

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	16/04/2018 10:44
Date Of Accident	26/03/2018 04:30
Exact Location Of Accident	CTE TOWARDS SLE NEAR TO LENTOR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5854H
Insured/Policyholder	
Name Of Registered Owner	TEE HUAT
NRIC No	S0746615C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81496296
Alternative Phone No	OTHERS-93835002

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5087075568-01
Cover Note Number	

Driver

Name of Driver	TEE HUAT
NRIC No	S0746615C
Date Of Birth	30/10/1950
Occupation	INDOOR
Date Of Driving Pass	28/01/1988
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81496296
Fax Number	
Contact Number	OTHERS-93835002
Email Address	NOEMAIL

Address	BLK 13 YORK HILL #05-28
Postcode	162013
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	
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	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180331/2074

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	SLW5855D
Vehicle Make/Model/Colour	VOLKSWAGEN GOLF GTI 2.4A
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	TEE HUAT
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBL5854H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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 liability.
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. 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.

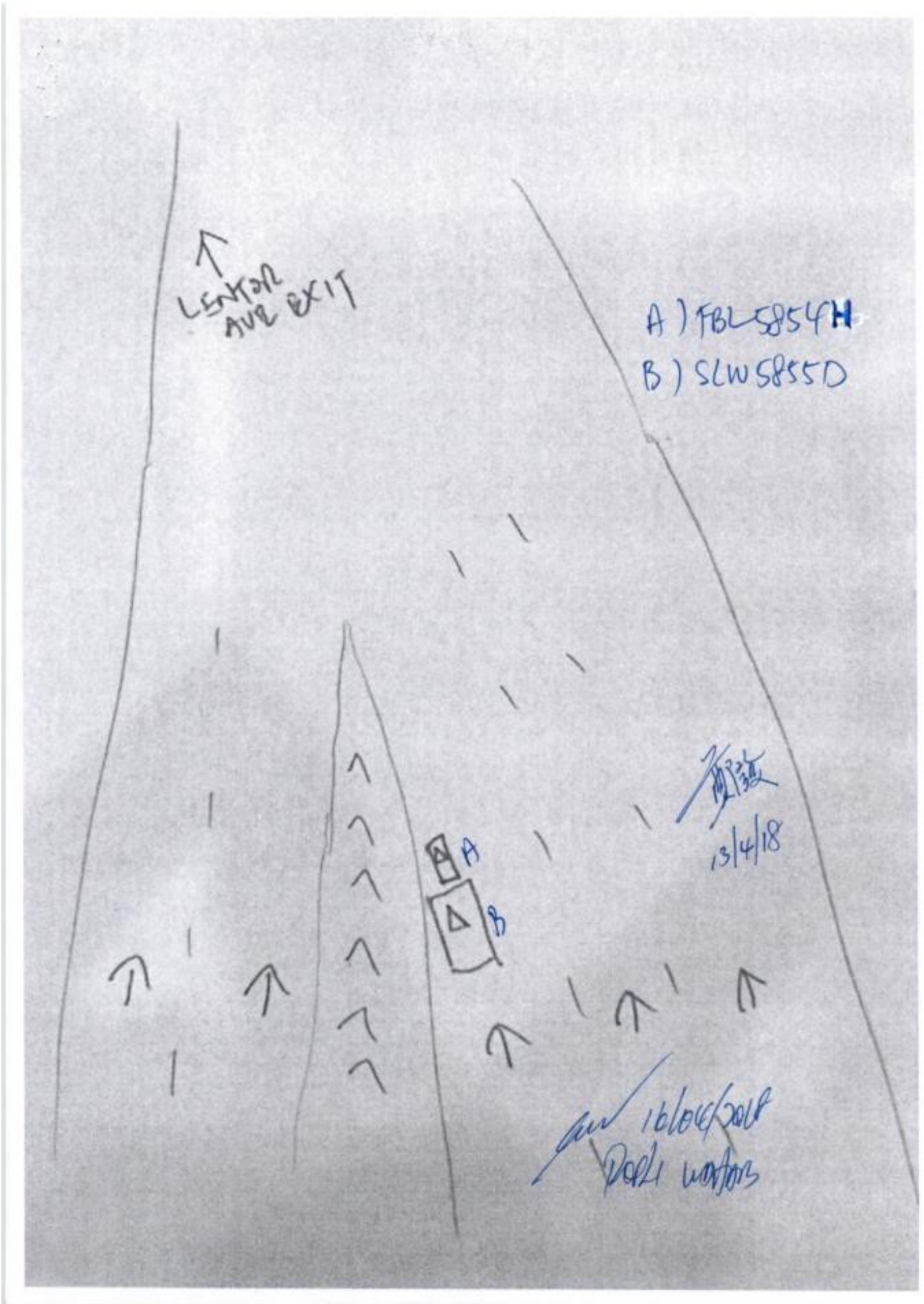

13/4/18

Policyholder's Signature
Date & Time:

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


16/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



Accident Sketch Plan

SKETCH PLAN

REFER TO ATTACHED MAP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/80331/2014

DECLARATION

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



13/4/18

Policyholder's Signature
Date & Time:

