

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 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	27/05/2017 17:15
Date Of Accident	25/05/2017 19:00
Exact Location Of Accident	PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH2533T
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Insured/Policyholder

Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66944919

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	HIRER
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	LOH CHEW HON
NRIC No	S2574059I
Date Of Birth	20/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1994
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-91875965
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 46 OWEN ROAD #05-277
Postcode	210046
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2968999 - FAX NO: 63912398
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO PHOTOS AND POLICE REPORT ATTACHED.

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	FBM188A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBM188A

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

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.
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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 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.
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.

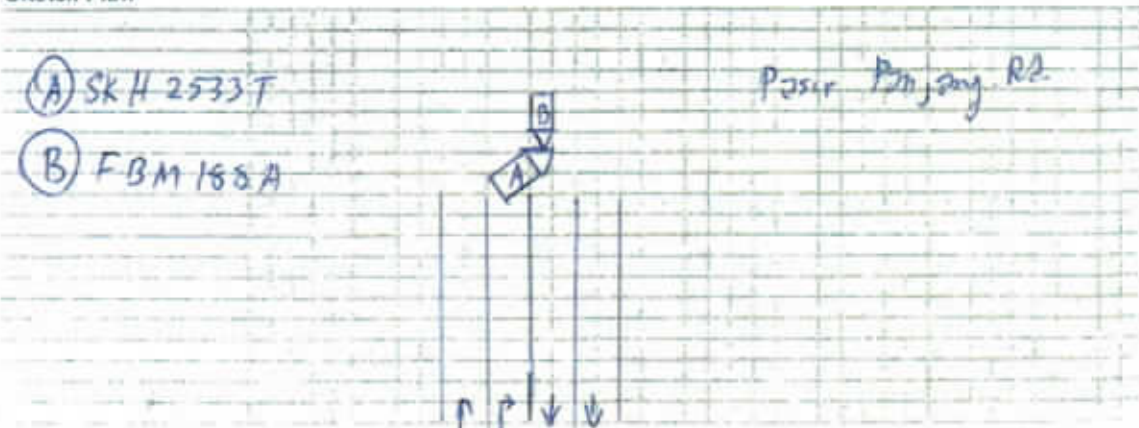


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please Refer to ptr Police Report - T/2017/0526/2118

Declaration

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



Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S25740591**



Name
LOH CHEW HON

Race
CHINESE

Date of Birth
20-08-1965

Country of Birth
Malaysia

Sex
M




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S25740591**

Name
LOH CHEW HON

Birth Date **20 Aug 1965**

Valid Until **05 Dec 2007**



S25740591



Nationality
Malaysian

Shout Group
Q

Date of issue
22-05-2002

APT BLK 48 DHEN ROAD #05-777
SINGAPORE 210048
WHIC No: **12N7AT9501** Date: **12-10-2004** No: **4955122**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2 Motor Cars and Motor Tractors the weight of which unfactor does not exceed 2000 kilograms

PROG DATE
29 Nov 1994

License No: S25740591



NP 4284



**SINGAPORE
POLICE FORCE**



T/20170526/2118

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

1 of 3

Report No. T/20170526/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2017 17:22	Vide Report No.: T/20170525/2217	Station Diary No.: 20
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Informant's Particulars

Name of Informant: LOH CHEW HON			Address: APT BLK 46 OWEN ROAD #05-277 SINGAPORE 210046	
ID Type / ID No.: NRIC NO / S2574059I			Contact No.: Home/Office: Mobile: 91875965	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 51	Date of Birth: 20/08/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2017 18:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PASIR PANJANG ROAD SOUTH BUONA VISTA ROAD Along Pasir Panjang Road towards South Bouna Vista Road and I was driving on the extreme right of 2 lanes with intention of doing a U-turn towards Pasir Panjang Road at the opposite side of the road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM188A	Motorcycle				Seriously Damaged	0
SKH2533T	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20170526/2118

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

2 of 3
Report No. T/20170526/2118

CONTINUATION OF REPORT

Driver			
Name	LOH CHEW HON	ID No.	S2574059I
Related Vehicle	SKH2533T (Car)	Contact No.	91875965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

With the reference to the previous report T/20170525/2217, I wish to amend the details in which I was turning right into Science Park Road. I was actually doing a U-Turn on the extreme right lane towards the opposite side of Pasir Panjang Road.

