

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	29/10/2018 09:29
Date Of Accident	26/10/2018 06:30
Exact Location Of Accident	WEST COAST HIGHWAY (TOWARDS KEPPEL ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT2633J
Insured/Policyholder	
Name Of Registered Owner	GOH ENG LOK (WU YONGLE)
NRIC No	S7536707D
Email Address	RYANGO151@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93293154
Alternative Phone No	OTHERS-93293154

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ-399CC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070177520-03
Cover Note Number	

Driver

Name of Driver	GOH ENG LOK (WU YONGLE)
NRIC No	S7536707D
Date Of Birth	06/12/1975
Occupation	INDOOR
Date Of Driving Pass	09/12/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93293154
Fax Number	
Contact Number	OTHERS-93293154
EEmail Address	RYANGO151@GMAIL.COM

Address	BLK 371 JURONG EAST STREET 32 #11-366
Postcode	600371
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?	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?	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181026/2050

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	YP9073A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	GOH ENG LOK (WU YONGLE)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT2633J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

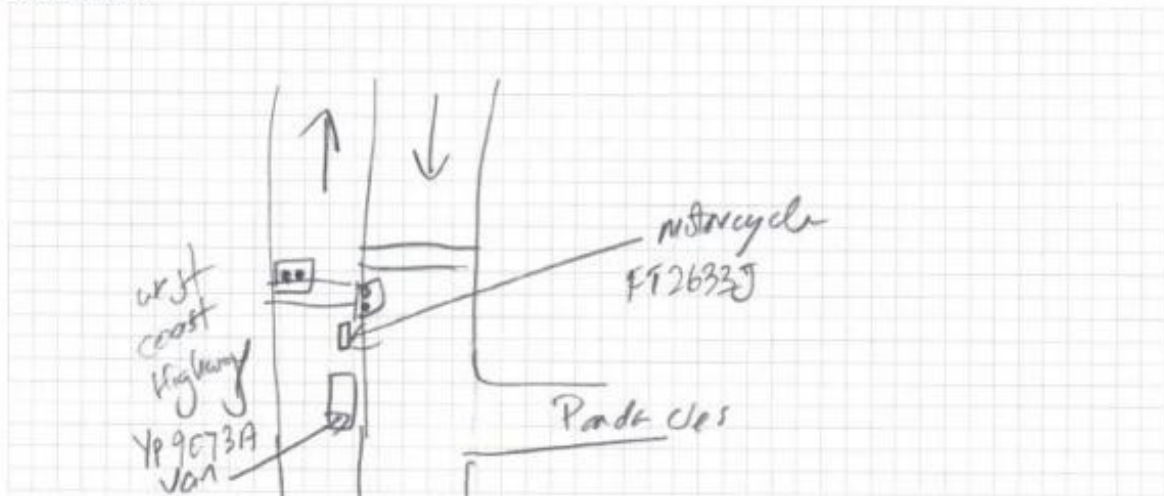

Policyholder's Signature
Date & Time:

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


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

Accident Sketch Plan

SKETCH PLAN

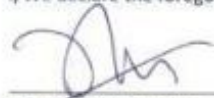


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/2018 1026/2050

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:


29/6/2018
Reporting Centre Personnel's Signature
Name: ROSIE WATKINS
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181026/2050

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20181026/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 12:21		Vide Report No.: D/20181026/0029		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: GOH ENG LOK			Address: APT BLK 371 JURONG EAST STREET 32 #11-366 SINGAPORE 600371		
ID Type / ID No.: NRIC NO / S7536707D			Contact No.: Home/Office: Mobile: 93293154		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 06/12/1975	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SYSTEM ENGINEER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2018 06:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WEST COAST HIGHWAY KEPPEL ROAD Along West Coast Highway towards Keppel Road in front of Blk 520 West Coast Road Lamp Post Number: 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
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
FT2633J	Motorcycle	HONDA	CB400SFYJ	Silver	Seriously Damaged	0
YP9073A	Van					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181026/2050

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20181026/2050

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT2633J	NTUC Income Insurance Co-Operative Limited	5070177520-03	27/03/2018	26/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GOH ENG LOK		ID No. S7536707D
Related Vehicle	FT2633J (Motorcycle)		Contact No. 93293154
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/10/2018		Date Discharge 26/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 26/10/2018 at about 0630hrs, I was riding my motorcycle, a silver in a colour Honda CB400 bearing registration plate number FT2633J along West Coast Highway towards Keppel Road. As I was approaching the traffic light junction near Blk 520 West Coast Road, the traffic light turn amber and thus I stopped. However, a van hit me from behind. The van was white in colour and it was from Warehouse Logistics Net Asia Pte Ltd. Ambulance and Traffic Police came and attended to the accident. I told the paramedics that I do not want to go to the hospital.

