

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	02/12/2017 11:09
Date Of Accident	30/11/2017 17:35
Exact Location Of Accident	THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR3272X
Insured/Policyholder	
Name Of Registered Owner	OH KIAN SENG KELVIN
NRIC No	S7529618E
Email Address	KELVIN_OH_KL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93825587
Alternative Phone No	OFFICE-93825587

Vehicle Particulars

Manufacturer	HONDA
Model	NV400
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
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	NO
Policy Number	5069044092-02
Cover Note Number	

Driver

Name of Driver	OH KIAN SENG KELVIN
NRIC No	S7529618E
Date Of Birth	26/09/1975
Occupation	INDOOR
Date Of Driving Pass	19/07/1993
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93825587
Fax Number	
Contact Number	OFFICE-93825587
E Mail Address	KELVIN_OH_KL@YAHOO.COM.SG

Address	BLK 618 #05-535 WOODLANDS AVE 4
Postcode	730618
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT (ATTENDED BY: JAMES NG)

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	FS2111D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	90045719
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	OH KIAN SENG KELVIN
Approximate Age	42
Injuries Sustain	LEFT SHOULDER PAIN AND INJURY
Injured person in which vehicle?	FR3272X
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 618 #05-535 WOODLANDS AVE 4
Postcode	730618


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 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 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.

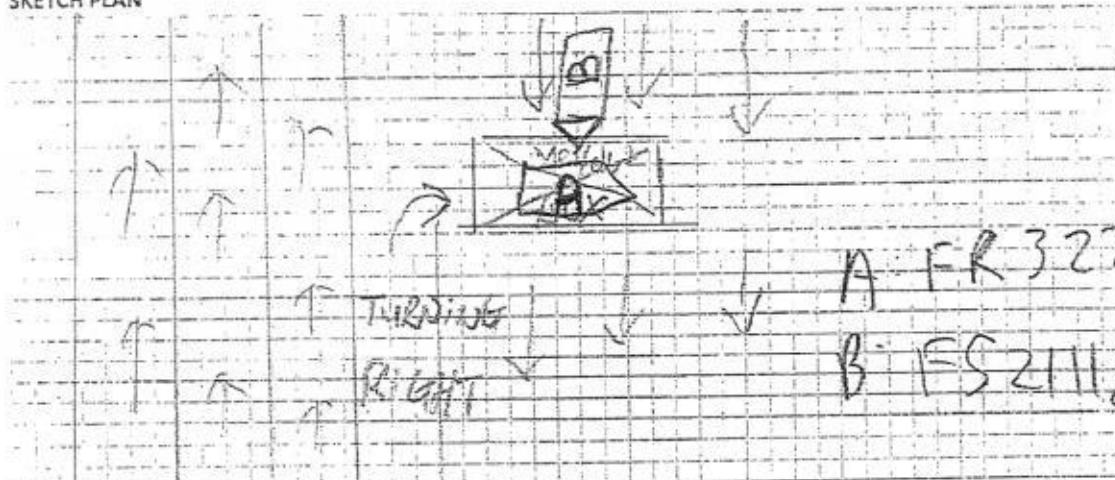

Policyholder's Signature
Date & Time:

02 DEC 2017

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


Reporting Centre Personnel's Signature
Name: **NG WING KIN JAMES**
NRIC/FIN No.: **S7927881E**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Police
Report.

DECLARATION

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


Policyholder's Signature

Date & Time:

02 DEC 2017

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



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

NG WING KIN JAMES
S7927881E



**SINGAPORE
POLICE FORCE**



T/20171201/7012

1 of 4

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

Report No. T/20171201/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2017 17:31		Vide Report No.:		Station Diary No.:	
Name of Informant: OH KIAN SENG KELVIN					
Address: APT BLK 618 WOODLANDS AVENUE 4 #05-535 SINGAPORE 730618					
ID Type / ID No.: NRIC NO / S7529618E		Contact No.: Home/Office: Mobile: 93825587			
Nationality: SINGAPORE CITIZEN		Email: kelvin_oh_kl@yahoo.com.sg			
Sex: Male	Age: 42	Date of Birth: 26/09/1975	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: POLICE OFFICER		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2017 17:35	Type of Location: Straight Road
Location: THOMSON ROAD Thomson Road towards Old Police Academy. Near to bus stop 07 inside the yellow box				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

FR3272X	Motorcycle	HONDA	NV 400 C2V	Black	Slightly Damaged	0
FS2111D	Motorcycle				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20171201/7012

2 of 4

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

Report No. T/20171201/7012

CONTINUATION OF REPORT

FR3272X	NTUC Income Insurance Co-Operative Limited	5069044092-02	31/01/2017	30/01/2018
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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	OH KIAN SENG KELVIN	ID No.	S7529618E
Related Vehicle	FR3272X (Motorcycle)	Contact No.	93825587
Hospital/Clinic	888 PLAZA FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	01/12/2017	Date Discharge	01/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	90045719
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 30/11/2017 at about 1735hrs, I was riding my motorbike FR3272X along Thomson road towards CTE and I want make a U-turn towards Old Police academy. I was on a first lane and came to a complete stop to wait for opportunity for me to perform a U-turn. I wish to inform that the traffic was very heavy.

There was a traffic light directly in front of the Thomson Medical Centre. The traffic light turned red, the vehicle started piling up. As there was a yellow box after the U turn vehicles then stop after the yellow box due to the red light. I then check clear and perform the U turn. As i was performing the U-turn inside the yellow box, a motorcycle bearing FS2111D squeezed through between his 1st and 2nd lane and collided onto my left side of the motorcycle. At the point of time, I was still inside the yellow box. The impact caused me to fall over however the rider for FS2111D manage to stay on.

Subsequently, he alighted from his motorcycle and proceed to the near by Bus stop. I also got up and pushed my motorcycle to the bus stop. I wish to inform that he refused to give me his particulars however he only gave me his contact number. He is one male Indian subject believed to be late 20s. At the point of time, I do not require any medical attention hence we decided to settle the matter privately.



**SINGAPORE
POLICE FORCE**



T/20171201/7012

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

4 of 4

Report No. T/20171201/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

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

Date/Time:
01/12/2017 17:31

Classification Of Case: