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.

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 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 26/01/2021 18:19 (SGT) Date of Accident 20/01/2021 17:30 (SGT) Exact Location of Accident 145 Jalan Bukit Merah, Block 145, Singapore 160145 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Motorcycle

Vehicle Registration Number FBD6893F

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **WOO CHEE WAH** NRIC No. SXXXX097J Email Address zhihua89@hotmail.com Mobile Phone No (Phone) +65-82886157 Alternative Phone No +65-82886157

VEHICLE PARTICULARS

Manufacturer Piaggio Model **GILERA RUNNER 200** Variant 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 - Claiming third party

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5105430112-02 Cover Note Number

Vehicle Category

DRIVER

Name of Driver **WOO CHEE WAH** NRIC No SXXXX097J Date Of Birth 08/06/1989 Occupation Indoor

Date Of Driving Pass 23/05/2017 Driving experience 3 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-82886157 Alt. Phone Number +65-82886157 Email Address zhihua89@hotmail.com Address BLK 148 SILAT AVENUE #10-18 Address complement Postcode 160148 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked 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

DETAILS OF POLICE ACTION

Number of Passengers (Including Driver)

soliciting/offering accident claims assistance?

Has the driver been approached by unknown person(s)

Was the accident reported to the police?

Police Station Name

Central Division Headquarters

Police Station Phone No

(Phone) +65-18002240000

Alt. Police Station Phone No

(Fax) +65-62200877

Police Station Address

391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20210126/7004

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberGBE3205GVehicle ManufacturerNissanVehicle ModelCabstarVehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicleName of DriverSIVA

Contact Number	(Phone) +65-86229629
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

- Rease report correctly the details of the accident to speed up the claims process.
 This Formmust be <u>completed by the Policyholder and/or the Authorised Driver.</u>
 Indirection provided must be as <u>truthful and accurate as possible.</u> Any will'ul misrepresentation or withholding of material facts may advoive insurance companies to <u>resultate policy liability</u>.
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7. By the lodgement of this report to the insurance, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

5. Consent under the Personal Bta Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

9. My insurance, my overshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and process my personal and the General Insurance Association of Singapore ("GIA") may/are permitted to a collect, use, disclose and the surance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and the process my personal store of the collect surance of the surance of the collect surance of the process of the pro

youngles), annur (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(collectively the "urposes") by he have insured vehicle(s) involved in this accident and the insurers' law yers/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 GM 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 & Driver's Signature (If driver is not the policyholder) / Date & Time Sketch Plan BK I YE JU BKN MARON

PARKING

A) FRO 689SE 3 MOTORCYCLES

3) GHE 3705 (K

PARKING LOTS

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1	26/01/2021 1430LT			aw oblockool
vh:		Driver's Signature (# driv	ver is not the policyholder) / Date	Witnessed by Reporting Centre
		& Time		





























POLICE REPORT (NP299)

Police Station of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

 A/2	0210126	3/7004	11111111	HH	
			1	of :	

Report No. A/20210126/7004

Date/Time Report Made 26/01/2021 01:00	Vide Re	port No.		Station Diary No	
Name Of Informant	Address				
WOO CHEE WAH	148 SILAT AVENUE #10-18 SINGAPORE 160148			ORF 160148	
ID Type / ID No.	Contact No.				
NRIC NO / \$8920097J	Home/C	ffice:	Mobile:		
	82886157				
Nationality SINGAPORE CITIZEN	Email Address zhihua89@hotmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Ship agent	Male	31	08/06/1989	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident	Location Of Incident				
20/01/2021 17:30 - 20/01/2021 18:00	145 JALAN BUKIT MERAH SINGAPORE 160145				

On 20/01/2021 between 5.30-6.00pm my motorcycle (FBD6893E) was parked at a parking lot infront of HDB block 145 Jalan Bukit Merah, accident happen when lorry driver Mr. Siva (Hp.no. 86229629) park his lorry (GBE3205C3) infront of my motorcycle id and forget to apply his handbrake before getting off from his lorry, this caused his lorry to move forward to crash onto my motorcycle along with another 2 motocycles.

This accident have been witness by a passerby (Hp. 94740790)

Ionly found out that my motorbike have been knocked down and damaged on 22/01/2021 evening and have contacted the lorry driver, the lorry driver have asked me to report this issue to insurance company

Signature Of Informant:

The identity of the person making this

Signature Of Interpreter: Not applicable Officer In-Charge Of Case: Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 26/01/2021 01:00 Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210126/7004

and make a police report in order to proceed with the claim from his insurance.

Victim	ALE ACTORS OF		FIRST STORMS for a secretary possible description and advantage
Person Name	WOO CHEE WAH		
ID Type	NRIC NO	ID No	S8920097J
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Ship agent	Address	148 SILAT AVENUE #10-18 SINGAPORE 160148
Mobile No	82886157	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time:
26/01/2021 01:00

Classification Of Case:

Authentication Stamp