

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 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 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 Report	02/01/2018 19:56
Date Of Accident	31/12/2017 21:15
Exact Location Of Accident	DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ1746S
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Insured/Policyholder

Name Of Registered Owner	UNIQUE MOTORSPORTS PTE LTD
Co Reg No	200907910H
Email Address	INSURANCE@UNIQUEMOTORSPORTS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62925578

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5071932749-02
Cover Note Number	

Driver

Name of Driver	JOSHUA ADAM LOHON
NRIC No	S8735042H
Date Of Birth	24/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2006
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96427709
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 59 LENGKOK BAHRU #08-541
Postcode	150059
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

As per police report

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 Witness 1

Name	LIM CHOOM SIONG
Phone Number	81635330
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3329S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG KIM HONG
NRIC/Passport Number	S1703712I
Contact Number	939112646

Address BLK 25 ANG MO KIO AVE 9 #13-15
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JOSHUA ADAMN LOHON
Approximate Age 30
Injuries Sustain
Injured person in which vehicle? FZ1746S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address BLK 59 LENGKOK BAHRU #08-541
Postcode 150059

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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 purposes 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 management in present 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 reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

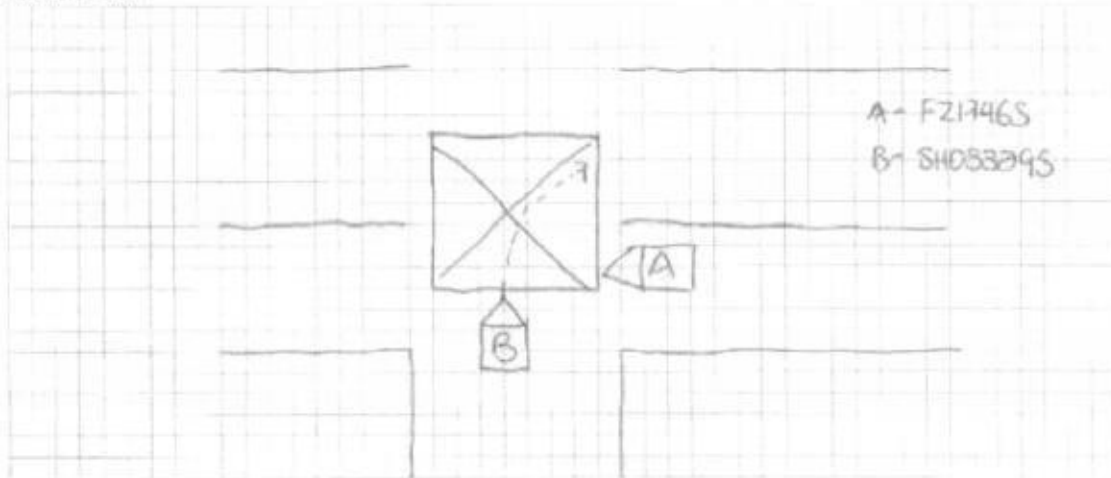
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/01/18 10:00 AM

Reporting Centre Personnel's Signature
Name: ARIAN JOH
NIC/PIN No.: S6033890

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

[A large diagonal line is drawn across the text area, with the word 'NO' written in the center.]

DECLARATION

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature

Date & Time:

Signature of Policyholder

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02/01/18/2020

Signature of Driver

Reporting Centre Personnel's Signature

Name: ALVIN KOH

NEIC/FIN No.: S8205789F

Signature of Reporting Centre Personnel

MC



Singapore
General Hospital
SingHealth

Department of Emergency Medicine
Outpatient Clinic
Singapore 168608
Tel: (65) 4351 4100
Fax: (65) 4224 0004
Reg No: 1967039072

ORIGINAL

MEDICAL CERTIFICATE

EMD2018154

Name JOSE LIA ADAM LOHON		NRC No. S873504274	
This is to certify that the above named is unfit for duty for a period of <u>12</u> days from <u>01-Jan-2018</u> to <u>12-Jan-2018</u> inclusive.			
Type of medical leave granted:			
<input checked="" type="checkbox"/> Hospitalisation Leave		<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: <u>01-Jan-2018</u>		Discharge on: _____	
Discharged on: _____		<input type="checkbox"/> Maternity Leave	
		<input type="checkbox"/> End-of-life Leave	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments:			
The above named patient attended any clinic at <u>N.A.</u> and left at <u>N.A.</u>			
The absence of patient is necessary.			
Hospital/Clinic Emergency Medicine Singapore General Hospital		Ward No. Emergency Department Date 01-Jan-2018	Signature, Name (in BLOCK LETTERS) and Designation/NCR No. TAN SAI CHEW, 043545 



Originator: Approved by
Joint Commission International

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180101/2009

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180101/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2018 02:25		Vide Report No.:		Station Diary No.: 8
Informant's Particulars				
Name of Informant: JOSHUA ADAM LOHON		Address: APT BLK 59 LENGKOK BAHRU #08-541 SINGAPORE 150059		
ID Type / ID No.: NRIC NO / S8735042H		Contact No.:		Mobile: 95427709
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 24/10/1987	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: DESPATCH RIDER		Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2017 21:15	Type of Location: T-Junction
Location: Along Road 1 DEPOT ROAD				
Along Depot road at the T-Junction , gantry of Depots Heights Shopping Center.				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ1746S	Motorcycle				Seriously Damaged	0
SHD3326S	TAXI				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180101/2009

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180101/2009

CONTINUATION OF REPORT

Rider			
Name	JOSHUA ADAM LOHON		ID No. S8735042H
Related Vehicle	NIL		Contact No. 96427709
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 31/12/2017 at about 2115hrs I was riding my Honda Wave motorbike (FZ1746s) along depot road. I was riding behind a car on the left lane of the road. Subsequently the car in front of me stopped, I then decided to overtake him. I overtook the car on the right and proceeded to go straight. As I was riding straight, suddenly a comfort taxi (SHD3329S) turned out to the right from the gantry of depots heights shopping center. As I saw the taxi, I tried to slow down my vehicle by braking however the taxi continued to turn. The taxi driver had hit onto my vehicle on the front. I then fell on the ground.

Subsequently I exchanged particulars with the taxi driver. I would like to state that the medics have attended to me at the scene but I have not seen a doctor yet.

The following injuries on myself are as follows:

- 1) Both legs injured
- 2) Scratches on my nose and lips
- 3) Right hand injured

I would like to state that there are damages to my vehicle. The damages are as follows:

- 1) The front part of my bike totally damaged

I would like to state that there is a witness to my incident. The details of the witness are as follows:

- 1) Lim Choom Siong. Hp: 81635330

I would like to state that my motorbike is a rental bike from Unique motors pte ltd.