On 25/05/2017 at about 1900hrs, I was driving my vehicle (SKH2533T) along Pasir Panjang Road Towards South Bouna Vista Road and I was driving on the extreme right of 2 lanes with the intention of doing a U-Turn on the extreme right lane towards the opposite side of Pasir Panjang Road. The traffic light was in green and is in my favour without arrow. I inched out slightly and I saw one oncoming unknown car. All of the sudden a motorcycle (FBM188A) came head on to my front bumper of my car but the rider manages to evade slightly to the left side. Side swipe my vehicle and the rider skidded.

I alighted my car and a passerby called for police and ambulance. The ambulance came and conveyed the rider to the nearest hospital. The traffic police gave me a case card D/20170525/0101 and required to lodge a traffic report.

I wish to state that I do have an in built camera but unsure if it records the accident. That is all.



**SINGAPORE
POLICE FORCE**



T/20170526/2118

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

3 of 3

Report No. T/20170526/2118

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:

A /

Sgt MUHAMMAD AL-BA'ITH BIN MOHAMED
GAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/05/2017 17:22

Officer In Charge Of Case:

TP / GIT /

Sgt KAMALIAH BINTE KAMIS

Contact No.: 65476435

Classification Of Case:

Authentication Stamp
NP168





**SINGAPORE
POLICE FORCE**



T/20170525/2217

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

1 of 3

Report No. T/20170525/2217

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2017 22:09	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: LOH CHEW HON			Address: APT BLK 46 OWEN ROAD #05-277 SINGAPORE 210046		
ID Type / ID No.: NRIC NO / S25740591			Contact No.: Home/Office: Mobile: 91875965		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 20/08/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2017 19:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PASIR PANJANG ROAD SOUTH BUONA VISTA ROAD Along Pasir Panjang Road Towards South Bouna Vista Road and I was driving on the extreme right of 2 lanes with the intention of turning right into Science Park Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM188A	Motorcycle	HONDA	CB4008J M	Silver	Seriously Damaged	0
SKH2533T	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20170525/2217

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

2 of 3

Report No. T/20170525/2217

CONTINUATION OF REPORT

Driver			
Name	LOH CHEW HON	ID No.	S2574059I
Related Vehicle	SKH2533T (Car)	Contact No.	91875965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/05/2017 at about 1900hrs, I was driving my vehicle (SKH2533T) along Pasir Panjang Road Towards South Bouna Vista Road and I was driving on the extreme right of 2 lanes with the intention of turning right into Science Park Road. The traffic light was in green and is in my favour without arrow. I inched out slightly and I saw one oncoming unknown car. All of the sudden a motorcycle (FBM188A) came head on to my front bumper of my car but the rider manages to evade slightly to the left side. Side swipe my vehicle and the rider skidded.

I alighted my car and a passerby called for police and ambulance. The ambulance came and conveyed the rider to the nearest hospital. The traffic police gave me a case card D/20170525/0101 and required to lodge a traffic report.

I wish to state that I do have an in built camera but unsure if it records the accident.
That is all.



**SINGAPORE
POLICE FORCE**



T/20170525/2217

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

3 of 3

Report No. T/20170525/2217

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:

A /
Cpl MUHAMMAD ALIF BIN ALIAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/05/2017 22:09

Officer In Charge Of Case:

TP / GIT /
Sgt KAMALIAH BINTE KAMIS
Contact No.: 65476435

Classification Of Case:

Authentication Stamp

NP168

[Handwritten signature]

F

Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION
MODEL: ZEE141R-GEPE 1598
ENGINE: 1.7R-EE
FRAME No. MRC53REE104151301
COLOR: 070 FA40 Z35
TRIM: -
PLANT: -
GVM(lg): -
INVENT: U340E -02A OCT 12
MFG BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



27 5 2017 11 43

Accident Photo



Accident Photo



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 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	03/08/2017 10:03
Date Of Accident	25/05/2017 19:10
Exact Location Of Accident	PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM188A
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Insured/Policyholder

Name Of Registered Owner	REMY HAN KAI MING @RAMESESE J R
NRIC No	S8227458H
Email Address	RAMYOLOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81010666
Alternative Phone No	OTHERS-81010666

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5078607356-01 (TP)
Cover Note Number	

Driver

Name of Driver	REMY HAN KAI MING @RAMESESE J R
NRIC No	S8227458H
Date Of Birth	16/09/1982
Occupation	INDOOR
Date Of Driving Pass	09/05/2006
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81010666
Fax Number	
Contact Number	OTHERS-81010666
Email Address	RAMYOLOW@GMAIL.COM