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


16/04/2018

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

Ref: 1/20180331

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180331/2074

1 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20180331/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2018 16:18	Vide Report No.:	Station Diary No.: 82
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TEE HUAT			Address: APT BLK 13 YORK HILL #05-28 SINGAPORE 162013		
ID Type / ID No.: NRIC NO / S0746615C			Contact No.: Home/Office: Mobile: 81946296		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 30/10/1950	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Food/Drink stall assistant			Driving Licence Information: Class: 2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/03/2018 04:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY SELETAR EXPRESSWAY Near to Lantor Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW5855D	Car	VOLKSWAGO N	GOLF GTI 2.0 A	White		0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180331/2074

2 of 3

Report No. T/20180331/2074

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Rider Name	TEE HUAT	ID No.	S0746615C
Related Vehicle	NIL	Contact No.	81946296
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On the 26/03/2018 at about 0400hrs, I was travelling along Central Expressway towards Seletar Expressway near to Lentor exit. While entering the Lentor exit, I saw from my back mirror that a white color car was going very fast, as such, I stepped on my brake and the car collided with me. I flew off the motorcycle and fell to the floor. Subsequently, ambulance came and conveyed me to hospital. I was conscious throughout. I am unable to remember my motorcycle registration number.

I was warded on the day itself. The driver then contacted me and asked about my well-being. The driver even gave me his contact number and car registration number. I was then discharged on the 31/03/2018. I suffered laceration on right eyebrow, right scalp, right leg and left kneecap. I also suffered abrasions on my right hand. I did stitches on my right leg and me right eyebrow. I am supposed to go back for review on Monday

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180331/2074

3 of 3

Report No. T/20180331/2074

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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:

A /

Sgt 2 LEE YEN TING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65472078

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

31/03/2018 16:18

Classification Of Case:

Inpatient Discharge Medical Summary

Patient Information		Admission Information	
Name: TEE HUAT	Admission Date/Time: 27.03.2018 / 13:55		
ID No.: S0746615C	Discharge Date/Time: 31.03.2018 / 12:51		
Sex/DoB: MALE / 30.10.1950	Discharge Type: To RH SOC		
Age: 67	Duration Of Stay: 4 Day(s)		
Address: BLOCK 13 YORK HILL	Principal Dr: WONG JEN SAN (RD) Contact: 6311 1111		
#05-28 SINGAPORE(162013)	Dept/Location: W9D969		

Diagnosis	ICD10 Code
Primary: Multiple open wounds of head	S017
Secondary: Other specified injuries of head	S098

Procedure	Surgery Date	Surgical Code

Allergies & Medical Alerts
Drug Allergy No Known Drug Allergy
Medical Alert No Known Medical Alert

Clinical Summary
Chief Complaint/ Reason for Admission RTA with head injury
Clinical Findings Motorcyclist hit from behind by car at 0500hrs on 27/03/18. Thrown 1m, no LOC, able to ambulate at scene. Sustained lacerations right eyebrow, right scalp, right foot dorsum, right heel. Also multiple abrasions over head and both limbs. Lacerations sutured in KTPH. CT head done in KTPH showed sliver of acute extraaxial haemorrhage along left parietal area. No mass effect/midline shift. GCS 15 on arrival, fully oriented. No visual disturbance.
Inpatient Progress Started on antibiotics and wounds re-dressed. Reviewed by Neurologist, advised conservative management with serial CT head scans. Repeat CT head at 24 hours showed left parietal EDH marginally larger at 6mm with mild mass effect. Patient remained well during stay. GCS 15 throughout. No vomiting, no visual problems. Able to ambulate independently. Repeat CT head on 31/03/18 showed stable left parietal EDH. He was discharged with analgesia and oral antibiotics.
Treatments and Investigations
Radiological Investigations CT SCANS: 28.03.18 CT HEAD (PLAIN) 31.03.18 CT HEAD (PLAIN)
Laboratory Investigations MICROBIOLOGY: 27.03.18 MRSA PCR SCREENING (PINK E- SWAB) 27.03.18 VRE SCREENING

Name: TEE HUAT

ID.No: S0746615C

Admission date: 27.03.2018 / 13:55

*This is not a medical report. For Patient's Personal Reference Only.

Condition at Discharge:

☒ Stable☐ Others(Specify)

Follow up appointment Date (dd.mm.yyyy) : 06.04.2018

Discharge Advice

To follow up at RH SOC with Neurologist in 1 week. To see Polyclinic on 03/04/18 to STO right eyebrow and scalp sutures and on 10/04/18 to STO right foot and right heel sutures.

For Continuity of Care

Please review and manage.

Completed By: WONG JEN SAN (RD)

Completed On: 31.03.2018 / 13:06

Signature 

Name: TEE HUAT

ID No: S0746515C

Admission date: 27.03.2018 / 13:55

*This is not a medical report. For Patient's Personal Reference Only.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #28-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA418049877 Vehicle Registration No : FBL5854H
Name (as shown in NRIC) : TEE HUAT NRIC/FIN/Passport No : S0746615C
(*Vehicle Driver ☒ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 81496296
Email Address : _____
Date of Accident : 26/03/2018 Time of Accident : 04:30
Place of Accident : CITE ROYARDS SUE MAAR TO LANTOR EXIT
Insurance Company : NZUL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle Number to FBL5854H ON SKETCH PLAN

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul W. Wong
NRIC/FIN No:
Date: 26/04/2018