

## 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 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	28/02/2018 09:37
Date Of Accident	28/02/2018 08:25
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE/ALEXANDRA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9334X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO JUN YONG
NRIC No	S9172518E
Email Address	HJY_08@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93202704
Alternative Phone No	OFFICE-93202704

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-S-998CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5083409282-01
Cover Note Number	

### Driver

Name of Driver	HO JUN YONG
NRIC No	S9172518E
Date Of Birth	23/08/1991
Occupation	INDOOR
Date Of Driving Pass	21/08/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93202704
Fax Number	
Contact Number	OFFICE-93202704
EEmail Address	HJY_08@HOTMAIL.COM

Address	BLK 470 SEGAR ROAD #09-228
Postcode	670470
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180228/2045

#### 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	SJQ1365H
Vehicle Make/Model/Colour	KIA PICANTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96206173
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name HO JUN YONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBK9334X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN


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#### **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.

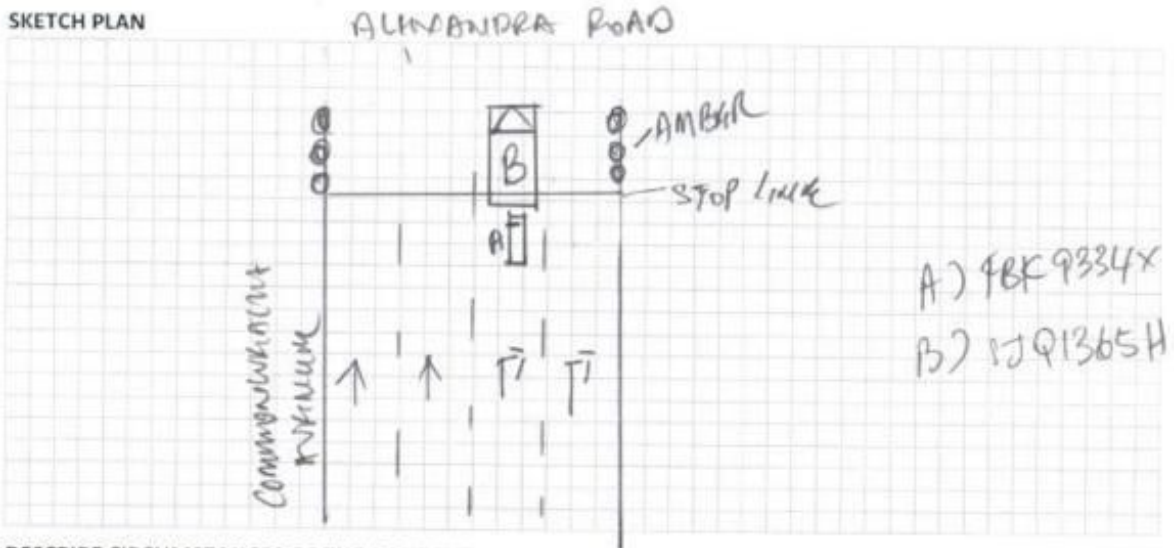
 28/02/2018  
Policyholder's Signature  
Date & Time:

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

 28/02/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 28 Feb 2018 at about 8.22am I was travelling along Commonwealth Ave and was on the second lane to turn right into Alexandra Road before reaching the junction of Alexandra when the light just changed to amber the car in front of me suddenly jam brake SJQ 1635H stop after the stop line I couldn't put brake on time and hit the rear of the car

POLICE REPORT T/20180228/2045

## DECLARATION

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

*[Signature]* 28/02/2018

Policyholder's Signature  
Date & Time:

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

*[Signature]* 28/02/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180228/2045

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20180228/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 12:47	Vide Report No.:	Station Diary No.: 41
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### Informant's Particulars

Name of Informant: HO JUN YONG	Address: APT BLK 470 SEGAR ROAD #09-228 SINGAPORE 670470		
ID Type / ID No.: NRIC NO / S9172518E	Contact No.: Home/Office: Mobile: 93202704		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 26	Date of Birth: 23/08/1991	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: mechanic	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2018 08:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 COMMONWEALTH AVENUE  Junction of Commonwealth Avenue towards Alexandra Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9334X	Motorcycle	YAMAHA	FZ1000	White	Slightly Damaged	0
SJQ1365H	Car	KIA	Picanto	Red		0

### Details of Person Involved

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180228/2045

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180228/2045

## CONTINUATION OF REPORT

Rider			
Name	HO JUN YONG	ID No.	S9172518E
Related Vehicle	FBK9334X (Motorcycle)	Contact No.	93202704
Hospital/Clinic	FRIENDSHIP CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/02/2018	Date Discharge	28/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### **Brief Details.**

On 28/2/18 at about 0820hrs, I was riding a white Yamaha FZ 1000, FBK9334X, along Commonwealth Avenue. I was making a right turn at a junction of Commonwealth Avenue towards Alexandra Rd. I was following behind a car, SJQ1365H. The car driver suddenly jam break when the traffic light turn amber and her car already crossed the white line. It cause me to jam break too. However, I still hit onto the left rear of her car and caused her bumper dropped. The front mug guard, right front light and fairing were damaged. I have seen doctor at Friendship Clinic & Surgery and got a 3 days of MCs.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180228/2045

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180228/2045

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:

