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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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

- 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 ladgement 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

foresaid.	variorite anticologica di cici di terrorite de serve de l'observation de l'observation de l'observation de l'o Transference
	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
	ETAILS 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	ord contract to the Manager Change and Manager Changer C
Security Williams	OTHERS 07046404

OTHERS-97946494

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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 Vehicle Make/Model/Colour

JRL1618

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

Page 2 of 15

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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)
  - (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:

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Tel No: 1800-4719999



1 of 3

Report No. T/20181025/2120

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

	ne Report M 18 17:26	ade:	Vide Report No.:	Station Diary No.: 64		
Informa	nt's Particu	ilars				
	Informant: JI CHYE RO	ONALD	Address: APT BLK 29 GHIM MOH LIN	IK #31-314 SINGAPORE 270029		
ID Type	/ ID No.: D / S723499		Contact No.: Home/Office:	Mobile: 97946494		
National			Email:			
Sex: Male	Age:	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:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/10/2018 23:05	Type of Location Straight Road	
PIE Heading Weather:	EXPRESSWAY towards Tuas, After Co	Road Surface:		Road Speed Limit:	
171 / PDP ( 0 24 0 D ) ( 0 27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Traffic Control:		Traffic Volume: Light	
Traffic Flow: One Way		Not Controlled			

	ehicle Involve	M COLUMN TO SERVICE STREET	100-00	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color	Condition	NO OF F Bascinge
FBJ8453Y	Motorcycle	YAMAHA	FJR 1300 A	Black		0
JRL1618	Car	+				0

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
III A Christia Dall Cardotta Chillia Mattica Fallin	NTUC Income Insurance Co-Operative Limited	5068695013-03	21/11/2017	20/11/2018				





T/20181025/2120

2 of 3

Report No. T/20181025/2120

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person				NEC STATE		
Any Pedestrian In	volved: No	Use of Pede	estrian	Cross	ing: NA	
No, of Pedestrian	s Injured: NIL	030 011 000			LEGICAL CHIESANDOSCIA	
Rider Name	KOH MUI CHYE RONALD		ID No.		S7234990C	
Related Vehicle	FBJ8453Y (Motorcycle)			t No.	97946494	
Hospital/Clinic	NIL			of l e & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch		NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL		
Driver	DESCRIPTION OF THE PARTY OF THE PARTY.		Bert		100500	
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 Disc		NIL		
No of Davis again	nted 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.





3 of 3

Report No. T/20181025/2120

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2018 17:26
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 SN 47	Classification Of Case:
Authentication Stamp NP158 SIGNATURE	