On the same day, I went to West Coast Clinic & Surgery at 517 West Coast Road #01-561 to seek treatment and was given 3 days of MC. Due to the accident, I felt pain on my back, my right shoulder. I had bruises on my right hand and right leg.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181026/2050

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20181026/2050

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 2 MUHAMMAD ZAINULARIFFIN BIN MOHD
ZAINUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/10/2018 12:21

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



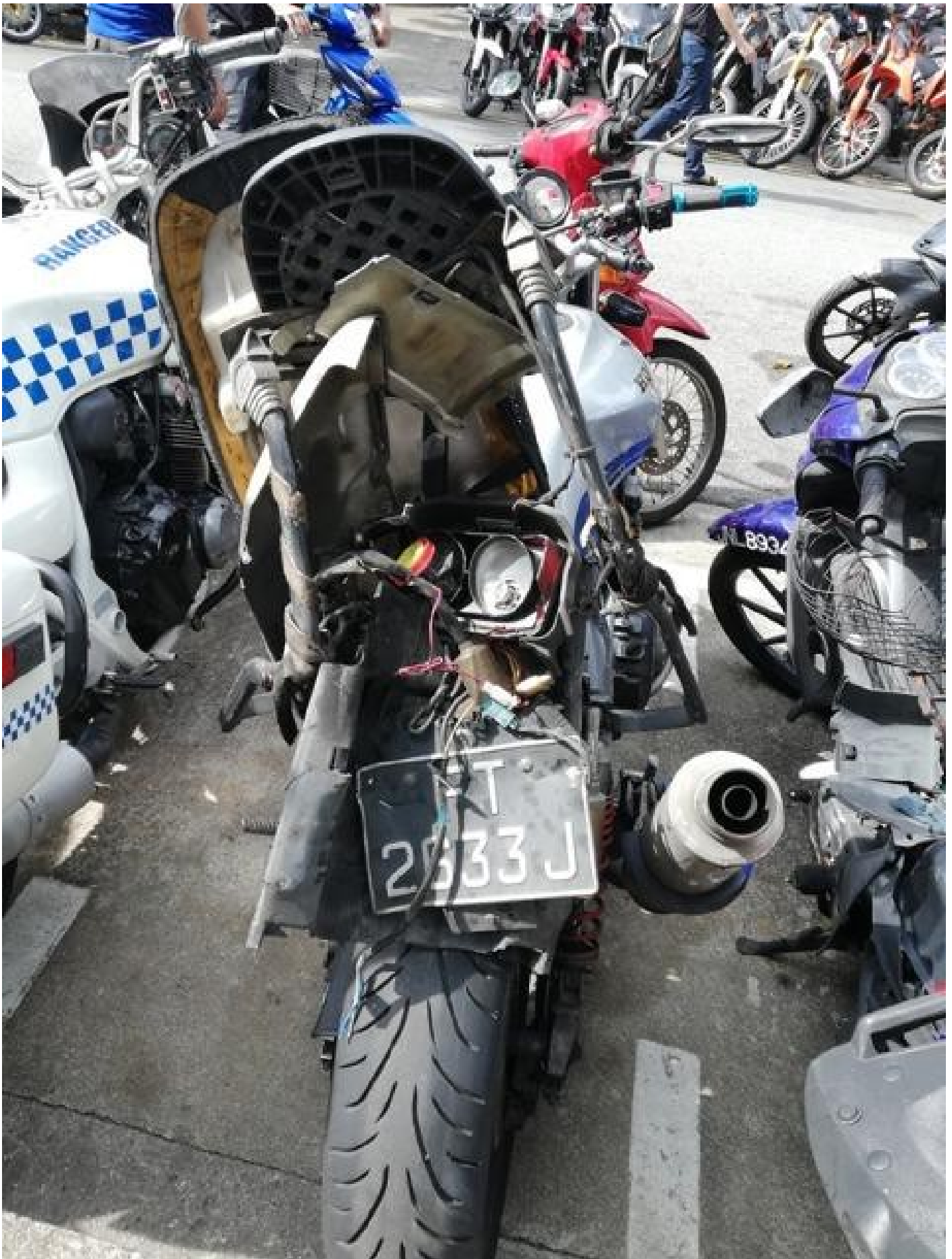
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