Address	BLK 4 #10-384 DOVER RD
Postcode	130004
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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 [OTHER]	CLEMENTI NPC
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20170531/2209 ATTACHED. (ATTENDED BY CHRISTINA)

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	SKH2533T
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS 1.6 AUTO
Details Of Properties	
Name of Driver	LOH CHEW HON
NRIC/Passport Number	S2574059I
Contact Number	91875965
Address	BLK 46 OWEN RD #05-277
Postcode	210046
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	REMY HAN KAI MING @RAMESESE J R
------	---------------------------------

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

FBM188A

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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 willful 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. 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Ref to sketch attached

A - FB M-188A
B - SKH 2533T
DCA 25/5/17

Describe Circumstances of the Accident

PLEASE refer to police report on 31/05/2017 D 12017 0925 / 010 vide
report # T/20170531/2209

Declaration

03 AUG 2017

03 AUG 2017

We declare the foregoing particulars are true in every respect.

[Signature]
02/08/17

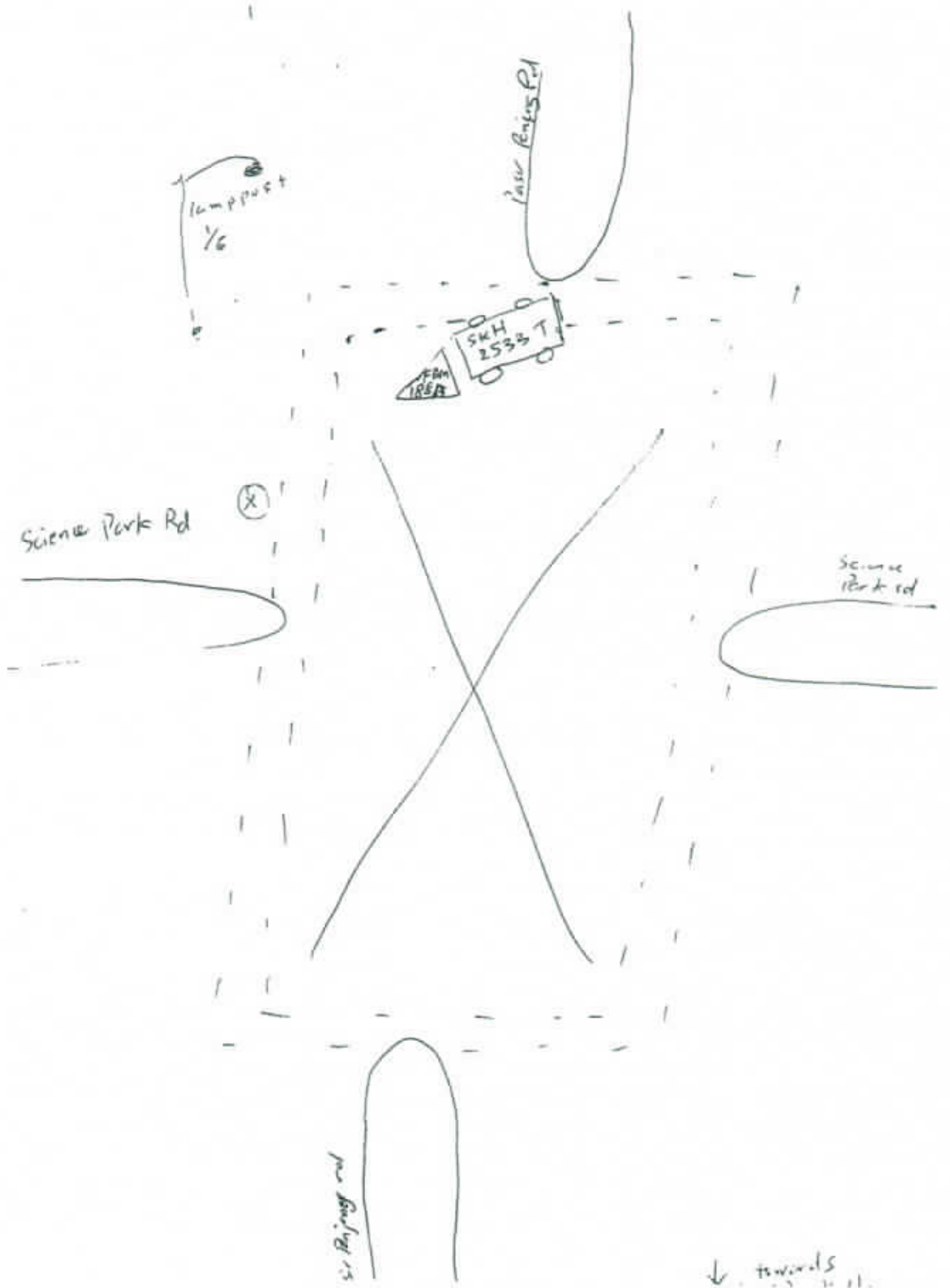
[Signature] I am the driver



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





**SINGAPORE
POLICE FORCE**



T/20170531/2209

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20170531/2209

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2017 23:56		Vide Report No.: D/20170525/0101		Station Diary No.: 221
Informant's Particulars				
Name of Informant: REMY HAN KAI MING		Address: APT BLK 4 DOVER ROAD #10-384 SINGAPORE 130004		
ID Type / ID No.: NRIC NO / S8227458H		Contact No.: Home/Office: Mobile: 81010666		
Nationality: SINGAPORE CITIZEN		Email: ramy.low@gmail.com		
Sex: Male	Age: 34	Date of Birth: 16/09/1982	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: WAREHOUSE SENIOR EXECUTIVE		Driving Licence Information: Class: 2B, 2A, 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/05/2017 19:10	Type of Location: X-Junction
Location: Along Road 1 PASIR PANJANG ROAD Along Pasir Panjang Road towards West Coast Road, at junction of Pasir Panjang Rd and Science Park Rd Lamp Post Number: 1/6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBM188A	Motorcycle	HONDA	CB400	Silver	Seriously Damaged	0
SKH2533T	Car	TOYOTA	ALTIS	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20170531/2209