### 10/26/2018

ccident MT/1017250		SYSTEM OF	02123283		GST Registrat	tion No.	-	_	
elicy No.	5069095013-03	Vehicle No.	FB38453Y		US1 Registra	CIGH HAU.			
ertificate No.	THE PART OF THE PA				Policyholder I	NEC	572349	VOC.	
slicyholder Neme	KOH MUL CHYE BONALD (KU MEICAL BONALD)	Cover Type	Third Party, Fire & D	nutt.	Lusding		0		
roduct Code certact No./Mobile)	MOTORCYCLE INSURANCE 97946494	Contact No. (Office)		5010	Contact No.0	Home)			
mail Address	Aviadada	Special Remark			eCode		160 *		
Fit.	+ No · Yes	TCA	e No. Yes		eCode Reaso	ph .			
CO Protection	No	NCD Entitlement(%)	20		Private Hire		No		
₩ Accident Details	340								
Report Date:	26/10/2018 10:53	Accident Report Wiltin 24 firs	Yes		Acodem Typ	*	Cottieron	- Head to A	lear
Satu of Accident	24/10/2018	Time of Accident his min	23:05		Country of A	coldent.	Singapo	19	
Regurting Centre		Orange Force			SCH No.				
Accident Location	ALCING PIE TOWARDS TUAS AFTER CORPORATION								
w Excess									
Own damage Excess	0.08	Additional Excess			Windscreen.	fixtese			
Unnamed Driver Excess	HEWE	Outside Singapore OD Excess							
Third Party Excess	0.00	Outside Simpapere 19 Excess							
♥ Benefits									
<ul> <li>GST Registered Informati</li> </ul>	<b>H</b>								
GST Registered	No :		GST Reget	retion Date					
SST Registration No.			GST Status	Vertied	29	0.			
Hodification History									
→ Policyholder Heiling Addr	***							Harana Para	
Adoress L	8UK 29 #31-314	Address 2	GHIM MICH LINK		Accress 3			40H EDGE	
Address 4	SINGAPORE 270029	Address Type	Singapore address		Post Code		270025	,	
Linet No.		Related Policy Number	\$668695013-03						
♥ OI Oriver Info		THE PROPERTY OF	C170 F-20000						
Driver Name	HOH HUT CHYE RONALD (XU METCAT RONALD)	Christe Type	Main Orlver		200000000		27,00	1000	
Unnamed driver Name		Oriver NR3C	97234990C		Driver DOM		27/09/	SHEET.	
Reporter Data of Driver License	06/03/1989	Driver Age	- 46		Erwing Exp Contact No.		29		
Contact No.(Mobile)	97946494	Corract No.(Office)	CONTRACTOR OF THE PARTY OF THE		Address 3	diamet	guite	MOH EDGE	
Address 1	BLK 29-#31-314	Address 2	GHIM MOH LINK		Post Code		27902		
Address 4	SINGAPORE 270G29	Address Type	Singapore address		Form Court		27902		
Unit No. Does he own a Singapore Registered car?	. Yes a No.	Street Vehicle No.	F618453Y		Driver Insu	rer Company	NTUC		
Declaration									
Deciaretion Broathalyser or Blood Test Manding?	0 mg	Any injury?	Yes a No						
Breathelyser or Blood Test	0 mg	Any weavy?	Yes a Nil						
Bruathalyser or Blood Test leading? Mudification History	0 mg	Any largury <sup>8</sup>	Yes a Na	ор.мх.	▼ Unsures	KOH MUT CHYE I	отаго раз	21241155	Sm
Brusthelyser or Blood Teel landing?  Mudification History  Claim 901 Stew	0 mg	Any wgary?	Yes a Nil	OD-MX 97946494	T Insured Name Contact No. (Home)	KOH MUI CHYE I	RONALD FOUR	S NATC Contact No. (Office)	\$m
Breathalyser or Blood Test leading?  Mudification History  Claim 901 fear  Chies Type *	0 mg	Any largury <sup>8</sup>	Yes a Na	(Accessors to a	Contact No. (Home) Of Vehicle		ROMALD DOLL H	S NATIC Contact No.	
Bruathalyser or Blood Teel landing?  Mudification History  Claim 901 Stace  Chies Type *  Contact No. (Nobile)  Email Address	0 mg	алу идэхүй	Yes a Na	97946494	Contact No. (Home) Ot Vehicle Number	05645072	nomald pay n	Ships Contact No. (Office) Ty Vehicle Number Name of Professed	
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19	NAC_BUNIT_MERAH_SCONTEL NATIONAL S (BUNIT MERAH)) on .	LL ASSESSMENT CENTAE SERVICE 26 Oct 2018 10:56	SAS	Normal	SAS	2019-10-36
里食	NAC_BURIT_MERAH_800676( NATIONS S (DOETT MERAH)) in 2	N. ASSESSMENT CENTRE SERVICE No Col 2018 18:56	NRIC/ Driving Literae	Normal	NAIC/ Driving	D License 2018-10-26
1000 1000	NAC_BUKIT_MERAH_500676( NATIONA 5 (BUKIT MERAH)) on 1	L ASSESSMENT CENTRE SERVICE 14 Oct 2018 11/55	NRJC/ Driving License	Normal	MRIC/ Driving	License 2018+10-26
	NAC_BUKIT_METAH B00676( NATION/ S (BLKIT MERAH)) on 3	L ASSESSMENT CENTRE SERVICE IN OUR 2018 10:56	Photos	Normal	Phyla	s 2018-15-24
12	NAC_BUKIT_HERAN_SUDGES( NATIONA S (BUKIT HERAN)) on 3	A ASSESSMENT CENTRE SERVICE 6 On 2018 10:96	Protos	Normal		e 2018-10-2 <del>0</del>
A.	NAC_BURIT_MERAH_BODE76( NATIONA 5 (BURIT MERAH)) on 3	L ASSESSMENT CENTRE SERVICE 6 Out 2018 10:56	Photos	Numer	Photos	s 2018-18-28
210	NAC_BUKIT_MERAH_B00676( NATIONA S (BUKIT MERAH)) on 2	6 Oct 2018 10:58	Photos	Normal	Photos	2016-10-26
1	NAC_BUKIT_MERAH_BD0676; NATIONA S (BUKIT MERAH)) on 2	6 Dct 2018 10:56	Photus	Normal	Photos	2015-10-26
10	NAC_BUKIT_MERAH_BODE76( NATIONA S (BUKIT MERAH)) on 3	L ASSESSMENT CENTRE SERVICE 6 Oct 2018 10:56	Photos	Normal	Photos	2018-10-26