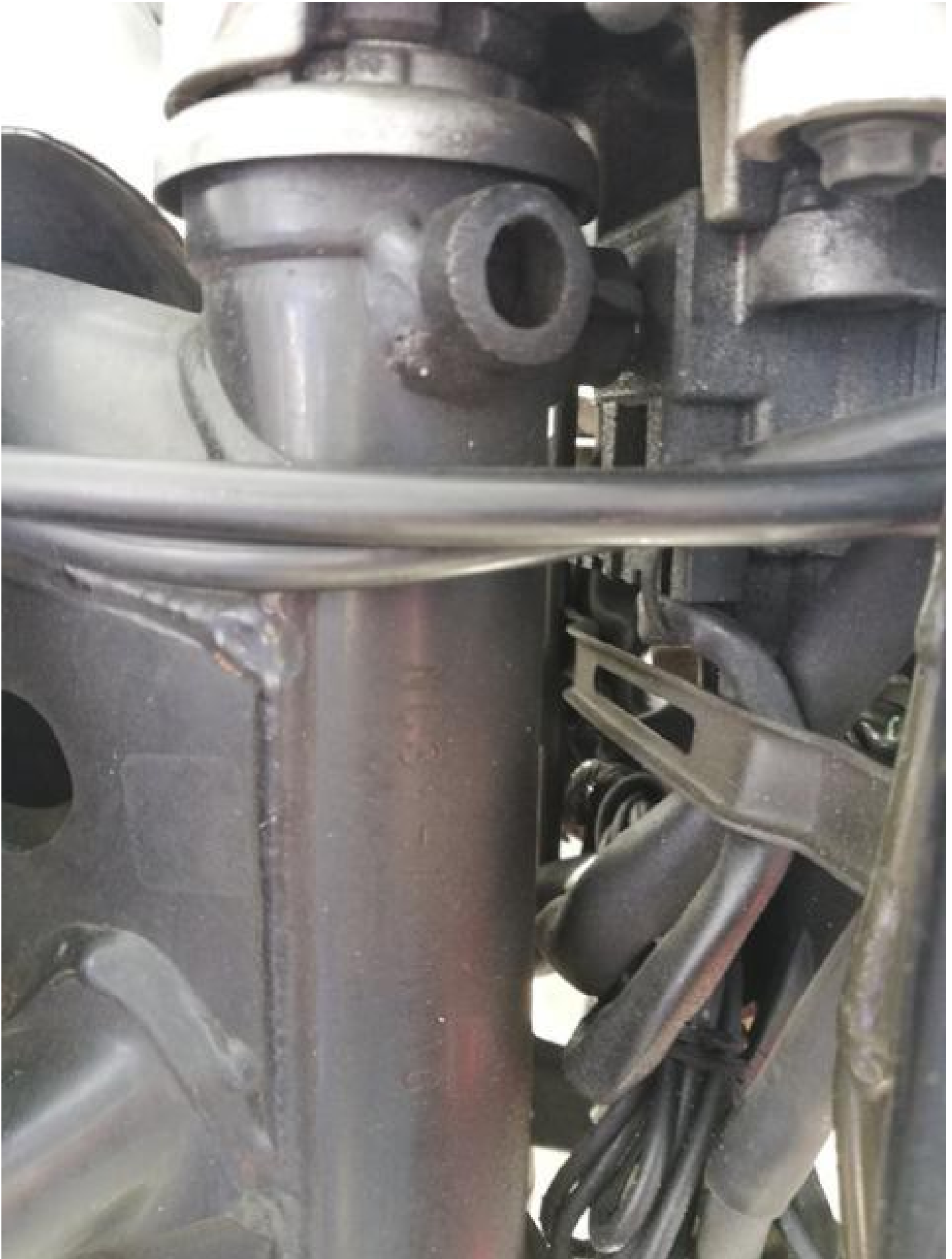
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA 48739755 Vehicle Registration No: F72633J
Name (as shown in NRIC) : GOH ENEK LOK (WU YENESIA) NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 93293154
Email Address : _____
Date of Accident : 20/10/2018 Time of Accident : 06:30
Place of Accident : AT THE WEST COAST HIGHWAY (TOWARDS KAPPAH RD)
Insurance Company : NAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED HANDPHONE NUMBER 93293154

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Doshi A. P. P.
NRIC/FIN No.:
Date: 29/10/2018