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20170531/2209

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBM188A	NTUC Income Insurance Co-Operative Limited	5078607356-01	16/04/2017	15/04/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	REMY HAN KAI MING	ID No.	S8227458H
Related Vehicle	FBM188A (Motorcycle)	Contact No.	81010666
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	25/05/2017	Date Discharge	31/05/2017
No. of Days granted Medical Leave	37	Degree of Injury	Serious
Driver			
Name	LOW	ID No.	NIL
Related Vehicle	SKH2533T (Car)	Contact No.	91875965
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 25/05/17 at about 1910hrs, I was riding my motorcycle FBM188A straight along Pasir Panjang Rd towards West Coast Rd at the speed of 45km/h. As I was approaching the junction of Pasir Panjang Rd and Science Park Rd, the traffic light was green and in my favour. I noticed that there was a car signalling right and wanting to turn right into Science Park Rd. The car stopped to let me pass the cross junction knowing that I have the right of way. Seeing the car wanting to turn right, I slowed down as I was approaching the junction.

As I was riding past the said car, suddenly one white car SKH2533T turned right into my lane from behind the first car. The car turned right into my lane at the pedestrian crossing near lamp post 1/6. I was unable to react in time, and the car's front right collided onto the side of my motorcycle. The impact caused me to fall towards my right and also caused me to skid. Soon after, I find myself lying on the floor.

After the accident, I was still conscious however I could not move my body due to the great pain. There were a few passerbys who rendered assistance to me. I was later conveyed to NUH by ambulance and



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Report No. T/20170531/2209

CONTINUATION OF REPORT

was warded until 31/05/2017. The doctor informed me that the right side of my face and forehead is swollen with abrasion and there is blood clot. There are also abrasions on my right elbow and right shoulder. The tibia bone connected to my right knee is fractured and the ligament attached to it is torn. My right knee has abrasions as well. The doctor also mentioned that there are crushed tendons at my right feet; which caused me to be unable to move my right feet due to damaged nerves.

I am unsure of the damages of my motorcycle. One of my witness shared me a photo of the accident, in which I saw that the car SKH2533T only sustained a damaged bumper.



