

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	16/07/2018 14:56
Date Of Accident	13/07/2018 17:00
Exact Location Of Accident	TPE TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA4197K
Insured/Policyholder	
Name Of Registered Owner	GOH KHENG PENG
NRIC No	S2758358Z
Email Address	UEMOTOR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93852754
Alternative Phone No	OTHERS-93852754

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125R A
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	5090426935-01
Cover Note Number	

Driver

Name of Driver	GOH KHENG PENG
NRIC No	S2758358Z
Date Of Birth	12/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93852754
Fax Number	
Contact Number	OTHERS-93852754
Email Address	UEMOTOR@HOTMAIL.COM

Address	BLK 205 MARSILING DRIVE #07-258
Postcode	730205
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	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	
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180713/2189

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5154X
Vehicle Make/Model/Colour	
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	GOH KHENG PENG
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBA4197K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:



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

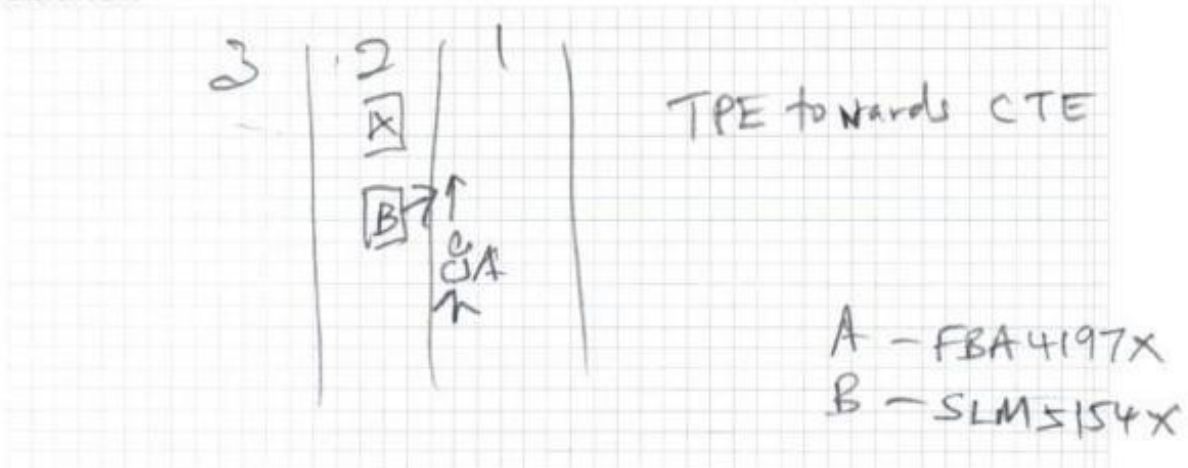


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

16/7/2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to the Police Report
T/20180713/2189

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 16/7/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180713/2189

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180713/2189

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GOH KHENG PENG	ID No.	S2758358Z
Related Vehicle	FBA4197K (Motorcycle)	Contact No.	0127198228
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 13/07/2018 at about 5pm, I was riding my motorcycle along TPE towards CTE. My vehicle number is FBA4197K. I was travelling at lane 2 but was very close to lane 1. At lane 2 there were also vehicles alongside. Suddenly one vehicle that was at my rear left side at lane 2, did not signal and moved to lane 1. The driver abruptly switched lane and while doing so, the driver hit onto my motorcycle at the left side. Due to the hit, I fell down and was semi conscious. I cannot remember much. But there was another driver at lane one and her car has CCTV inside which have recorded this accident. She is willing to be a witness and her name is Jacqueline 90600682. I was conveyed to Khoo Teck Puat hospital by ambulance and there was traffic police at my scene as well. I am given 5 days MC and the doctor had asked me to come back to see him again.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180713/2189

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180713/2189

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 23:27	Vide Report No.:	Station Diary No.: 185
--	------------------	---------------------------

Informant's Particulars

Name of Informant: GOH KHENG PENG			Address: APT BLK 205 MARSILING DRIVE #07-258 SINGAPORE 730205		
ID Type / ID No.: NRIC NO / S2758358Z			Contact No.: Home/Office: 0127198228 Mobile: 93852754		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 57	Date of Birth: 12/06/1961	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B.3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/07/2018 17:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY				
Along TPE towards CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA4197K	Motorcycle	HONDA	WAVE 125R A	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA4197K	NTUC Income Insurance Co-Operative Limited	5090426935-01	04/05/2018	03/05/2019

Police Report



SINGAPORE
POLICE FORCE



T/20180713/2189

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180713/2189

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GOH KHENG PENG	ID No.	S2758358Z
Related Vehicle	FBA4197K (Motorcycle)	Contact No.	0127198228
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 13/07/2018 at about 5pm, I was riding my motorcycle along TPE towards CTE. My vehicle number is FBA4197K. I was travelling at lane 2 but was very close to lane 1. At lane 2 there were also vehicles alongside. Suddenly one vehicle that was at my rear left side at lane 2, did not signal and moved to lane 1. The driver abruptly switched lane and while doing so, the driver hit onto my motorcycle at the left side. Due to the hit, I fell down and was semi conscious. I cannot remember much. But there was a another driver at lane one and her car has CCTV inside which have recorded this accident. She is willing to be a witness and her name is Jacqueline 90600682. I was conveyed to Khoo Teck Puat hospital by ambulance and there was traffic police at my scene as well. I am given 5 days MC and the doctor had asked me to come back to see him again.

Police Report



SINGAPORE
POLICE FORCE



T/20180713/2189

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20180713/2189

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 /

Sr Staff Sgt KAVITHA D/O MAGENDARAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/07/2018 23:27

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168