

## 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	07/09/2018 15:23
Date Of Accident	06/09/2018 16:30
Exact Location Of Accident	SIMEI AVE SLIP RD TO PIE(TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4399M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE NAM HUAT
NRIC No	S1484401E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96273829
Alternative Phone No	OTHERS-96273829

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5091602699-01
Cover Note Number	

### Driver

Name of Driver	LEE NAM HUAT
NRIC No	S1484401E
Date Of Birth	18/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/11/1984
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96273829
Fax Number	
Contact Number	OTHERS-96273829
Email Address	NOEMAIL

Address	BLK 325 UBI AVE 1 #03-705
Postcode	400325
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	NO COLLISION
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180907/2036

#### 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	LEE NAM HUAT
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBG4399M
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.
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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:

7/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

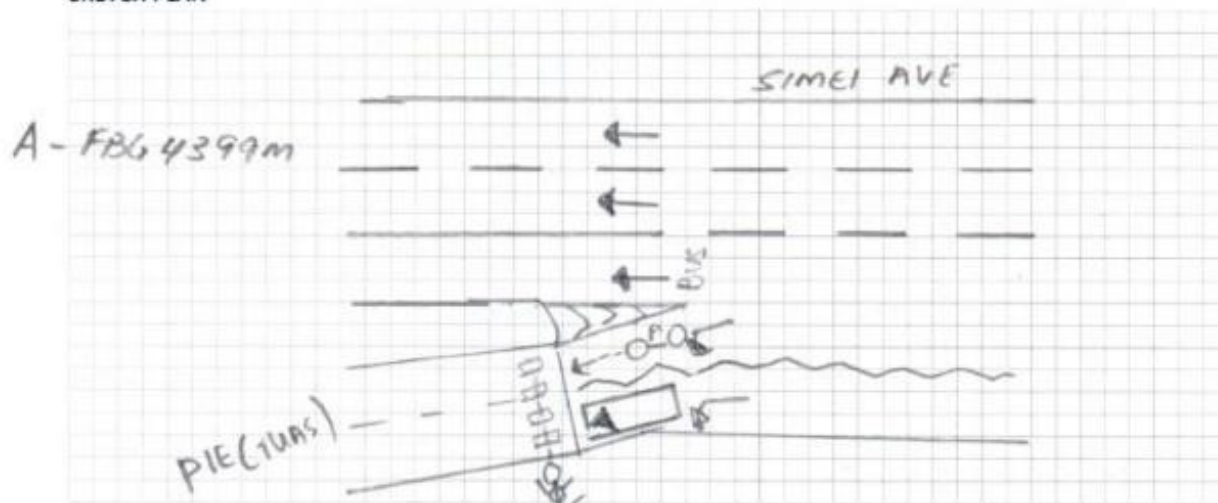
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s refer to the attached statement.

## DECLARATION

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

Policyholder's Signature

Date & Time: 7/9/18

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180907/2036

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20180907/2036

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE NAM HUAT	ID No.	S1484401E
Related Vehicle	FBG4399M (Motorcycle)	Contact No.	96273829
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	06/09/2018	Date Discharge	06/09/2018
No. of Days granted Medical Leave	16	Degree of Injury	Serious

### Brief Details.

On 06/09/2018 at about 1630hrs I was riding my motorcycle along Simei Avenue at the slip road towards PIE(TUAS). While approaching the zebra crossing, one cyclist had suddenly cycled across and I had to jammed the brakes which caused my motorcycle to skid. I had felled forward and landed on my left hand which caused my left wrist to fracture. I had went to CGH to check on my left wrist and was later given 16 days of medical leave by the doctor for fractured bone in my left wrist.



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180907/2036

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3  
Report No: T/20180907/2036

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2018 12:13	Vide Report No.:	Station Diary No.: 7
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### Informant's Particulars

Name of Informant: LEE NAM HUAT			Address: APT BLK 325 UBI AVENUE 1 #03-705 SINGAPORE 400325	
ID Type / ID No.: NRIC NO / S1484401E			Contact No.:	Mobile: 96273829
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 57	Date of Birth: 18/07/1961	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Working proprietor (transport, storage and courier)			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2018 16:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 SIMEI AVENUE PAN ISLAND EXPRESSWAY Simei Avenue slip road to PIE(Tuas)				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Self-skid			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4399M	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG4399M	NTUC Income Insurance Co-Operative Limited	5091802699-01	17/07/2018	16/07/2019

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180907/2036

Police Station Of Origin:  
MacPherson NPP  
54 Phipp Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No: T/20180907/2036

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE NAM HUAT	ID No.	S1484401E
Related Vehicle	FDG4399M (Motorcycle)	Contact No.	96273829
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	06/09/2018	Date Discharge	06/09/2018
No. of Days granted Medical Leave	16	Degree of Injury	Serious

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Police Report



SINGAPORE  
POLICE FORCE



T/20180907/2036

Police Station Of Origin:  
MacPherson NPP  
54 Pipl Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7448889

3 of 3

Report No: T/20180907/2036

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:

G /

Staff Sgt AHMAD SALLEH BIN RAHMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/09/2018 12:13

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH

Contact No.: 65476367

Authentication Stamp

NP150

Classification Of Case: