

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 | 26/06/2018 17:57 |
| Date Of Accident | 25/06/2018 21:50 |
| Exact Location Of Accident | CROSS JUNCTION OF JURONG WEST AVE 2/JLN BOON LAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBG4406B |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH JI SHENG |
| NRIC No | S9444947B |
| Email Address | JISHENG.KOH@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90065020 |
| Alternative Phone No | OTHERS-90065020 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | HONDA |
| Model | CBR1000RR-999CC (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 | 5075006213-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KOH JI SHENG |
| NRIC No | S9444947B |
| Date Of Birth | 11/11/1994 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/04/2013 |
| Driving Experience | 5 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90065020 |
| Fax Number | |
| Contact Number | OTHERS-90065020 |
| EEmail Address | JISHENG.KOH@GMAIL.COM |

| | |
|---|--|
| Address | BLK 680A JURONG WEST CENTRAL 1 #15-42 |
| Postcode | 641680 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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 | NANYANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7929999 - FAX NO: 67912972 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T20180626/2008

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 Witness 1

| | |
|---------------|------------|
| Name | PETER HUAN |
| Phone Number | 90486163 |
| Email Address | |

Details of Witness 2

| | |
|---------------|----------|
| Name | IRFAN |
| Phone Number | 93835783 |
| Email Address | |

Details of Witness 3

| | |
|--------------|----------|
| Name | RAHIM |
| Phone Number | 98507827 |

Email Address

Details of Witness 4

Name LOKMAN
Phone Number 91691199
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE3088C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 KOH JI SHENG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBG4406B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
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.

Policyholder's Signature

Date & Time: 26/06/18

Driver's Signature

(if driver is not the policyholder)
Date & Time:

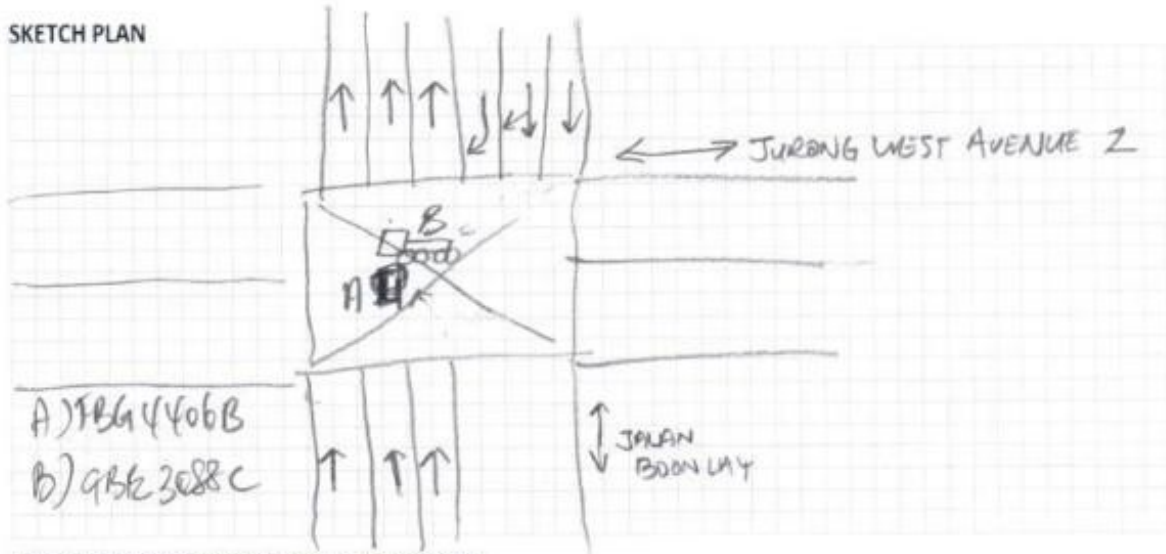
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: PLS REFER TO POLICE REPORT 1/20080626/2008

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180626/2008

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20180626/2008

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 26/06/2018 02:43 | | Vide Report No.: J/20180625/0216 | | Station Diary No.: 17 | |
| Informant's Particulars | | | | | |
| Name of Informant: KOH JI SHENG | | | Address: APT BLK 680A JURONG WEST CENTRAL 1 #15-42 SINGAPORE 641680 | | |
| ID Type / ID No.: NRIC NO / S9444947B | | | Contact No.: Home/Office: Mobile: 90065020 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 23 | Date of Birth: 11/11/1994 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: ARMY REGULAR | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|-----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 25/06/2018 21:50 | Type of Location: X-Junction |
| Location: Along Road 1 JALAN BOON LAY JALAN BAHAR At the cross junction of Jalan Boon Lay and Jurong West Ave 4 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|-----------|-------|-------------------|-----------------|
| FBG4406B | Motorcycle | HONDA | CBR1000RR | Black | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| FBG4406B | NTUC Income Insurance Co-Operative Limited | 5075006213-02 | 17/10/2017 | 16/10/2018 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180626/2008

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20180626/2008

CONTINUATION OF REPORT

Brief Details.

On 25/06/2018 at about 2150hrs, I was riding my motorcycle bearing plate number FBG4406B travelling along Jalan Boon Lay towards Jalan Bahar. As I was reaching at the cross junction of Jalan Boon Lay and Jurong West Ave 4, the traffic light was in my favour and I ride pass the junction.

Subsequently, a white lorry from the opposite side suddenly make a right turn towards Jurong West Ave 4 and I was unable to stop in time and collided with the lorry resulting to a fall off from my bike. I then get up and realised that the lorry did not stop and drove off. My bike was seriously damaged. Traffic police was at scene.

After the accident, I then went to consult a doctor and was given a 3 days medical leave. I suffered bruises at my right butt area, lower back and abrasion on my left arm.

I wish to state that there are a few witnesses happened to saw the accident and I managed to exchange contact with them as their vehicle has an In-Car Camera installed.

Witnesses particulars:

Peter Huan HP: 90486163 - Private hire vehicle (SLL3553M) with a possible In-Car Camera footage.
Irfan HP: 93835783 - Witness to on site accident
Rahim HP: 98507827 - Taxi driver with a possible In-Car Camera footage.
Lokman HP: 91691199 - Person who helped out after the accident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180626/2008

3 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20180626/2008

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:

J/
Sgt 2 MUHAMMAD JAMEER S/O MOHAMED
MANSOOR *Sc/Sgt Ong Jie Shen*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
Sr.Staff-Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp

NP168

1 SN 127
Singapore Police Force

Signature Of Informant:

J. Shen

Date/Time:

26/06/2018 02:43

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

