

## 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	26/03/2018 19:24
Date Of Accident	24/03/2018 21:40
Exact Location Of Accident	ALONG RAFFLES AVENUE (NEXT TO ESPLANADE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF121D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	GOH.GUAN.LIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91798172
Alternative Phone No	OFFICE-91798172

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER-198CC VXR 200
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	5085645204-01
Cover Note Number	

### Driver

Name of Driver	GOH GUAN LIN
NRIC No	S9871711J
Date Of Birth	31/05/1998
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91798172
Fax Number	
Contact Number	OTHERS-91798172
Email Address	GOH.GUAN.LIN@HOTMAIL.COM

Address	BLK 30 BALAM ROAD #02-34
Postcode	370030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180327/2124

#### 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	SGV5591D
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENG KIA HO
NRIC/Passport Number	S7630955H
Contact Number	98734243
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	GOH GUAN LIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF121D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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6. The 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 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.



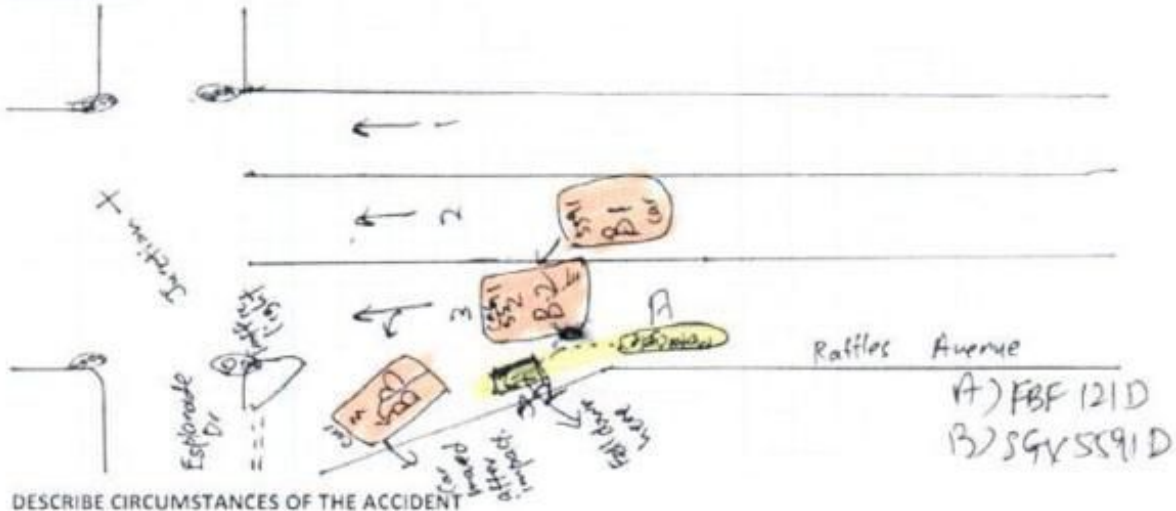
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was the motorcycle rider, going along Raffles Avenue towards City hall direction, on leftmost lane 3, with the intention of turning left into Esplanade Dr. Checked my blindspot before I enter the filter lane, when I look back the car SGV 5591 D changed lane into my lane right in front of me and I got hit on my right side, causing me to fall on my left side.

POLICE REPORT T/20180327/2124

### 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: 26/03/18

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

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180327/2124

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20180327/2124

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2018 16:41	Vide Report No.:	Station Diary No.: 91
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#### Informant's Particulars

Name of Informant: GOH GUAN LIN	Address: APT BLK 30 BALAM ROAD #02-34 SINGAPORE 370030		
ID Type / ID No.: NRIC NO / S9871711J	Contact No.: Home/Office: Mobile: 91798172		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 19	Date of Birth: 31/05/1998	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: PART TIME DELIVERY	Driving Licence Information: Class: 2B,3 Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2018 21:30	Type of Location: Straight Road
Location: Along Road 1 RAFFLES AVENUE  BESIDE ESPLANADE ALONG RAFFLES AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF121D	Motorcycle				Seriously Damaged	0
SGV5591D	Car				Slightly 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/20180327/2124

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180327/2124

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	GOH GUAN LIN		ID No. S9871711J
Related Vehicle	FBF121D (Motorcycle)		Contact No. 91798172
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/03/2018	Date Discharge	25/03/2018
No. of Days granted Medical Leave	09	Degree of Injury	NIL
<b>Driver</b>			
Name	HENG KIA HO		ID No. S7630955H
Related Vehicle	SGV5591D (Car)		Contact No. 98734243
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 the above mentioned date time and place, I was riding my motorcycle bearing registration number FBF121D along Raffles Avenue. I was riding on the most left lane of the road as I intend to turn left at the filter lane.

I have signaled my intention even before my vehicle is at the filter lane.

Before entering the filter lane, I check my blind spot once again for safety reasons.

Out of a sudden, another vehicle bearing registration number SGV5591D coming from the third lane cut into my lane abruptly. The vehicle then hit onto the right side of my motorcycle and I felt onto the left side of the road. I do not have time to react as it happened too fast.

The police and ambulance came to my scene. I went to the hospital the next day accompanied by the other driver.

I was given a total of 9 days medical certificate.

I wish to further inform that I rented the motorcycle.

# Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20180327/2124

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Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180327/2124

## 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:

G /

Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2018 16:41

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MOHAMED RIZWAN BIN IBRAHIM

Contact No.: 65470000

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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