

## 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 Actual 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 First Submission .....	03/05/2024 13:14 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/04/2024 12:50 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	ALONG TPE TWDS PIE 11.7KM
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBL3660M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KHO YEW KOK
NRIC No .....	S1620869H
Email Address .....	kykjames@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-94300066
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	TMAX 530 CVT ABS
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Motorcycle
Transmission .....	Auto
CC .....	530
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P21024909R00

#### DRIVER

Name of Driver .....	KHO YEW KOK
NRIC No .....	S1620869H
Date Of Birth .....	20/05/1963
Occupation .....	Indoor
Driving Pass Date .....	20/06/1995
Driving License Pass Class .....	5
Driving License Validity .....	Valid
Driving experience .....	28 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94300066
Alt. Phone Number .....	-
Email Address .....	kykjames@yahoo.com.sg
Address .....	11 ROSEWOOD DR #15-22
Address complement .....	-
Postcode .....	737939
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 by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBE5665Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	KHO YEW KOK
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

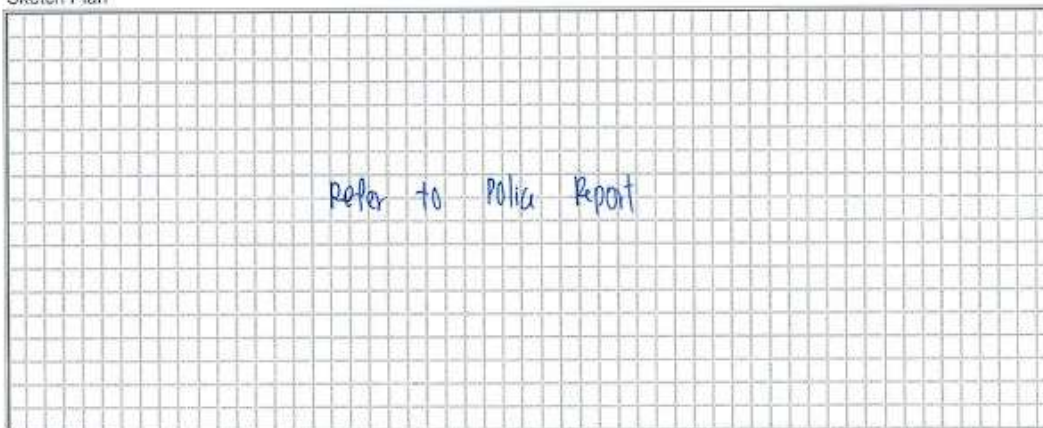
 3/5/24

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**


vJun2022

1

Describe Circumstance of the Accident

Refers to Police Report  
T/20240420/7031

Declaration

I/We declare the foregoing particulars are true in every respect.

 3/15/24

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

















































**SINGAPORE  
POLICE FORCE**



T/20240420/7031

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20240420/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/04/2024 13:38		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: KHO YEW KOK		Address: 11 ROSEWOOD DRIVE #15-22 SINGAPORE 737939		
ID Type / ID No.: NRIC NO / S1620869H		Contact No.: Home/Office: Mobile: 94300066		
Nationality: SINGAPORE CITIZEN		Email: KYKJAMES@YAHOO.COM.SG		
Sex: Male	Age: 60	Date of Birth: 20/05/1963	Type of Informant: Rider	
Race: Chinese		Language: English		
Occupation: Kitchen assistant		Driving Licence Information: Class: 2B,2A,2,3A,3C,4A,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2024 12:50	Type of Location: Flyover
Location:  PUNGGOL WALK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBL3660M	Motorcycle	YAMAHA	TMAX 530 CVT ABS	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3660M	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P21024909R00	06/03/2024	05/03/2025



**SINGAPORE  
POLICE FORCE**



T/20240420/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20240420/7031

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHO YEW KOK	ID No.	S1620869H
Related Vehicle	FBL3660M (Motorcycle)	Contact No.	94300066
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,2A,2,3A,3C,4A,4,5 Date of Expiry: NIL
Date	17/04/2024	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

**Brief Details.**

I was riding my motorbike at 80km per hour where a cardboard flew out from the lorry in front of my vehicle causing collision with me. I skidded and fell off my motorbike as a result.



**SINGAPORE  
POLICE FORCE**



T/20240420/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3  
Report No. T/20240420/7031

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NORSIDDIQ BIN IBRAHIM  
Contact No.: 65476138

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
20/04/2024 13:38

Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC2A24530005 Vehicle Registration No: FBL3660M  
 Name (as shown in NRIC): KHO YEW KOK NRIC/FIN/Passport No: S1620869H  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 11 ROSEWOOD DR #15-22 Singapore ( )  
 Contact (Tel): 9430 0066 Mobile No.: \_\_\_\_\_  
 Email Address: kykjames@yahoo.com.sg  
 Date of Accident: 17/04/2024 Time of Accident: 1250  
 Place of Accident: TPE  
 Insurance Company: BUDGET DIRECT

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO AMEND THIRD PARTY VEHICLE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 \_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date: \_\_\_\_\_

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card): \_\_\_\_\_  
 Date: \_\_\_\_\_