

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	

SKETCH PLAN

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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:

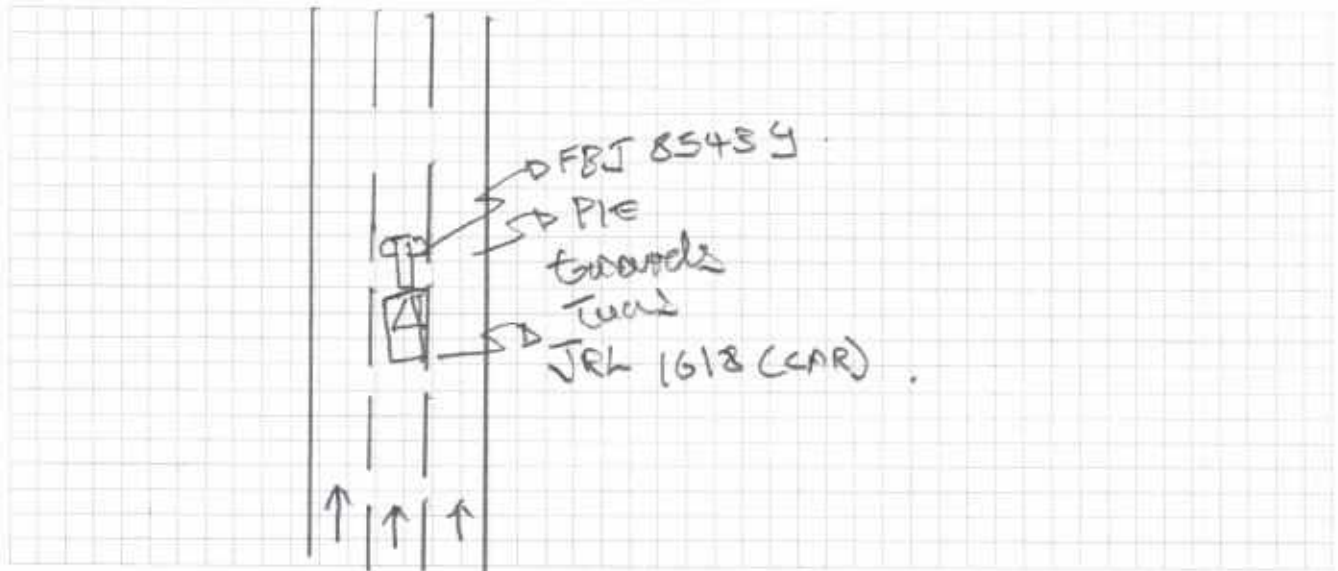
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q/S Refer to Police Report.
1/29/81025/2120

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.:



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
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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

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



**SINGAPORE
POLICE FORCE**



T/20181025/2120

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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 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.



**SINGAPORE
POLICE FORCE**



T/20181025/2120

3 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

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

SN 47

Authentication Stamp

NP158

SIGNATURE

Signature Of Informant:

Date/Time:

25/10/2018 17:26

Classification Of Case:

Claim Handling

Accident MT/1017250

Policy No.	506885013-03	Vehicle No.	FB18453Y	GST Registration No.	
Certificate No.					
Policyholder Name	KOH MUI CHYE RONALD (XU MEICAI RONALD)	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	57234990C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97946494	Special Remark		Contact No.(Home)	
Email Address		TCA	e No Yes	eCode	No *
IRF	e No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	26/10/2018 10:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/10/2018	Time of Accident hh:mm	11:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE TOWARDS TUAS AFTER CORPORATION DRIVE				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 29 #11-314	Address 2	GHEM MOH LINK	Address 3	GHEM MOH EDGE
Address 4	SINGAPORE 270029	Address Type	Singapore address	Post Code	270029
Unit No.		Related Policy Number	506885013-03		
01 Driver Info					
Driver Name	KOH MUI CHYE RONALD (XU MEICAI RONALD)	Driver Type	Main Driver	Driver DOB	27/09/1972
Unnamed driver Name		Driver NRIC	57234990C	Driving Experience	29
Register Date of Driver License	06/03/1989	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	97946494	Contact No.(Office)		Address 3	GHEM MOH EDGE
Address 1	BLK 29 #11-314	Address 2	GHEM MOH LINK	Post Code	270029
Address 4	SINGAPORE 270029	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	e Yes e No	Driver Vehicle No.	FB18453Y	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	e Yes e No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KOH MUI CHYE RONALD (XU MEICAI RONALD)	Insured NRIC	57234990C
Contact No.(Mobile)	97946494	Contact No. (Home)	97946494	Contact No. (Office)	
Email Address		OT		TP	
Claim Description	FB18453Y / JKL1618 ON 24 Oct 2018			Vehicle Number	JKL1618
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repaired	Yes	Repaired	Yes		
Date Registered	26/10/2018 10:55	Preferred Workshop, Name unknown	GIA report	Claim Close Date	
Report Taken By	ROSLI WAHAB			Date Received	26/10/2018
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1017250	Claim No.	001
Last Doc. Received	e Yes e No	Upload Date	26/10/2018 10:56
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read		Clear	Normal
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_200678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56		Photos	Normal
		Description	Photos 2018-10-26

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 10:56	SAS	Normal	SAS 2018-10-26

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: 24/10/2008 (DD/MM/YYYY), TIME: 2305 (HH:MM)

LOCATION: Along PIE heading towards Tuas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBT84554
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA FJR 1300
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: REN MUI CHYE Renal (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SD949905 CONTACT: 97946494
 c) ADDRESS: 51K 29, Glim Moh Lark #51-514 (S270029)

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 27/09/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 6/4/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: QUEENSLAND HPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JRL 1618 MODEL: GOLO 8268866
 b) DRIVER'S NAME: GAN SHIN VIN
 c) NRIC/FIN/PASSPORT: A32428569 CONTACT: 6010 8268866

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = NA (PO)

fax = NO

VIO = YES

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7234990C



KOH MUI CHYE RONALD
(XU MEICAI RONALD)

许美财

Race:
CHINESE

Date of birth: 27-09-1972 Sex: M

Country of birth:
SINGAPORE

S7234990C



2785396

NRIC No: S7234990C



Blood Group: O+ Date of issue: 25-01-1996

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

NRIC No: S7234990C

Date: 04/03/2018

REPUBLIC OF SINGAPORE - DRIVING LICENCE



Licence Number: **S7234990C**

Name: **KOH MUI CHYE RONALD
(XU MEICAI RONALD)**

Birth Date: **27 Sep 1972**

Valid Date: **12 Jul 2003**

000660027F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!


EXPIRY DATE:

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	06 Mar 1989
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	14 Nov 1992
Class 2	MOTORCYCLES EXCEEDING 400 CC	06 Jul 2004
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	13 Nov 1993
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 3500 KILOGRAMS	26 Jul 2015

S / No. 9000250230

87234990C

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>							
Vehicle No. (For Motor)	<input type="text" value="FBJ8453Y"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5068695013-03		KOH MUI CHYE RONALD (XU MEICAI RONALD)	S7234990C	GMC	Third Party, Fire & Theft	FBJ8453Y	FBJ8453Y	21/11/2017	20/11/2018
<input type="button" value="Continue"/>										