

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 | 07/06/2018 15:39 |
| Date Of Accident | 06/06/2018 18:05 |
| Exact Location Of Accident | ALONG BISHAN ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|-----------------------|
| Vehicle Registration Number | FT3155R |
| Insured/Policyholder | |
| Name Of Registered Owner | TENG KAM CHOY |
| NRIC No | S2531992C |
| Email Address | PALUSY@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-97576095 |
| Alternative Phone No | OFFICE-97576095 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CB400 |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | P0385183 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TENG KAM CHOY |
| NRIC No | S2531992C |
| Date Of Birth | 12/03/1961 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/11/1979 |
| Driving Experience | 38 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97576095 |
| Fax Number | |
| Contact Number | OFFICE-97576095 |
| Email Address | PALUSY@YAHOO.COM.SG |

Address BLK 203 BISHAN ST 23 #09-441
 Postcode 2057
 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? 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 TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,
 POSTCODE: 319194 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180607/2073.

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 GBG6711G
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver GOEI EK HWA
 NRIC/Passport Number S0472178J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC1143J
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category COMMERCIAL VEHICLE
Name of Driver YAAKOB BIN MOHD SHARIP
NRIC/Passport Number S1211494Z
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGP663J
Vehicle Make/Model/Colour
Details Of Properties VEHICLE D
Vehicle Category PRIVATE CAR
Name of Driver HENRY YUEN PENG YIP
NRIC/Passport Number S0697767G
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TENG KAM CHOY
Approximate Age
Injuries Sustain
Injured person in which vehicle? FT3155R
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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 (a) 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.

x 
Policyholder's Signature
Date & Time

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

Reporting Centre Forensic's Signature
Name:
NR/C/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no I/20180607/2013

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 Officer/Personnel's Signature
Name
A.B.C./N.F.S.I.



**SINGAPORE
POLICE FORCE**



T/20180607/2073

1 of 4

Report No. T/20180607/2073

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|--------------------------|
| Date/Time Report Made: 07/06/2018 12:40 | Video Report No.: | Station Diary No.: 77 |
|--|-------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|--|-----------------------------|
| Name of Informant: TENG KAM CHOY | | Address: APT BLK 203 BISHAN STREET 23 #09-441 SINGAPORE 570203 | |
| ID Type / ID No.: NRIC NO / S2531992C | | Contact No.: Home/Office: | Mobile: 97576095 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 57 | Date of Birth: 12/03/1961 | Type of Informant: Rider |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: ENGINEER | | Driving Licence Information: Class: 2B,2A,3,4,5 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/06/2018 18:05 | Type of Location: Straight Road |
| Location: Along Road 1 BISHAN ROAD Bishan Road towards Ang Mo Kio | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------------------|-------|------------------|--------|----------------------|-----------------|
| FT3155R | Motorcycle | HONDA | CB400S.F.H. V | Silver | Seriously Damaged | 0 |
| GBG6711G | Lorry | | | | | 0 |
| PC1143J | Bus/Coach/Mi nibus | | | | | 0 |
| SGP996J | Car | | | | | 0 |



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

CONTINUATION OF REPORT

Tel No: 1800-2519999

Report No. T/20180607/2073

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FT3155R | AXA INSURANCE SINGAPORE PTE LTD | P0385183 | 17/04/2018 | 16/04/2019 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------------|--|---|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Rider | | | | |
| Name | TENG KAM CHOY | ID No. | S2531992C | |
| Related Vehicle | FT3155R (Motorcycle) | Contact No. | 97576095 | |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3,4,5 Date of Expiry: NIL | |
| Date Treatment | 07/06/2018 | Date Discharge | 07/06/2018 | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight | |
| Driver | | | | |
| Name | GOEI EK HWA | ID No. | S0472178J | |
| Related Vehicle | GBG6711G (Lorry) | 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 | |
| Driver | | | | |
| Name | YAAKOB BIN MOHD SHARIP | ID No. | S1211494Z | |
| Related Vehicle | PC1143J (Bus/Coach/Minibus) | 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 | |



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194 CONTINUATION OF REPORT

Tel No: 1800-2519999

| | | | |
|-----------------------------------|---------------------|--|-----------------------------------|
| Driver | | | |
| Name | HENRY YUEN PENG YIP | ID No. | S0697767G |
| Related Vehicle | SGP996J (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 06/06/2018 at about 1805hrs, I was riding along Bishan Road going towards Ang Mo Kio. I was travelling in the central lane. One lorry, GBG6711G(V2) was travelling in front of me. V2 cut to the left lane. Out of a sudden, he cut back to my lane and jam break. I could not stop in time and therefore hit on his right rear. That impact causes me to fall off my vehicle.

Afterwhich, I discovered that is an accident between one mini bus and car in front of the mini bus and the lorry had hit on to the mini bus. I wish to state that the V2 cut back in to my lane in a fast speed and break that cause me could not react in time. After the accident, I felt pain at my shoulder and neck area. I went to mount Alvernia hospital and was given 5 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20180607/2073

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Tel No: 1800-2519999

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: E / Sgt 1 LIM JIAN HONG | |
| Signature Of Interpreter: Not applicable | |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | |

| |
|-----------------------------------|
| Signature Of Informant: |
| Date/Time: 07/06/2018 12:40 |
| Classification Of Case: SN 168 |

Authentication Stamp
NP168

