

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	02/03/2018 16:29
Date Of Accident	02/03/2018 11:15
Exact Location Of Accident	NORTH BUONA VISTA RD TOWARDS AYER RAJAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3203K
Insured/Policyholder	
Name Of Registered Owner	GOH KOK HIN HENRY
NRIC No	S8208572F
Email Address	HENRYGOHKH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96560838
Alternative Phone No	OTHERS-96560838

Vehicle Particulars

Manufacturer	HONDA
Model	CB400ASFYJ-399CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5064836830-03
Cover Note Number	

Driver

Name of Driver	GOH KOK HIN HENRY
NRIC No	S8208572F
Date Of Birth	21/03/1982
Occupation	INDOOR
Date Of Driving Pass	21/02/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96560838
Fax Number	
Contact Number	OTHERS-96560838
Email Address	HENRYGOHKH@HOTMAIL.COM

Address	BLK 307 SHUN FU ROAD #06-129
Postcode	570307
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	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	YN9988X
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	81108059
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GOH KOK HIN HENRY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ3203K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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)**

(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.

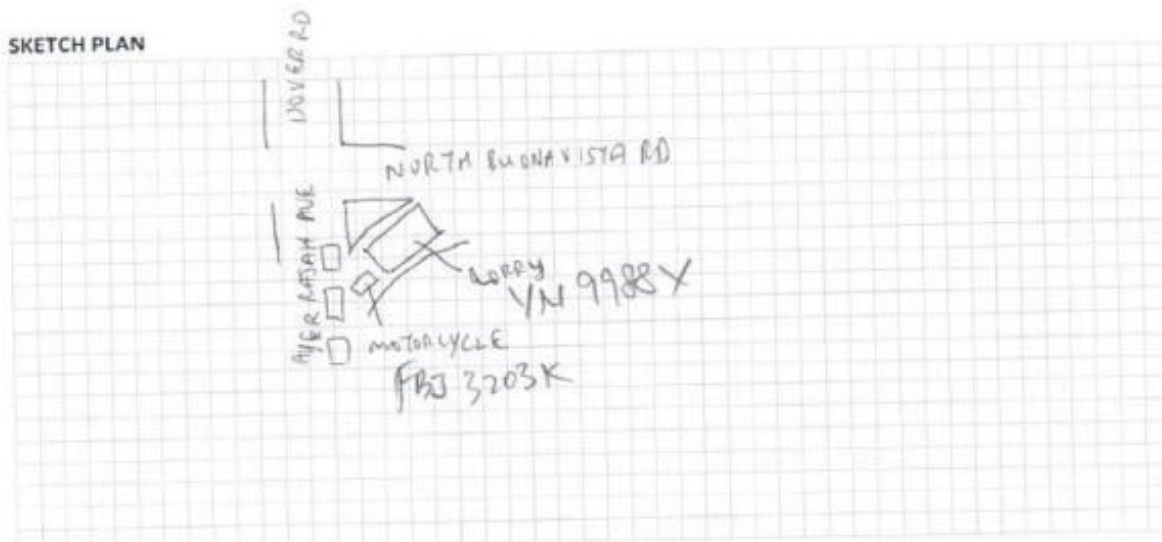
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

8/9 PHOTOS TO POLICE REPORT
1/20180302/2101

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

NRIC/FIN Ng

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180302/2101

1 of 3

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

Report No. T/20180302/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2018 15:34	Vide Report No.:	Station Diary No.: 76
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Informant's Particulars

Name of Informant: GOH KOK HIN HENRY		Address: APT BLK 307 SHUNFU ROAD #06-129 SINGAPORE 570307	
ID Type / ID No.: NRIC NO / S8208572F		Contact No.:	Mobile: 96560838
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 21/03/1982	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: DISPATCH RIDER		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2018 11:15	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 NORTH BUONA VISTA ROAD AYER RAJAH AVENUE Along North Buona Vista Road left slip road turning onto Ayer Rajah Avenue.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
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
FBJ3203K	Motorcycle				Slightly Damaged	0
YN9988X	Lorry				No Damage	0

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180302/2101

2 of 3

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

Report No. T/20180302/2101

CONTINUATION OF REPORT

Rider			
Name	GOH KOK HIN HENRY		ID No. S8208572F
Related Vehicle	NIL		Contact No. 96560838
Hospital/Clinic	SHALOM CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	NIL		Contact No. 81108059
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 02/03/2018, at about 1115hrs, I was riding my motorcycle, a White coloured Honda Super 4 Revo, along North Buona Vista Road and was at approaching the slip road onto Ayer Rajah Avenue. I noticed that there was a Silver coloured lorry, vehicle registration number: YN9988X, which was tailgating me from behind.

As I was entering the slip road, I stopped to allow pedestrians to cross the zebra crossing. After the pedestrians had crossed, I started moving off past the zebra crossing. However I had to stop before the Give Way dotted line as the traffic light from Dover Road had turned green. Suddenly, I felt an impact from the rear of my motorcycle and I fell off my motorcycle as a result from the impact and suffered abrasions on my knee and my left hand knuckle. My motorcycle damages are: bent gear lever, box mount bracket bent, clutch lever scratched, IU unit is scratched, handlebar is scratched and bent. I am unsure of the cost of repair. Subsequently, I went to see a doctor at Shalom Clinic & Surgery and was given 3 days of medical leave, Medical Certificate number: 0000067863 for my injuries. I wish to state that this is the first time such an incident has happened to me. I wish to state that Traffic Police had attended to my incident, reference: D/20180302/0052. TP IO

Sketch Plan #5



SINGAPORE
POLICE FORCE

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



T/20180302/2101

3 of 3

Report No. T/20180302/2101

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 YIP XUANYU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

02/03/2018 15:34

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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