

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 GtA 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
Insured/Policyholder	
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	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 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

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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:

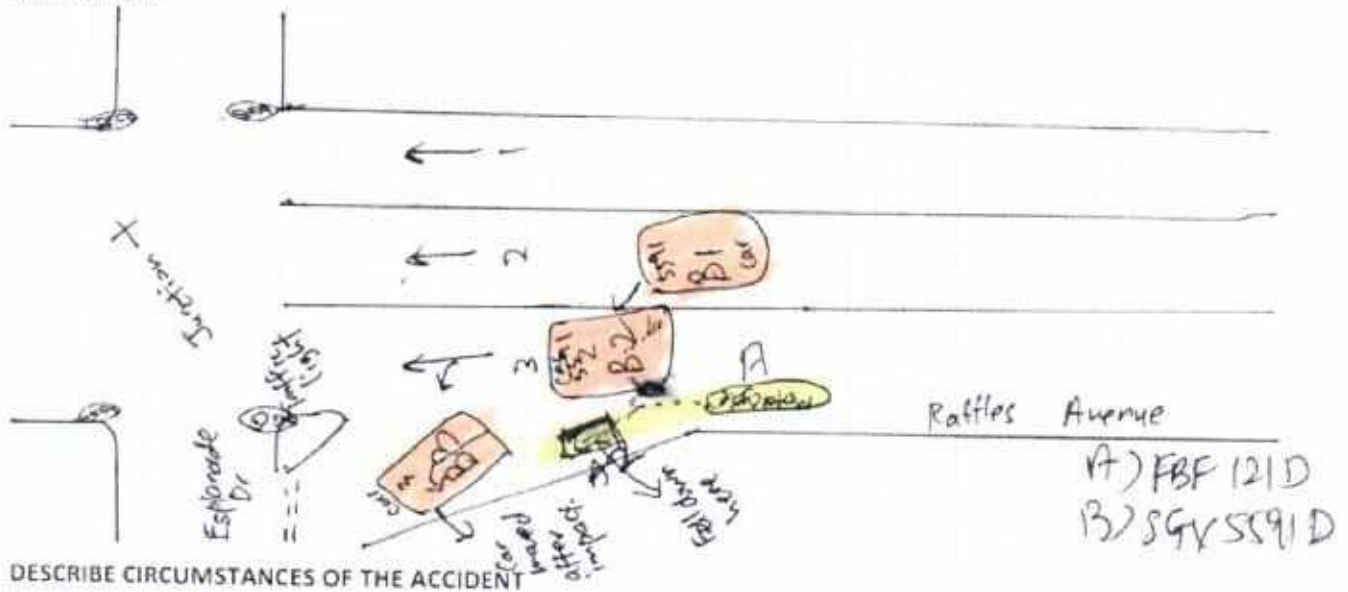
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

[Signature] 26/03/18

[Signature] 27/03/2018
[Signature] Roshni Wadhwa

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was the motorcycle rider, going along Raffles Avenue towards Cityhall 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: Rishi Nathar
NRIC/FIN No.:

27/03/2018



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
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



**SINGAPORE
POLICE FORCE**



T/20180327/2124

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

2 of 3

Report No. T/20180327/2124

CONTINUATION OF REPORT

Rider			
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
Driver			
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.



**SINGAPORE
POLICE FORCE**



T/20180327/2124

3 of 3

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:

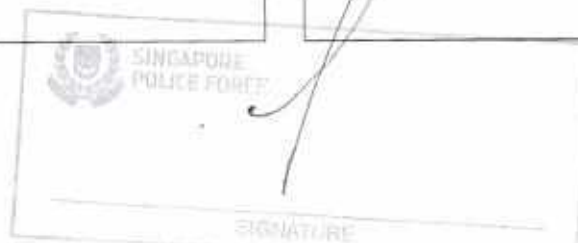
Signature Of Interpreter:
Not applicable

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



Claim Handling

The premium on this policy has not been collected.

Accident MT/0987955

Policy No.	5085645204-01	Vehicle No.	FBF121D	GST Registration No.
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91796172	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	27/03/2018 18:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/03/2018	Time of Accident hh:mm	21:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG RAFFLES AVENUE (NEXT TO ESPLANADE)			

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	1,500.00	Outside Singapore TP Excess	

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	60 ZION ROAD	Address 2	#06-02 ZENITH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-08	Related Policy Number	5085645204-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GOH GUAN LIN	Driver NRIC	S9871711J	Driver DOB
Register Date of Driver License	31/01/2018	Driver Age	19	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 30 #02-34	Address 2	BALAM ROAD	Address 3
Address 4	SINGAPORE 370030	Address Type	Foreign address	Post Code
Unit No.	02-34			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBF121D	Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	FBF121D	TP Vehicle Number
Claim Description	FBF121D / SGV5591D ON 24 Mar 2018			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	27/03/2018 18:36	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/0987955	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/03/2018 18:43

Path *		Category *	Confidential	Urgen
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Message Read		Clear Please Select	NO	Normal

[illegible]

Sou

3/27/2018

Claim Handling(accident reporting Claim Task: 001 OD-MX)

[Display in New Window](#)

[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 03 / 2018 (DD/MM/YYYY), TIME: 21 : 38 (HH:MM)

LOCATION: Raffles Avenue (next to Esplanade)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 121 D
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Piaggio Gilera VR 200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) (MOTORCYCLE) / OTHERS: _____
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) (MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY: _____

2. INSURED / POLICY HOLDER

- a) NAME: Alaide (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Guan Lin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9871711J CONTACT: 91798172
 c) ADDRESS: 30 Balam Road #02-39 370030
Singapore 370030
 d) DATE OF BIRTH: 31 / 05 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SAV 5591 D MODEL: TOYOTA VIOS
 b) DRIVER'S NAME: Heng Kia Ho
 c) NRIC/FIN/PASSPORT: S7630955H CONTACT: 98734243

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

No of passengers
 (including driver)
(1)

No of passenger
 (including driver)
()

No of passenger
 (including driver)
()

Email: goh-guan.lin@hotmail.com

Fax: _____

Video _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9871711J



Name

GOH GUAN LIN

吴冠霖

Race

CHINESE

Date of birth

31-05-1998

Sex

M

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S9871711J

GOH GUAN LIN

Birth Date: 31 May 1998

Issue Date: 07 Dec 2017



APRIC No. S9871711J



Nationality

MALAYSIAN

Date of issue

02-04-2013

Address

APT BLK 30 BALAM ROAD
#02-34
SINGAPORE 370030

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

EFFECTIVE DATE

C

Class 2B
Class 2

Motorcycles <= 160 CC
Motor cars <= 3000 kg with <= 7 passengers, exclusive of the
driver, and motor tractors/vehicles <= 2500 kg

21 Jan 2018
07 Dec 2017

S / No. 9000305295

S9871711J

NP 429A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5085645204-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **FBF121D**

Chassis Number

: ZAPM4640000001507

2. Name of Policyholder

: ALORIDE PTE. LTD.

3. Effective Date of Insurance

: 02 Nov 2017

4. Expiry Date of Insurance

: 01 Nov 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 09 Oct 2017 17:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive