

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	11/12/2021 01:14 (SGT)
Date of Accident	10/12/2021 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG NANYANG CRESCENT BESIDE GRADUATE HALL 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1284D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JONATHAN MITCHELL LEE MING JI
Company Reg No	SXXXX458C
Email Address	jonathan@jewelific.com
Mobile Phone No	(Phone) +65-88080158
Alternative Phone No	(Office) +65-88080158

VEHICLE PARTICULARS

Manufacturer	Piaggio
Model	VESPA
Variant	PRIMAVERA 150
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
Vehicle Category	Motorcycle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNMC202100004697
Cover Note Number	-

DRIVER

Name of Driver	JONATHAN MITCHELL LEE MING JI
Company Reg No	SXXXX458C

Date Of Birth	22/06/1992
Occupation	Indoor
Date Of Driving Pass	16/10/2017
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88080158
Alt. Phone Number	(Office) +65-88080158
Email Address	jonathan@jewelfic.com
Address	Blk 226
Address complement	#04-213
Postcode	680226
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
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 vehicle 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I riding along NANYANG CRESCENT going straight. Upon approaching the GRADUATE HALL 2 drop off. A vehicle just dashed out making a right turn. Doing so, the vehicle hit directly into my bike left side portion. I will seek for medical attention.

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	GBG1661A
Vehicle Manufacturer	Isuzu
Vehicle Model	Nhr85aue4aa
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle
Name of Driver	VEERAPPAN SELVARAJ
NRIC No	SXXXX972E
Contact Number	(Phone) +65-62874527

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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7. By the lodging 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)**

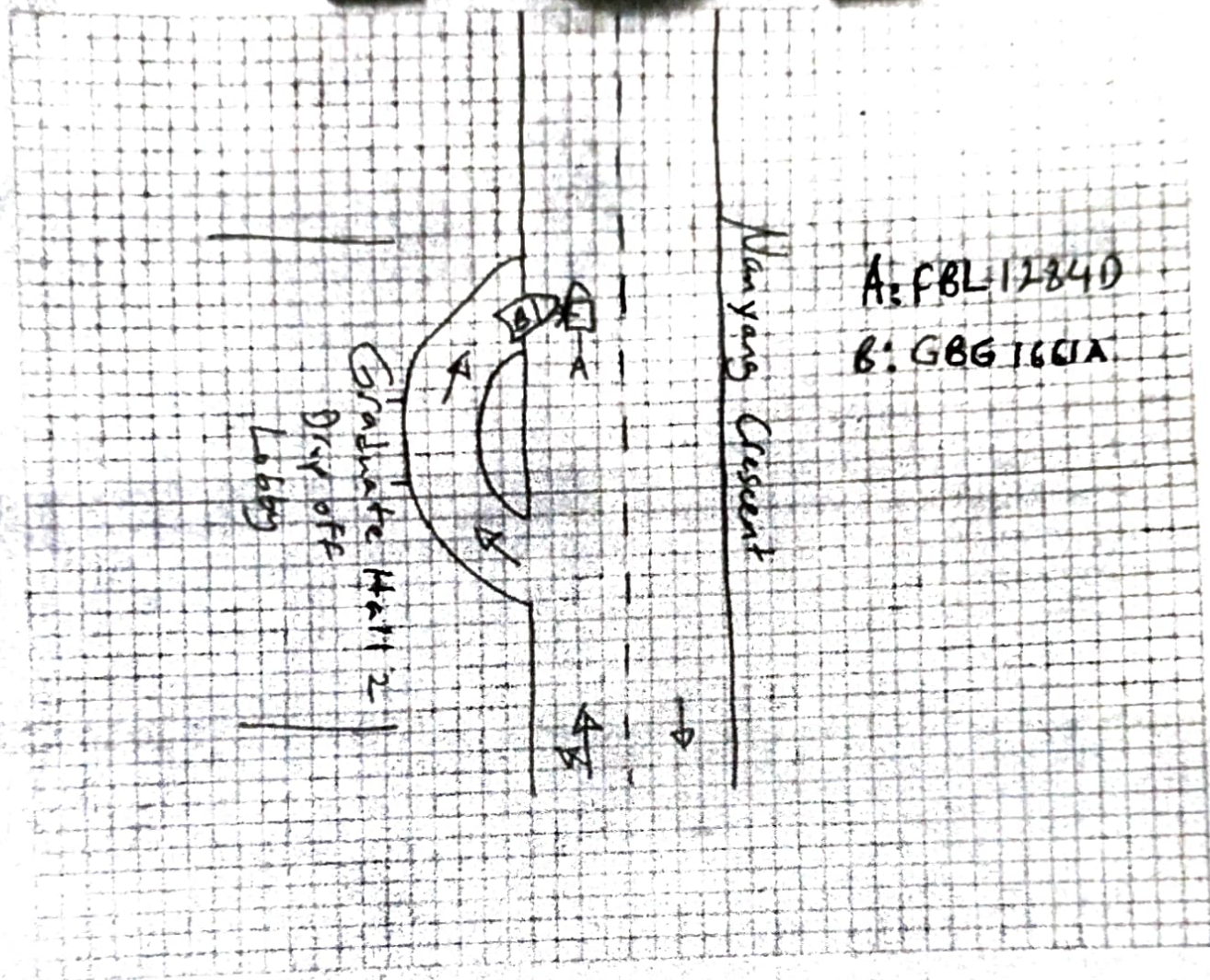
I understand, acknowledge, agree and consent that:

