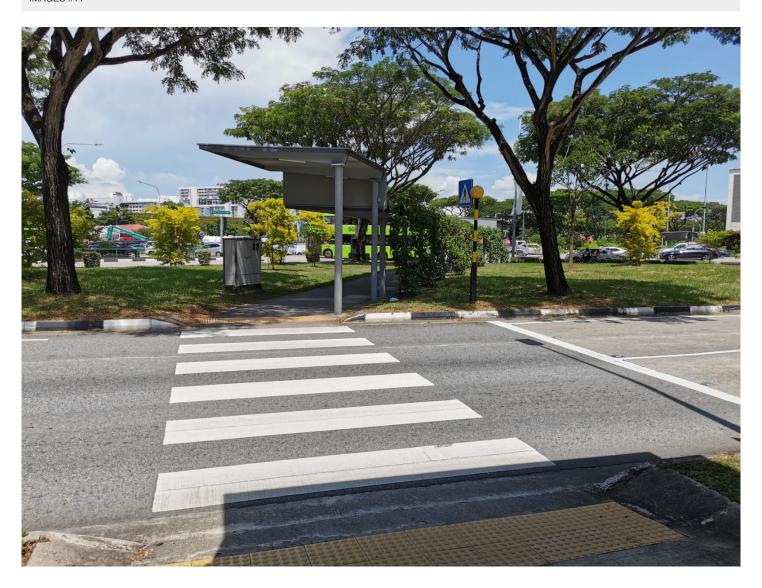
























Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 1 of 3 Report No. T/20200706/2091

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2020 20:00		Vide Report No.:	Station Diary No.: 53		
Informa	nt's Partic	ulars			
Name of KON WE	Informant: I KUN		Address: APT BLK 339 UBI AVEN	UE 1 #07-881 SINGAPORE 400339	
ID Type / ID No.: NRIC NO / S7766271E			Contact No.: Home/Office: Mobile: 9071 2525		
National MALAYS			Email:		
Sex: Age: Date of Birth: Male 42 25/11/1977			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Informatic	on: Date of Expiry:	

General Inform	mation of the Accident			
Type of Accident:	Non-Irijury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/07/2020 11:50	Type of Location Bend
MOUNTBATT OLD AIRPOR		1	35	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	15	Traffic Control: Not Controlled	a f e o	Traffic Volume: Light
Type of Collis Moving Vehic	ion: le Against - Pedestrian			Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJW5845G		HONDA	FIT 1.3G A	Red	Slightly	0

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





2 of 3 Report No. T/20200706/2091

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE

Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver	THE RESIDENCE THE PROPERTY OF THE PARTY OF T			No. of Concession, Name of Street, or other Persons, Name of Street, or other Persons, Name of Street, Name of		
Name	KON WEI KUN			ID No.		S7766271E
Related Vehicle	SJW5845G			Conta	ct No.	9071 2525
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL Degre		Degree of	Injury	NIL		
Cyclist				25-6-25		
Name	DALSTEN TAN			ID No		NIL
Related Vehicle	NIL			Conta	ct No.	8818 4973
Hospital/Clinic	NIL	S	= =	Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL		NIL	Degree of	f Injury	NIL	

# Brief Details.

On the 06/07/2020 at about 1150hrs, I was driving along Mountbatten Road and had made a left-turn to Old Airport Road. Whilst on the slip-road to Old Airport Road, I was on the left-lane whereas there was another vehicle on the right-lane. When approaching the zebra crossing, I had slowed down as the vehicle on the right-lane was blocking my view of whether the zebra crossing was clear. However, the vehicle on my right continued driving forward and as such, I assumed that the zebra crossing was clear.

However, when I had just started to drive over the zebra crossing, one cyclist had cycled from my right-side, just after the vehicle has cleared the zebra crossing. I then immediately applied my brakes however, did not stop in time and collided slightly with the cyclist's bicycle rear-wheel. The cyclist then fell down. I then stopped my vehicle to assist him and he claimed that he had saw my vehicle coming and had put up his hand to signal me however, I did not manage to see any signals nor pedestrians as the vehicle on my right-lane was blocking my view when he was clearing the zebra crossing.

The cyclist then inform me that he will need to check on the condition of his bicycle and claims that the damages/cost price of the bicycle is around SGD \$10,000/-. Thereafter, the cyclist then called his parents to ask about the matter however, as I was in the midst of doing a delivery, I then inform him that I needed to go off first and that I will settle the matter with him at a later time. We then exchanged particulars and contact details and left.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 3 of 3 Report No. T/20200706/2091

Tel No: 1800-7479999

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:	Signature Of Informant:
Sgt 2 SIM SENG ZHI, JORDAN	
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2020 20:00
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp NP168 SIGNATU	URE