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# ACCIDENT'STATEMENT

ACCI	DENT DATE: (24/10/4 0 100)	MM/YYYY), TIME:	OD (HH:MM)
LOCA	110N: Alona PIE heach	na toixurels	Tueco
	2	9	
1.	DETAILS OF VEHICLE	TORRE MAIN	1.7
	a) YEHICLE NUMBER: FRT845	534	* 8 8
	b) INSURANCE COMPANY: UTI		
14	C)POLICY NUMBER:		
	d)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD P	ARTY FIRE &THEFT)
	e)MAKE & MODEL: YOMAHA F	TR 1300	12
	()TYPE: (SALOON / COUPE / MPV /V A	SH / LORRY / MOTORC	CYCLE / OTHERS
	g) VEHICLE CATEGORY: (PRIVATE / C		
14.5	h) PURPOSE OF USING AT ACCIDENT	TIME: Private Us	eng
	1) ARE YOU CLAIMING UNDER YOUR	: (^^~^^)() - () () () () () () () () () () () () () () () ()	
\$ <b>3</b>	IF NO, PLEASE STATE (THIRD PARTY O	CLAIM / REPORTING C	NLY) ·
2.,	INSURED / POLICY HOLDER	1/	
	Alname: ROH MUI CHYE IS	tracel	MALE / FEMALE
	binric/EMTPASSPORT: 97294	7705 GONTAG	-514 CS270029
20 D	CIAODRESS: BIK 29 Ghin	10h CAR TOI	-3/4-55-750-1
	* CONTINUE TO 3,6 IF DRIVER ALSO I	BUTICA HULDES	
KII 1 3	DRIVER '	Olio I Holoch	#6
Allo of bussonas	a) NAME:	· · · · · · · · · · · · · · · · · · ·	MALE / FEMALE)
(Including driver)	b) MRIC/FIM/PASSPORT!	CONTAC	
( )	c)ADDRESS:	0011111	
8	'd) DATE OF BIRTH: (27) 09/19	72 1(00/MM/YYYY)	
11	OCCUPATION: (INDOOR / OUTDO	OPITO ON	72
	IDATE OF DRIVING PASS	UR MOUNTEN COM	ALIVO MECUNIO
4,	WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMP	ANTI (165 (NO)
	IF NO, RELATIONSHIP OF THE DE	TASK MILK INSORE	JI_OUJUM
-5,	DIWEATHER CONDITION: (CLEAR / F	HERS	
4	WAS ANYBODY INJURED (YES / NO)	10117	
. 7.	- Incompared to police /Vet / NO!		1-10-1180
NO. 102.1X	IF YES, PLEASE STATE WHICH POLICE	CE STATION SUCE	451044 11
. 8.	THIRD PARTY VEHICLE		6010 8268866
f Ho of passenger	a) VEHICLE NUMBER! JRL	1 1/1/	
( Induding driver)	b) DRIVER'S NAME: GIPN SH	14 VING	27. COLD 826.886
1	· c) MRIC/FIN/PASSPORT: A324	2656 CONTA	CHOOLD CASE
() 9,	THIRD PARTY VEHICLE		E 60 KM
4 No of personger	d) VEHICLE NUMBER:	MODEL	
(Including driver		CONTA	ACTILL .
C. Indiana	) n HRIC.FIN/PASSPORTI		
()	0.0	(I) (*	N 1 2
	¥1 - 10		

email: NA(PO)

Pax = NO

VIORO = YES.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7234990C





KOH MUI CHYE RONALD (XU MEICAI RONALD)

CHINESE

Date of Birth

27-09-1972

Country of Sem

SINGAPORE



1200 S7234990C

Hiport Group

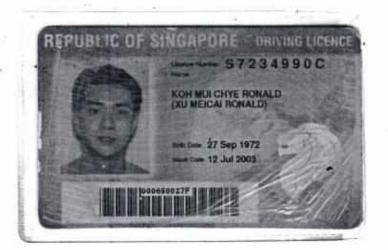
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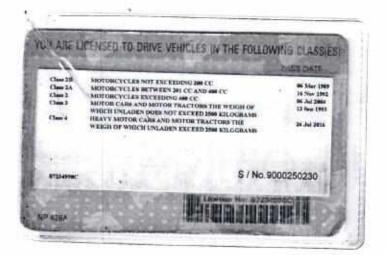
25-01-1996

APT BLK 29 GHIM MOH LINK #31-314 SINGAPORE 270029

NRIC No: \$72349900

Date; 04/03/2018





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My Desktop	Poli	cy Query									(9
Notice of Loss	Policy No.					Date	of Accident				
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	Select	Policy No.	Certificate Number	Policynoider Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	٠	5068695013- 03		KOH MUI CHYE RONALD (XU MEICAI RONALD)	57234990C	GMC	Third Party, Fire & Theft	FBJ8453Y	FBJ8453Y	21/11/2017	20/11/2018