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 24/05/2021 17:34 (SGT) Date of Accident 21/05/2021 16:15 (SGT) Exact Location of Accident Singapore Additional Location Information PAVEMENT OUTSIDE VISTA POINT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number FBR43701

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN WAI MENG MELVIN NRIC No. S8100009C Email Address melvinnote3@gmail.com Mobile Phone No (Phone) +65-88172408 Alternative Phone No +65-88172408

VEHICLE PARTICULARS

Manufacturer

Model YAMAHA / AEROX 155A Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Manual CC 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5118073078 Cover Note Number

DRIVER

Name of Driver CHAN WAI MENG MELVIN NRIC No. S8100009C

Date Of Birth 06/01/1981 Occupation Outdoor Date Of Driving Pass 31/03/2020 Driving experience 1 YEAR AND 2 MONTHS Gender Mobile Number (Phone) +65-88172408 Alt. Phone Number +65-88172408 Email Address melvinnote3@gmail.com Address BLK 210 #10-95 BOON LAY PLACE BOON LAY PLACE Address complement Postcode 640210 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 Collision - Head to Rear 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? Yes 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT No.L/20210521/7057; ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBR1985H Vehicle Manufacturer Yamaha Vehicle Model YAMAHA / AEROX GDR155R CVT

Motorcycle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accide	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN WAI MENG MELVIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR4370L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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
- (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' 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 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.

Tel: 67416697 Fax: 67492305

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre

IDAG KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933

Email: vackb@vicom.com.sg

2 4 MAY 2021

Sketch Plan

Time

A -FBR 4370L

Policyholder's Signature / Date &

Describe Circumstances of the Accident to police

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

2 4 MAY 2021



















1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000 Report No. L/20210521/7057

Date/Time Report Made 21/05/2021 22:11	Vide Report No.		Station Diary No.	
Name Of Informant CHAN WAI MENG, MELVIN	Address		ACE #10.95 SING	APOPE 640210
ID Type / ID No. NRIC NO / S8100009C	210 BOON LAY PLACE #10-95 SINGAPORE 640210 Contact No. Home/Office: Mobile: 88172408			
Nationality SINGAPORE CITIZEN	Email Address melvinnote3@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Mechanical engineer (general)	Male	40	06/01/1981	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 21/05/2021 16:15 - 21/05/2021 16:25	Location Of Incident 548 WOODLANDS DRIVE 44 VISTA POINT			
Data findada	SINGAPORE 730548			

Brief details.

On 21 May 2021 at around 1615H I parked my motorcycle(FBR4370L) on the pavement outside Vista Point. On 1620H A motorcycle(FBR1985H) which is parked beside me reverse and knock down my bike. Called police to the scene and they had retrieve the video footage from their police camera which is recording the carpark entrance & exit of vista point. I got a report No. L/20210521/0099 from the police officer.

Subjects Involved	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2021 22:11
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210521/7057

Suspect			
Person Name	Unknown		
Gender	Male		
Victim			
Person Name	CHAN WAI MENG, MELVIN		
ID Type	NRIC NO	ID No	S8100009C
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	Mechanical engineer (general)	Address	210 BOON LAY PLACE #10-95 SINGAPORE 640210
Mobile No	88172408	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2021 22:11		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			