- (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 insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles 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 purposes (i) 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 third parties about details of the same), and/or 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 insurers who have insured vehicles 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/are be disclosed by any of the insurers and/or GIA to their third party service providers or reports including their lawyers/law firms, which may be based 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 management in present and all future claims;
- (e) the information collected under (d) above may be shared (disclosed) to all insurers and/or any other third parties that assist in evaluating, investigating, administering and managing my claims; and to police, law enforcement and government agencies who are duly empowered to conduct investigations;
- (f) I am complying with requirements under any applicable law of such kind.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AJAZAM B. NATAH

Signature of the Reporting Officer
Date
Place

ACCIDENT DIAGRAM



A: FBL 12340

B: GGG 1661A

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/ID No.:

SKETCH PLAN #3

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I riding along NANYANG CRESCENT going straight. Upon approaching the GRADUATE HALL 2 drop off. A vehicle just dashed out making a right turn. Doing so, the vehicle hit directly into my bike left side portion. I will seek for medical attention.

DECLARATION

I/we declare the foregoing part is true and correct to the best of my/our knowledge.

Reporting Officer's Signature
Date & Time

Signature of the
Involved Party
Date & Time

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AZAM BIN ATAN

Signature of the
Reporting Officer
Date & Time



SINGAPORE POLICE FORCE



T/20211212/2053

1 of 4

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20211212/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2021 18:20	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: JONATHAN MITCHELL LEE MING JIE			Address: APT BLK 226 CHOA CHU KANG CENTRAL #04-213 SINGAPORE 680226		
ID Type / ID No.: NRIC NO / S9221458C			Contact No.: Home/Office: Mobile: 88080158		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 22/06/1992	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Pilot			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2021 16:10	Type of Location: Straight Road
Location: NANYANG CRESCENT				
Weather: Heavy rain		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1284D	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150	White	Slightly Damaged	0
GBG1661A	Lorry	ISUZU		Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20211212/2053

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No 1800-5679999

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Report No. T/20211212/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1284D	FWD Singapore Pte. Ltd	PNMC2021-00004697	06/12/2021	05/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JONATHAN MITCHELL LEE MING JIE	ID No.	S9221458C
Related Vehicle	FBL1284D (Motorcycle)	Contact No.	88080158
Hospital/Clinic	THE FLAME TREE MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	12/12/2021	Date Discharge	12/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	VEERAPPAN SELVARAJ	ID No.	S2729972E
Related Vehicle	GBG1661A (Lorry)	Contact No.	626874527
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/12/2021 at about 1610hrs, I was riding my motorcycle of reg. V1) FBL1284D along Nanyang Crescent (Main Road) near to NTU graduate hall 2. While approaching the drop off point of the building, I spotted One vehicle of reg. V2) GBG1661A was exiting from the drop off point and making a right turn onto the main road (Nanyang Crescent). V2 was covering half of the road path I was on. I tried to slow my motorcycle down however I was not able to stop my motorcycle in time to avoid V2. The front right side of V2 collided into the left side of my motorcycle. Due to the impact of the collision, I swerve to the right and fell off my motorcycle. The driver of V2 then alighted from his vehicle and assisted me to the side. We then exchanged particulars.

I did not need medical attention at that time. V2 then left the scene, while I moved my motorcycle to the carpark and waited for the tow truck.

On 12/12/2021, I went to seek medical attention at "One Flame Tree Medical Centre" and was given 3 days of MC dated from 12/12/2021 to 14/12/2021. MC ref: 42973.



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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
J /
Sgt 2 NIMROD GOH TIAN JIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/12/2021 18:20

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20211212/2053

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Report No. T/20211212/2053

CONTINUATION OF REPORT