

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 | 16/05/2018 09:45 |
| Date Of Accident | 10/05/2018 15:00 |
| Exact Location Of Accident | ANG MO KIO AVE 4 OPEN CARPARK OF BLK 629 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FX6593T |
| Insured/Policyholder | |
| Name Of Registered Owner | QUAH HOCK WAH |
| NRIC No | S1748849Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91454773 |
| Alternative Phone No | OTHERS-91454773 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | HONDA |
| Model | SONIC 125-125CC (M) |
| 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 | 5015422540-11 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | QUAH HOCK WAH |
| NRIC No | S1748849Z |
| Date Of Birth | 16/06/1966 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/11/1984 |
| Driving Experience | 33 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91454773 |
| Fax Number | |
| Contact Number | OTHERS-91454773 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 989B JURONG WEST ST 93 #15-703 SINGAPORE |
| Postcode | 642989 |
| 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 | COLLIDED INTO PROPERTY |
| 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? | NO |
| Was any other material or property damaged? | NO |
| 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 | ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4519999 - FAX NO: 65535679 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER ATTACHED. VEHICLE B - SHC6593T

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 INJURED PERSON 1

| | |
|---|----------------|
| Name | QUAH HOCK WAH |
| Approximate Age | |
| Injuries Sustain | REFER ATTACHED |
| Injured person in which vehicle? | FX6593T |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

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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.

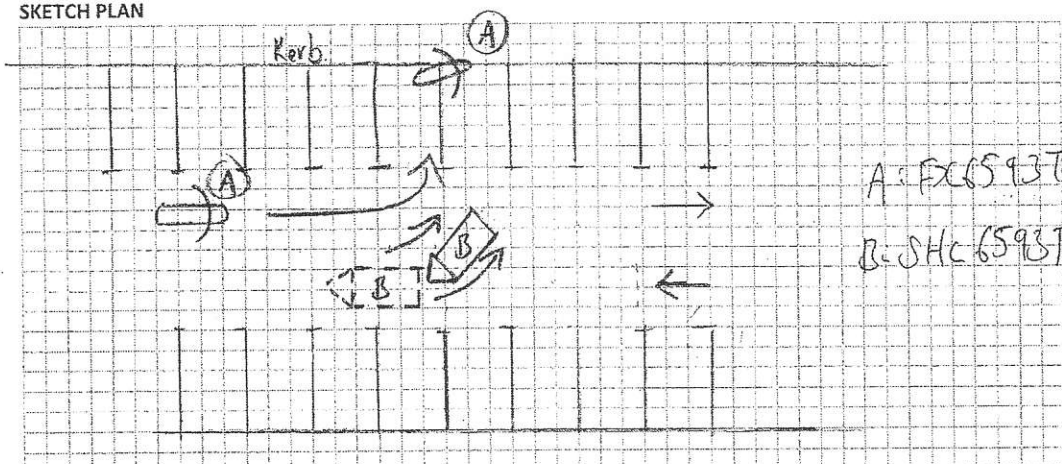
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Form 1/03

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reeder 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 15/5/18

To The Motor Claims Manager

M/s First Capital Insurance Limited.
36 Robinson Rd #16-01 City House

Singapore 068877

Dear Sirs,

ACCIDENT ON 10/05/2018 15:00 INVOLVING VEHICLES NOS:
FX6593T AND SHC7492 B
ALONG / AT

I/We, Quah Hock Wah of NRIC NO.: 81748849/2
am/are the registered owner of motorcar no: FX6593T. I/We, hereby
authorised you to release all compensation monies pertaining to the above-mentioned accident,
directly to my repairer, M/s Alfred Auto Services & Supplies.

I/We, hereby authorise the said repairer, M/s Alfred Auto Services & Supplies to collect all
compensation monies due to me from you or any other party, regarding the said accident.

Thank you.

Quah
Signature

Owner: Quah Hock Wah

mf
Signature

Witness by: _____

NRIC No: 81748849/2

Date: 15/5/18



**SINGAPORE
POLICE FORCE**



T/20180511/2119

1 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180511/2119

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 11/05/2018 18:19 | | Vide Report No.: | | Station Diary No.: 89 | |
| Informant's Particulars | | | | | |
| Name of Informant: QUAH HOCK WAH | | | Address: APT BLK 989B JURONG WEST STREET 93 #15-703 SINGAPORE 642989 | | |
| ID Type / ID No.: NRIC NO / S1748849Z | | | Contact No.: Home/Office: Mobile: 91454773 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 51 | Date of Birth: 16/06/1966 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: CAR MECHANIC | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|---|------------------|------------------------------------|--|------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 10/05/2018 15:00 | Type of Location: CARPARK |
| Location: Along Road 1 ANG MO KIO AVENUE 4 OPEN CARPARK OF BLK 629 AMK | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: SELF SKID TO AVOID COLLISION | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|-------|----------------|--------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FX6593T | Motorcycle | HONDA | SONIC 125 M | Yellow | Slightly Damaged | 0 |
| SHC7492G | Car | | | | No Damage | 0 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|---|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FX6593T | NTUC Income Insurance Co-Operative Limited | 5015422540-11 | 04/08/2017 | 03/08/2018 |



**SINGAPORE
POLICE FORCE**



T/20180511/2119

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180511/2119

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | QUAH HOCK WAH | ID No. | S1748849Z |
| Related Vehicle | FX6593T (Motorcycle) | Contact No. | 91454773 |
| 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 | Serious |
| Driver | | | |
| Name | LEE PENG YAM BERNARD | ID No. | NIL |
| Related Vehicle | SHC7492G (Car) | Contact No. | NIL |
| 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 10/05/2018 at about 1505hrs, I am riding my motorcycle FX6593T in Blk 629 Ang Mo Kio Ave 4 open carpark heading to towards the exit gantry. As I was riding along the parking lot, suddenly there was one Citycab taxi bearing SHC7492G drive at my opposite direction as it was a two way road. However, the taxi stopped and reverse to one parking lot without signaling. I immediately swerved left to the empty parking lot to avoid collision to the taxi, as such, my motorcycle mount to the curb of the parking lot and fell on the to ground and fall on to me, crushing my leg. Passerby saw the accident and came to assist me. The taxi driver, Lee Peng Yam Bernard came out of his taxi and just told me to claim under his insurance and asked me why did I not swerved to the other direction. I wish to state that I did not swerve to the other direction as there were also vehicle driving the opposite direction and would collide with the other vehicle.

I wanted to call for police and ambulance but he told me it is not necessary and refused to give me his contact number and just told me to take down his insurance card and vehicle plate number, and left. During that point of time, my leg was badly injured and bleeding and it was the driver of the tow truck who tow my motorcycle drove me to Mount Alvernia to seek medical treatment. I was given 5 days MC and was informed that there were hip fracture after taking x-ray. I wish to state that this is the first time such accident happened to me.



**SINGAPORE
POLICE FORCE**



T/20180511/2119

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Report No. T/20180511/2119

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CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180511/2119

Police Station Of Origin:
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569929
Tel No: 1800-4519999

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Report No. T/20180511/2119

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: F / Sgt 2 NICHOLAS LIM JIE KE | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 11/05/2018 18:19 |
| Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case: |
| Authentication Stamp NP168 |  |