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T/20170531/2209

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Report No. T/20170531/2209

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 / Cpl A'BDAR RAHMAAN BIN SALIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2017 23:56
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt KHOO CHEONG YEOW, WAYZIK Contact No.: 65476187	Classification Of Case:
Authentication Stamp NP168	



THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-B

Policy Number	: 5078607356-01
The Policyholder	: REMY HAN KAI MING @RAMESESE J R BLK 4 #10-384 DOVER RD SINGAPORE 130004
Period of Insurance	: 16 Apr 2017 To 15 Apr 2018
Sum Insured	: N/A
Premium (Inclusive GST)	: S\$231.12
Interest Insured	
Cover Type	: Third Party
Named Driver (1)	: REMY HAN KAI MING @RAMESESE J R
Named Driver (2)	: JANUAM BIN ROSLY
Make/Model	: HONDA/CB400
Capacity	: 399cc
Registration Number	: FBM188A
Chassis Number	: NC421002162
Excess (Section 1)	: N/A
Excess (Section 2)	: N/A
Hire Purchase Company	: N/A
Number of Seater	: 2
Registration Date	: 16 Apr 2008
Insure with COE	: N/A
NCD Entitlement	: 10%

Memo A: Vehicle Model: CB400BJ M

Endorsement Operative: M1

Agency : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 25 Mar 2017 18:02 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Accident Photo



