

## 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	13/09/2018 12:18
Date Of Accident	14/07/2017 16:40
Exact Location Of Accident	JUNC BOON LAY WAY & JURONG WEST ST 61
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4877Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO IVAN
NRIC No	S7440064G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91518993
Alternative Phone No	OFFICE-91518993

### Vehicle Particulars

Manufacturer	HONDA
Model	-
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/16-353959-CA
Cover Note Number	

### Driver

Name of Driver	HO KOK TIONG
NRIC No	S0639155I
Date Of Birth	25/06/1949
Occupation	INDOOR
Date Of Driving Pass	01/01/1969
Driving Experience	48 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91518993
Fax Number	
Contact Number	OFFICE-91518993
Email Address	NOEMAIL

Address	BLK 843 JURONG WEST STREET 81 #02-167
Postcode	640843
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20170916/2046.

#### 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	GBD6069T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AW CHER NGANG
NRIC/Passport Number	S0225222H
Contact Number	81334825
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJA4107B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KIAN RONG, JAMES
NRIC/Passport Number	S8537488E
Contact Number	96994755
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HO KOK TIONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL4877Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### 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.

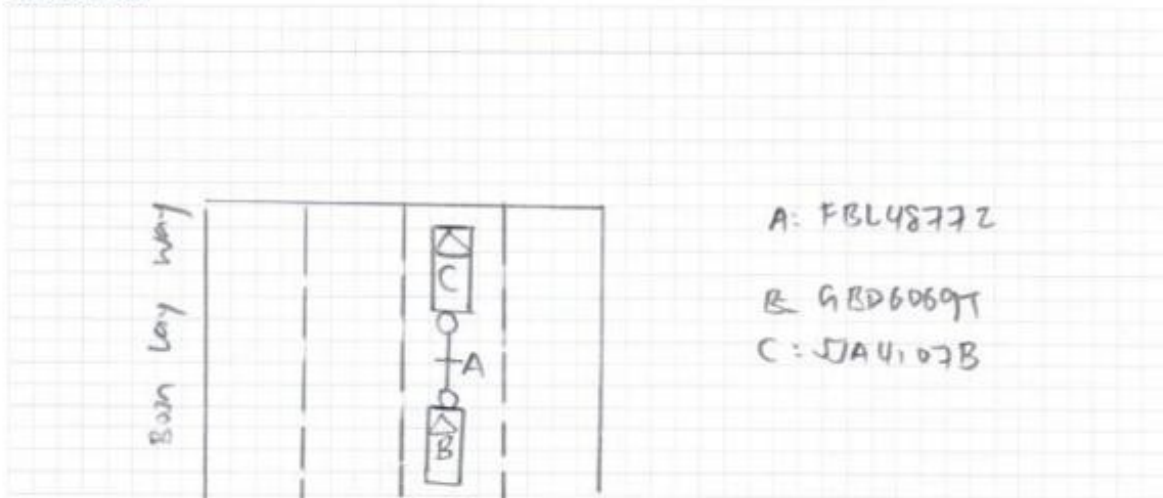
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

 On behalf of driver  
\_\_\_\_\_  
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

Refer to police report - T/20170916/2016

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

 on behalf of driver  
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/20170916/2046

1 of 3

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

Report No. T/20170916/2046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2017 11.28	Vide Report No.: J/20170714/0164	Station Diary No.: 39
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### Informant's Particulars

Name of Informant: HO IVAN			Address: APT BLK 848 JURONG WEST STREET 81 #11-257 SINGAPORE 640848		
ID Type / ID No.: NRIC NO / S7440064G			Contact No.: Home/Office: Mobile: 91518993		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 20/12/1974	Type of Informant: Family Member		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Electrical engineering technician (general)			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 14/09/2017 16:00 14/07/2017	Type of Location:
Location: Junction of Road 1 and Road 2 BOON LAY WAY JURONG WEST STREET 81				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4877Z	Motorcycle	HONDA	PCX150	Red	Seriously Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20170916/2046

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

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Report No. T/20170916/2046

### CONTINUATION OF REPORT

<b>Rider</b>			
Name	HO KOK TIONG	ID No.	S0639155I
Related Vehicle	FBL4877Z (Motorcycle)	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	Fatal
<b>Family Member</b>			
Name	HO IVAN	ID No.	S7440064G
Related Vehicle	NIL	Contact No.	91518993
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 14/07/2017 at about 1600hrs, my father, Ho Kok Tiong (NRIC: S0639155I) was involved in a fatal traffic accident at the junction of Boon Lay Way and Jurong West St 81. My father was riding my motorbike, a red Honda PCX150 bearing registration no: FBL4877Z. TP IO Yazid informed me that while my father was waiting at the traffic junction for the traffic light to turn green, he was hit from the rear by a van.

Around end of August 2017, TP IO Yazid informed me to proceed to a Police Station to lodge a Traffic Accident report, vide ref no: J/20170714/0164 under TP IO Yazid. I wish to state that I was not present at the scene at the time of the accident.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20170916/2046

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

3 of 3

Report No. T/20170916/2046

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 LIM MING YAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / FAIT /

Sr Staff Sgt VILTON HIA WEE SIANG

Contact No.: 65476228

Signature Of Informant:

Date/Time:

16/09/2017 11:28

Classification Of Case:

Authentication Stamp

NP108

SN 127



Signature:

Singapore Police Force

# Death Cert

## REPUBLIC OF SINGAPORE CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

257999E

DECEASED	Death registered at FORENSIC MEDICINE DIV, HEALTH SCIENCES AUTHORITY			
	Full name of deceased HO KOK TIONG			
	NRIC/Identification Document No. S06391551		Sex MALE	Date of birth 25/06/1949
	Race/Ethnic Group CHINESE/HOKKIEN		Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE
	Home Address APT BLK 843 JURONG WEST STREET #1 #02-167 SINGAPORE 640843		Date and hour of death 19/07/2017 1330	
CAUSE OF DEATH BY CERTIFIER	Place of Address where death occurred NATIONAL UNIVERSITY HOSPITAL			Approximate interval between onset and death
				Years Months Days Hours
	I (a) SEPSIS AND MULTI-ORGAN FAILURE DUE TO PNEUMONIA FOLLOWING MULTIPLE INJURIES			-
	(b)			
	Antecedent Causes			
(c)				
II Other Significant conditions				
Name and official status of person certifying cause of death DR LEE CHIN THYE, CONSULTANT FORENSIC PATHOLOGIST			Certificate of Cause of Death Reference No.: 1751-03958 Date: 20/07/2017	
INFORMANT	Name HO IVAN		I certify that the above information given by me is correct.	
	Address APT BLK 848 JURONG WEST STREET #1 #01-257 SINGAPORE 640848		20 JUL 2017	
	NRIC/Identification Document No. S7440064G		Informant's Signature/ Date	
	Relationship SON		Thumb impression	
REGISTRATION OFFICER	Name of Registration Officer LACSON CARLITO I LAGMAN Designation REGISTRATION OFFICER Date 20/07/2017 for Registrar of Births and Deaths			

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]		
	Place of Burial or Place of Cremation MANDAI CREMATORIUM	Religious type BUDDHIST	
INFORMANT MAKING APPLICATION	I HO IVAN NRIC/Identification Document No S7440064G apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + the deceased referred to in the Death Certificate No. 257999E <input checked="" type="checkbox"/> For application to cremate only <input type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated +		20 JUL 2017 Informant's Signature/ Date Thumb impression
	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased + <input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased + Permit is approved. 20 JUL 2017 Date		for Commissioner of Public Health

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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