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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 consaforesaid.	nilable upon application by interested parties. Sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/04/2018 15:10
Date Of Accident	15/04/2018 08:25
Exact Location Of Accident	TELOK PAKU ROAD / NICOLL DRIVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG5028C
Insured/Policyholder	
Name Of Registered Owner	VERMINATOR PTE LTD
Co Reg No	201106883R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97772372
Alternative Phone No	OFFICE-65556464
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.5 D L ABS AIRBAG 2WD 6DR (M)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5073229914-02
Cover Note Number	16/08/2017- 15/08/2018
Driver	
Name of Driver	MOHAMAD NOOR BIN ALIAS
NRIC No	S7330466J
Data Of Birth	22/08/1072

NRIC No S7330466J
Date Of Birth 22/08/1973
Occupation INDOOR
Date Of Driving Pass 02/05/1996

Driving Experience 21 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97772372

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 713 BEDOK RESERVOIR ROAD #03-3930 Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

4

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JSP6997 (MOTORCYCLE)

Number of vehicles involved in the accident 2 YES Was any body injured in the Accident? Was any injured conveyed to hospital by YES

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : AZIZ

> **GENDER:** : MALE

Passenger 2 NAME: : FADHLI

> GENDER: : MALE

Passenger 3 NAME: : RASHID

> GENDER: : MALE

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **FUNOS NPP**

ROAD: 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629, Police Station Address

COUNTRY: SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20180415/2047)

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: OWNER WILL RETRIEVE VIA PERSONAL PC

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JSP6997 Vehicle Make/Model/Colour MALAYSIA MOTORBIKE

Details Of Properties FRONT PORTION Vehicle Category MOTORCYCLE

Name of Driver NAVIN KUMAR ASOK KUMARAN

G8555194P NRIC/Passport Number

Contact Number

Address Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1 **DETAILS OF INJURED PERSON 1**

NAVIN KUMAR ASOK KUMARAN

Approximate Age

LEG Injuries Sustain Injured person in which vehicle? JSP6997 Were seat belts worn? NO

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan Pg. 1

NTUC Income Motor Service	Centre 14 18	Vehicle No. 86 50 200	Report Date: 4/16/2018	Start Time: 3:30 PM
Report No: MT/	D.O.A://	Make / Model: M/MV 200	Reporting Type:	End Time: /

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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' 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 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 reasonable required for the purposes stated, or

(ii) for complying with requirements under any regulations, law or court orders.

Date & Time:

4/16/2018 15:23

Policyholder's Signature Date & Time:

PE

VERMINATOR PTELTD

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

4/16/2018 15:23

Name: Chen JunLiang NRIGUFin No: S990765

Reporting Centre Personnel's Signature

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Sketch Plan Pg. 2

SKETCH PLAN

B
7
TELOK PAKU ROAD / NICOLL DRIVE
Vehicle A: GBG5028C Vehicle B: JSP6997
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
REFER TO ATTACHED POLICE REPORT (T/20180415/2047)
DECLARATION
I/We declare the foregoing particulars are true in every respect.
Pest (1) Jang (S990765)
Care Executive
Pest 16/2018 15:23 Policyholder's Signature Date & Time: Pest 16/2018 15:23 4/16/2018 15:23 A/16/2018 15:23 Reporting Centre Personnel's Signature Name/ Cylen Junuliang
Policyholder's Signature Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Driver's Signature (If driver is not the policyholder) Name/ Chien JunLiang NRIC Fin No: S990765
1

POLICE REPORT Pg. 1





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Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 1 of 3 Report No. T/20180415/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time 15/04/2018		ade:	Vide Report No.: G/20180415/0110	Station Diary No.: 17			
Informant	s Particul	ars	A Committee of the State of the				
Name of In	formant:	*	Address:	Address:			
MOHAMAD NOOR BIN ALIAS		IN ALIAS	APT BLK 713 BEDOK RESERVOIR ROAD #03-3930				
			SINGAPORE 470713				
ID Type / II	D No.:		Contact No.:				
NRIC NO / S7330466J		SJ	Home/Office: Mobile: 97772372				
Nationality:			Email:				
SINGAPO	RE CITIZE	N					
Sex: Age: Date of Birth:		Date of Birth:	Type of Informant:				
Male	44	22/08/1973	Driver				
Race:	ace:		Language:	Institution / School Name:			
Malay			· MASIAN AND AND AND AND AND AND AND AND AND A				
Occupation	1:	b	Driving Licence Information:				
PEST CON	TROL TE	CHNICIAN	Class:	Date of Expiry:			

General Informat	on of the Accident			and the state of t		
Type of Accident:	Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 15/04/2018 08:25	5	Type of Location: T-Junction
Location: Junction of Road NICOLL DRIVE TELOK PAKU RO						
Weather: Clear	Road Surface:			Road	d Speed Limit:	
Traffic Flow:	Traffic Control:			Traffic Volume:		
Type of Collision: Between Moving	Vehicles - Head To S	ide				one conveyed by ulance:

Details of V	ehicle Involve	GI .				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG5028C	Van				Seriously	3
				1	Damaged	The state of the s
JSP6997	Motorcycle				Seriously	0
				2 × e ,	Damaged	II X

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

POLICE REPORT Pg. 2





2 of 3

Report No. T/20180415/2047

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver						
Name	MOHAMAD NOOR E	BIN ALIAS		ID No.		S7330466J
Related Vehicle	GBG5028C (Van)	ogaci.		Contact No.		97772372
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge NIL		
			Degree of	of Injury NIL		
Rider						
Name	NAVIN KUMAR ASOK KUMARAN		ID No.		G8555194P	
Related Vehicle	JSP6997 (Motorcycle)			Contact No.		NIL .
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl	narge	NIL	3603.00	
No. of Days granted Medical Leave NIL		Degree of	Injury	NIL		

Brief Details.

On the 15/04/2018 at about 0825 hrs, I was driving my van (GBG5028C) along Nicoll Drive and wanted to turn right onto Telok Paku Road. I checked my right and saw that there were no vehicles and I then I checked my left and I saw an oncoming vehicle. As such, I inched out slowly. I then checked my right again when I was on the first lane of Telok Paku Road and I saw a motorcycle (JSP6997) coming right at me. I believe that he could not stop in time and he collided onto the front right driver door. After that, the motorcycle and the rider fell to the road. My passengers and I came down from the van and while my passengers attended to the rider, I called for the police and the ambulance. After awhile, the ambulance and police came and police took my statement and my particulars and I informed him what had happened. After that, the rider was conveyed by the ambulance. I wish state that the rider was conscious the entire time.

POLICE REPORT Pg. 3





Police Station Of Origin: **Eunos NPP** 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

3 of 3 Report No. T/20180415/2047

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 2 ONG YU XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2018 14:14
Officer In Charge Of Case: TP / GIT / Sr Staff Sqt MoraMMAD ABDILLAH BIN PALIL Contact No.: 65476246 Authentication Stamp NP168 SIGNATURE	Classification Of Case:





Accident Photo VERNINATOR DOSSOR 18/04/2018 15:08





Accident Photo 16/04/2018 15:08