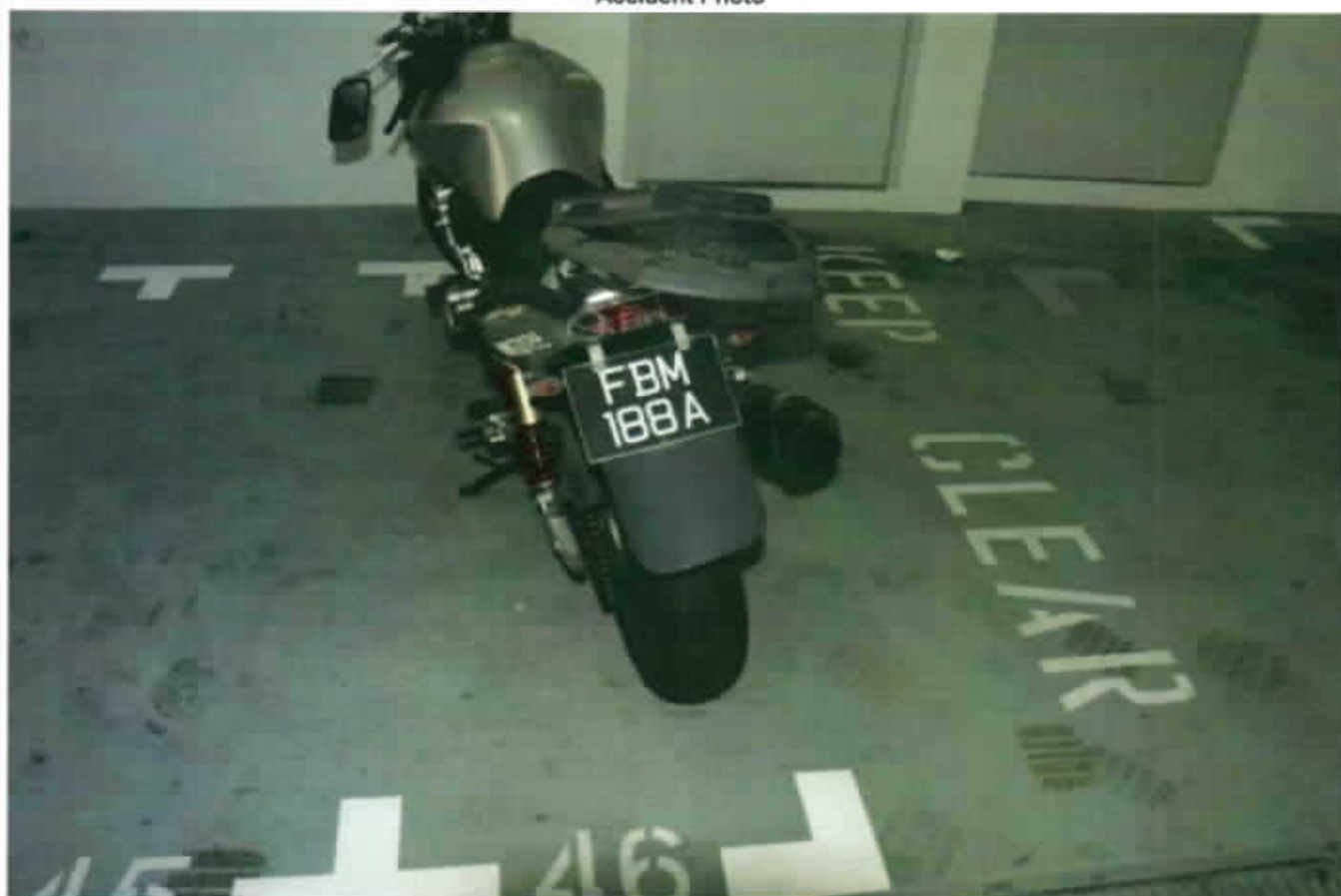
Accident Photo



Accident Photo



Accident Photo



Accident Photo



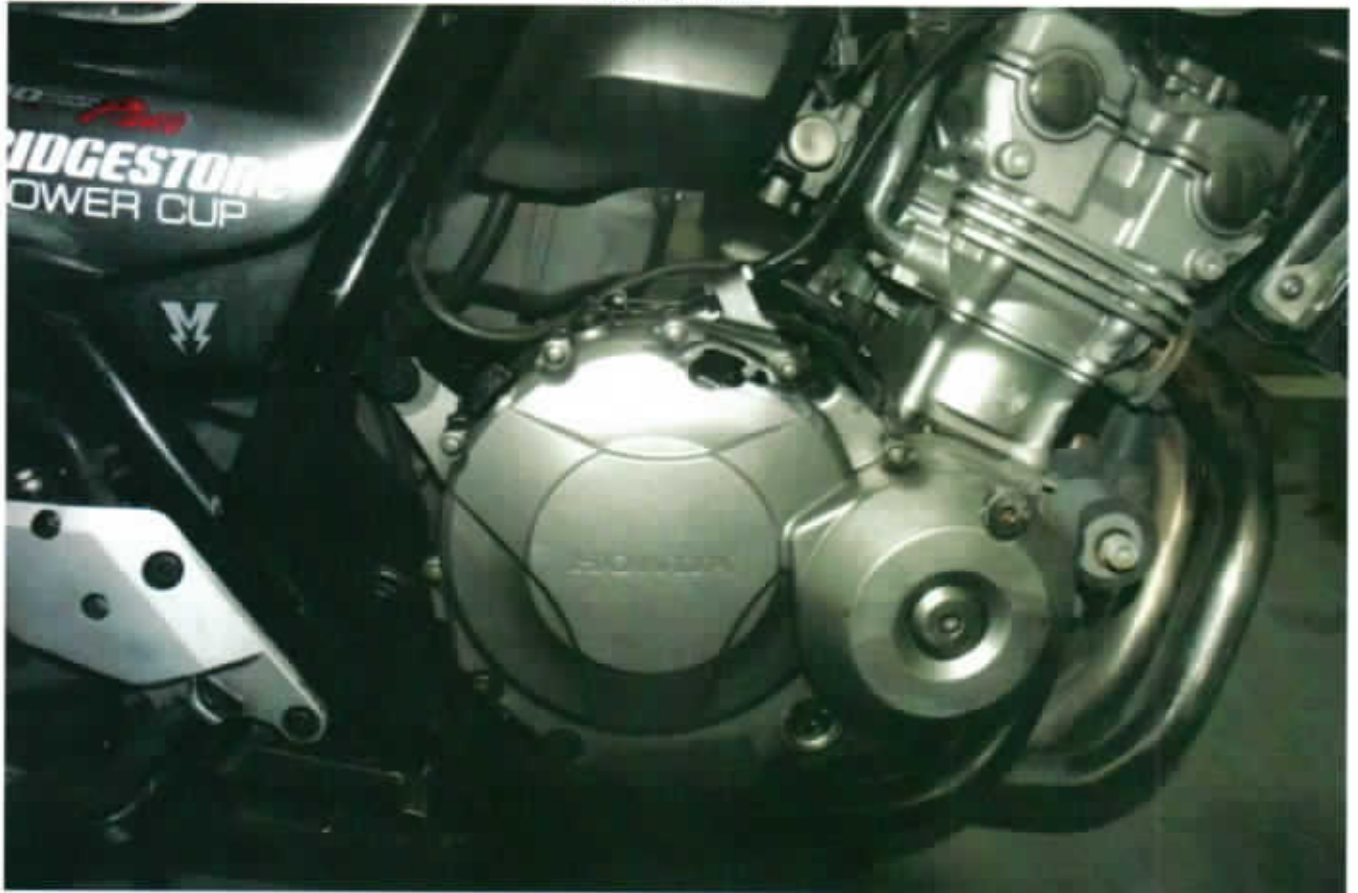
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