D /

Sgt 2 LI SHI HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/02/2018 12:47

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168



SN -16

SIGNATURE



友 誼 醫 務 所  
**FRIENDSHIP CLINIC & SURGERY**

BLK 1, JALAN BUKIT MERAH #01-4524, SINGAPORE 150001. TEL: 62726628

No: 98288

**MEDICAL CERTIFICATE**

DATE 28/2/18

THIS IS TO CERTIFY THAT I HAVE EXAMINED

Ho Jun Yang WHO IS  
UNFIT TO ATTEND WORK / SCHOOL FOR three DAYS FROM 28/2/18 TO 2/3/18

FIT FOR LIGHT DUTY FOR \_\_\_\_\_ DAYS FROM \_\_\_\_\_ TO \_\_\_\_\_

ATTENDED THE CLINIC FROM \_\_\_\_\_ A.M. TO \_\_\_\_\_ A.M.  
P.M. P.M.

Remarks (if any) \_\_\_\_\_

The certificate is not valid for absence from court or  
other judicial proceedings unless specifically stated.

cl  
**DR. CHOW SHOOK LIN**  
M.B.B.S. (NUS, SINGAPORE)  
DESIGNATED FACTORY DOCTOR-DFD  
DIP (FAMILY MEDICINE) (NUS, SINGAPORE)

Accident Photo



Accident Photo



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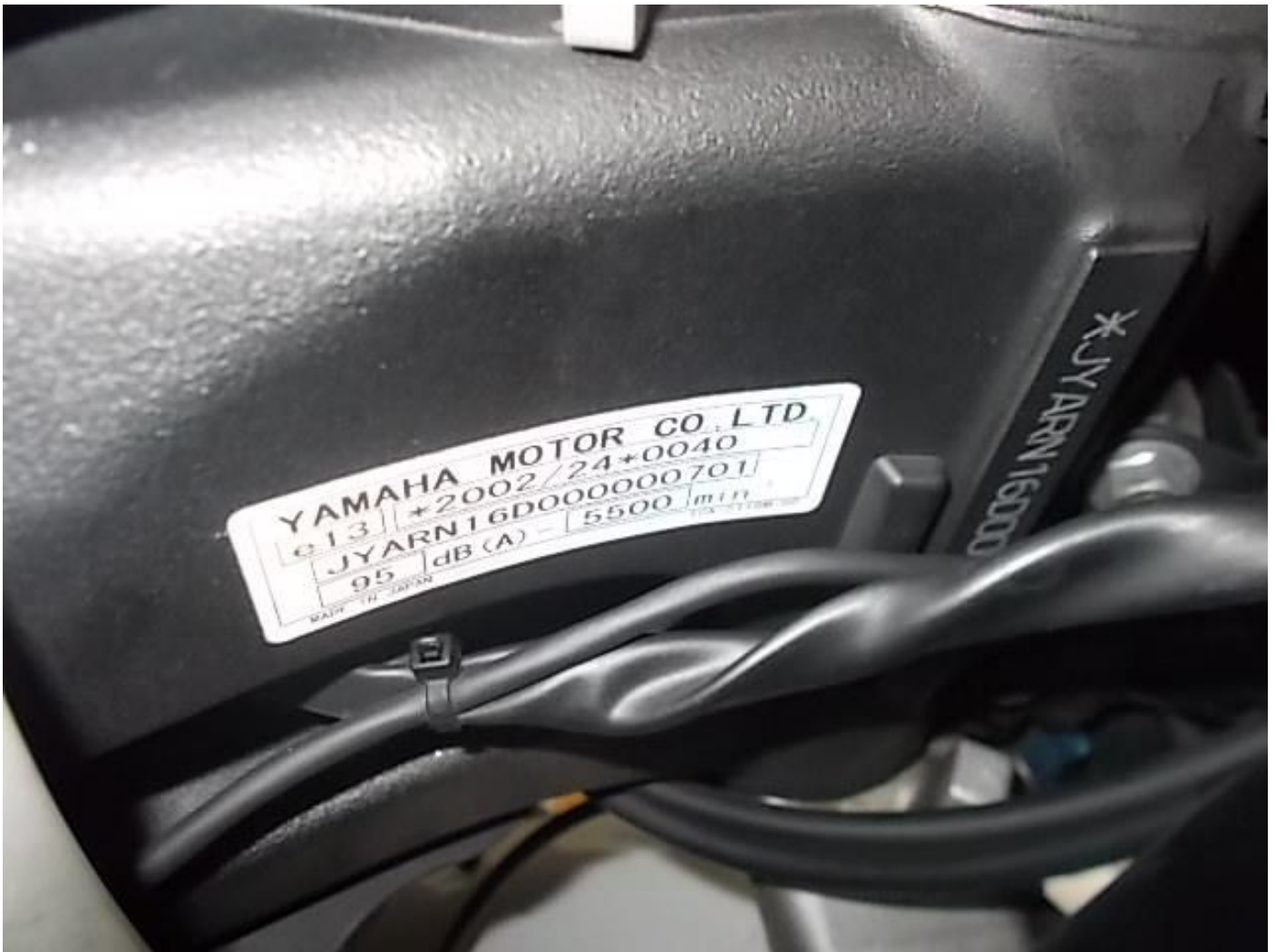




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