

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 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. 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 | 25/10/2018 18:05 |
| Date Of Accident | 24/10/2018 23:05 |
| Exact Location Of Accident | ALONG PIE TOWARDS TUAS AFTER CORPORATION DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | FBJ8453Y |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH MUI CHYE RONALD (XU MEICAI RONALD) |
| NRIC No | S7234990C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97946494 |
| Alternative Phone No | OTHERS-97946494 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | YAMAHA |
| Model | FJR1300-1.3 |
| 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 | 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 | 5068695013-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | KOH MUI CHYE RONALD (XU MEICAI RONALD) |
| NRIC No | S7234990C |
| Date Of Birth | 27/09/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 06/07/2004 |
| Driving Experience | 14 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97946494 |
| Fax Number | |
| Contact Number | OTHERS-97946494 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 29 GHIM MOH LINK #31-314 |
| Postcode | 270029 |
| 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? | YES |
| Foreign Vehicle Registration Number | JRL1618 (PRIVATE CAR) |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| 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 | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181025/2120

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | JRL1618 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GAN SHIN YING |
| NRIC/Passport Number | A32428569 |
| Contact Number | 60108268866 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.

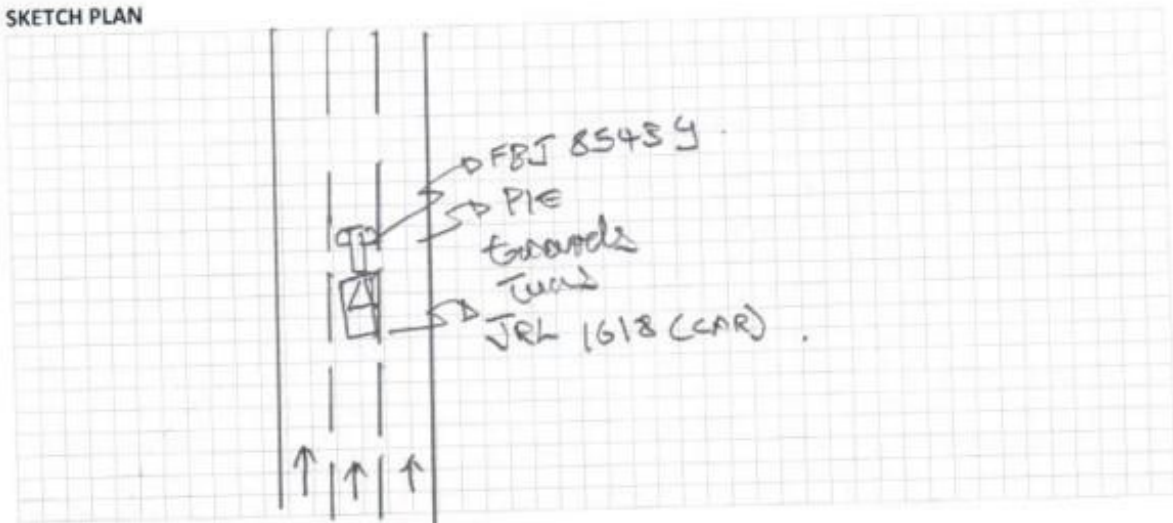
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QUS Refer to Police Report
1/29/8/25/2120

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.:

CLARENCE SIGNATURE

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181025/2120

1 of 3

Police Station Of Origin:
Queenstown N.P.C.
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181025/2120

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 25/10/2018 17:26 | | Vide Report No.: | | Station Diary No.: 64 | |
| Informant's Particulars | | | | | |
| Name of Informant: KOH MUI CHYE RONALD | | | Address: APT BLK 29 GHIM MOH LINK #31-314 SINGAPORE 270029 | | |
| ID Type / ID No.: NRIC NO / S7234990C | | | Contact No.: Home/Office: | | Mobile: 97946494 |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 46 | Date of Birth: 27/09/1972 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Driving instructor/tester | | | Driving Licence Information: Class: | | Date of Expiry: |

| | | | | |
|--|-------------------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 24/10/2018 23:05 | Type of Location: Straight Road |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY | | | | |
| PIE Heading towards Tuas. After Corporation Drive | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| 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 |
| FBJ8453Y | Motorcycle | YAMAHA | FJR 1300 A | Black | | 0 |
| JRL1618 | Car | | | | | 0 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBJ8453Y | NTUC Income Insurance Co-Operative Limited | 5068695013-03 | 21/11/2017 | 20/11/2018 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181025/2120

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181025/2120

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | KOH MUI CHYE RONALD | ID No. | S7234990C |
| Related Vehicle | FBJ8453Y (Motorcycle) | Contact No. | 97946494 |
| 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 | GAN SHIN YING | ID No. | A32428569 |
| Related Vehicle | JRL1618 (Car) | Contact No. | 60108268866 |
| 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 the 24/10/2018 at around 2305hrs, I was riding my Motorcycle (FBJ8453Y) down PIE heading towards Tuas. I was riding in the middle lane of the highway.

As I was riding down the lane, I suddenly felt a huge impact from the back. I quickly managed to stabilize myself and the motorcycle and went to the road shoulder on the left. I then saw that a white foreign car stopped behind me. The female driver of the car came out in a panic stage and started to apologize to me. As we were discussing on how we were going to settle this matter, she informed that she did not have enough money to pay for the damages. She also said that she was rushing back as her children were not feeling well. I felt sympathy for her thus I was willing to let go of the matter.

On the 25/10/2018, I was at the bike shop at Alexandra Village. I had intention to change my motorcycle thus I went down there. I was advised to lodge a police report by the shop personnel as this involved a foreign vehicle. Thus I called up my insurance company and informed them and they advised me to lodge a police report.

I wish to state that I do not want to pursue this matter and I am lodging this report for my own record.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181025/2120

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181025/2120

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:

D /

Sgt 1 SURENDDHARAN S/O PURANA
CHANDRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI-2 SITIMARSITA BINTE BOHARI

Contact No: 65476219

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

25/10/2018 17:26

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

