

## 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	19/01/2018 13:37
Date Of Accident	16/01/2018 14:40
Exact Location Of Accident	YISHUN AVE 3 / YISHUN AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9597U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAMKY CLEANTECH SERVICES PTE LTD
Co Reg No	200912246G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64721743

### Vehicle Particulars

Manufacturer	HONDA
Model	GLH125
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-17088951MFCE/10 (TPFT)
Cover Note Number	

### Driver

Name of Driver	KESUMA
NRIC No	S7975980E
Date Of Birth	16/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90628230
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 671A YISHUN AVE 4 #02-602
Postcode	761671
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### 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	SKJ9692K
Vehicle Make/Model/Colour	MERCEDES BENZ A200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG CHUO REN
NRIC/Passport Number	G5413505Q
Contact Number	93236362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	KESUMA
Approximate Age	38
Injuries Sustain	
Injured person in which vehicle?	FBH9597U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 671A YISHUN AVE 4 #02-602
Postcode	761671

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.

Policyholder's Signature  
Date & Time:

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

19 JAN 2018

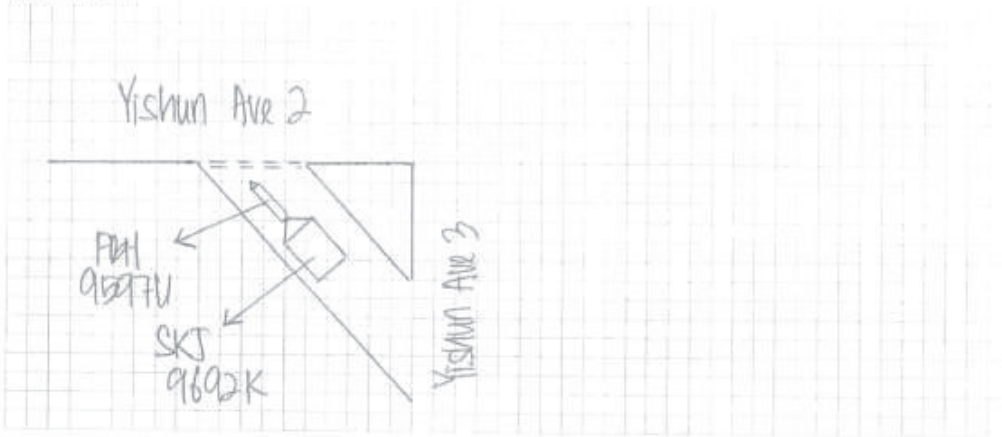
**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933

Tel: 67416697 Fax: 67492305

Email: [trackb@singnet.com.sg](mailto:trackb@singnet.com.sg)

Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to  
Police Report.

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:

19 JAN 2018

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

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



## Individual Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180117/2111

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20180117/2111

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2018 17:16		Vide Report No.: F/20180116/0170		Station Diary No.: 88	
<b>Informant's Particulars</b>					
Name of Informant: KESUMA			Address: APT BLK 671A YISHUN AVENUE 4 #02-602 SINGAPORE 761671		
ID Type / ID No.: NRIC NO / S7975980E			Contact No.: Home/Office: Mobile: 90628230		
Nationality: INDONESIAN			Email:		
Sex: Female	Age: 38	Date of Birth: 16/12/1979	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: PARKING ENFORCEMENT OFFICER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/01/2018 14:40	Type of Location: Slip Road
Location: Along Road 1 YISHUN AVENUE 3  Along Yishun Ave 3 towards Yishun Ave 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBH9597U	Motorcycle	HONDA	GLH125	White		0
SKJ9692K	Car	MERCEDES BENZ	A200	Grey	No Damage	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180117/2111

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180117/2111

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	KESUMA	ID No.	S7975980E
Related Vehicle	FBH9597U (Motorcycle)	Contact No.	90628230
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	LEONG CHUO REN	ID No.	G5413505Q
Related Vehicle	SKJ9692K (Car)	Contact No.	93236362
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 17/01/2018 at about 1440hrs, I was riding my motorcycle bearing plate number FBH9597U (White Honda) traveling along Yishun Ave 3 towards Yishun Ave 2. When approaching at the slip road, I had stopped at the stopping line to give way to major road of Yishun Ave 2. I have made a check several time before I move off. When I was about to move off, I had inch forward and subsequently there is oncoming car was traveling fast and I stopped immediately. Due to that, my rear vehicle (Black Merc SKJ9692K) did not manage to stop in time and hit on to my bike. Due to the impact, I lost my balance and fell off on the left side from the bike. Later that day, ambulance came down and convey me to Khoo Teck Puat Hospital.

 SN 085  
Signature: \_\_\_\_\_  
Singapore Police Force