

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	27/02/2018 12:09
Date Of Accident	27/02/2018 08:30
Exact Location Of Accident	WLDS AVE 3 TURNING INTO WLDS ST 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV5898S
Insured/Policyholder	
Name Of Registered Owner	KO KIM HOCK
NRIC No	S6810820I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96385167
Alternative Phone No	OTHERS-96385167

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PVT USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003294-00-000
Cover Note Number	15/12/17-14/12/18

Driver

Name of Driver	KO WEI TECK
NRIC No	S9811173E
Date Of Birth	28/03/1998
Occupation	INDOOR
Date Of Driving Pass	31/01/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81183731
Fax Number	
Contact Number	
Email Address	KOWEITECK98@OUTLOOK.COM

Address	507 CANBERRA DR #05-19
Postcode	768127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 ON COLLISION
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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT :T/20180227/2038 ** THE M/BIKE HAD A PILLION, HOWEVER ONLY THE RIDER WAS CONVEYED TO THE HOSPITAL BY AMBULANCE.

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	FV7238Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RIDER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FV7238Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN


VEHICLE NO.: SCV 5898 S
INSURER : GA
DATE & TIME: 27/2/18
830am


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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.

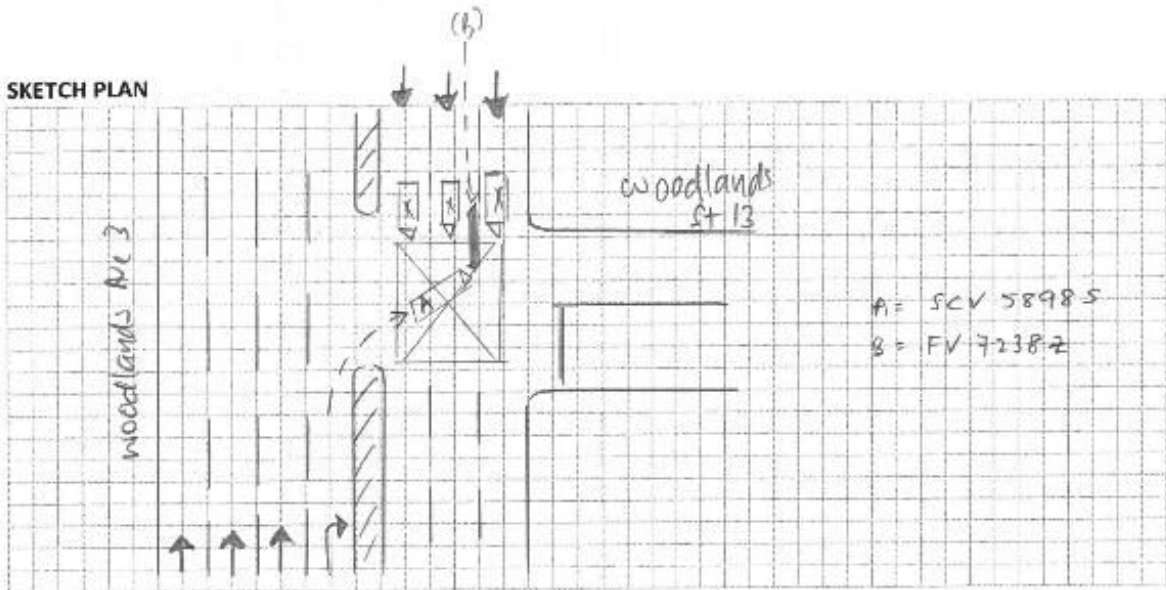

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: Bfeida (43)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20180227/2038

* The m/bike had a pillion, however only the rider was conveyed to the hospital by ambulance.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: Bfield (YS)
NRIC/FIN No.:

GIPRMC SketchPlanForm: V3 ☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim OD/TP at other workshop (_____)

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180227/2038

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

1 of 3

Report No. T/20180227/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2018 10:58		Vide Report No.: J/20180227/0061		Station Diary No.: 25
Informant's Particulars				
Name of Informant: KO WEI TECK		Address: 507 CANBERRA DRIVE #05-19 SINGAPORE 768127		
ID Type / ID No.: NRIC NO / S9811173E		Contact No.: Home/Office: Mobile: 81183731		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 19	Date of Birth: 28/03/1998	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/02/2018 08:30	Type of Location: T-Junction
Location: Along Road 1 WOODLANDS AVENUE 3				
Junction of Woodlands Ave 3 and Woodlands Street 13				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FV7238Z	Motorcycle	HONDA	CB400SFYJ		Seriously Damaged	1
SCV5898S	Car	TOYOTA	WISH 1.8 A		Seriously Damaged	0

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180227/2038

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Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20180227/2038

CONTINUATION OF REPORT

Driver			
Name	KO WEI TECK	ID No.	S9811173E
Related Vehicle	NIL	Contact No.	81183731
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27.02.2018 at about 0830hrs, I was travelling along Woodlands Ave 3 turning into Woodlands Street 13 at the most right lane. I stopped at the stop line to check for traffic. After checking that all vehicles had stopped after the yellow box, I proceeded to turn towards Woodlands Street 13. Suddenly, a motorcycle, FV7238Z which was travelling straight came in between lane 2 and 3, hit onto my vehicle front left headlight, the motorcycle stopped after my vehicle. I then move my vehicle forward to lane 3 avoid blocking lane 1 and 2. Subsequently, I alighted from my vehicle to make a check on the rider. Passer-by assisted to called for the ambulance. I was then informed that the rider will be conveyed to the hospital. No other properties were damaged. There is no in-veh camera in my vehicle however there is a CCTV along Woodlands Ave 3.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999



T/20180227/2038

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Report No. T/20180227/2038

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:

J /

Staff Sgt LIM RUI QI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

S.N. 127

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

27/02/2018 10:58

Classification Of Case:

DR LIC



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	31 Jan 2018

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE

