

## 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
EEmail 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
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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**

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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.

 02/08/17 03 AUG 2017	 02/08/17 03 AUG 2017	
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 - FBM 188A

B - SKH 2533T

05A 25/5/17

Describe Circumstances of the Accident


Please refer to police report on 31/05/2017 D 12017 0525 / 010 vide report 3 T/2017 0531/2209


Declaration

03 AUG 2017

03 AUG 2017

We declare the foregoing particulars are true in every respect.

  
02/08/17

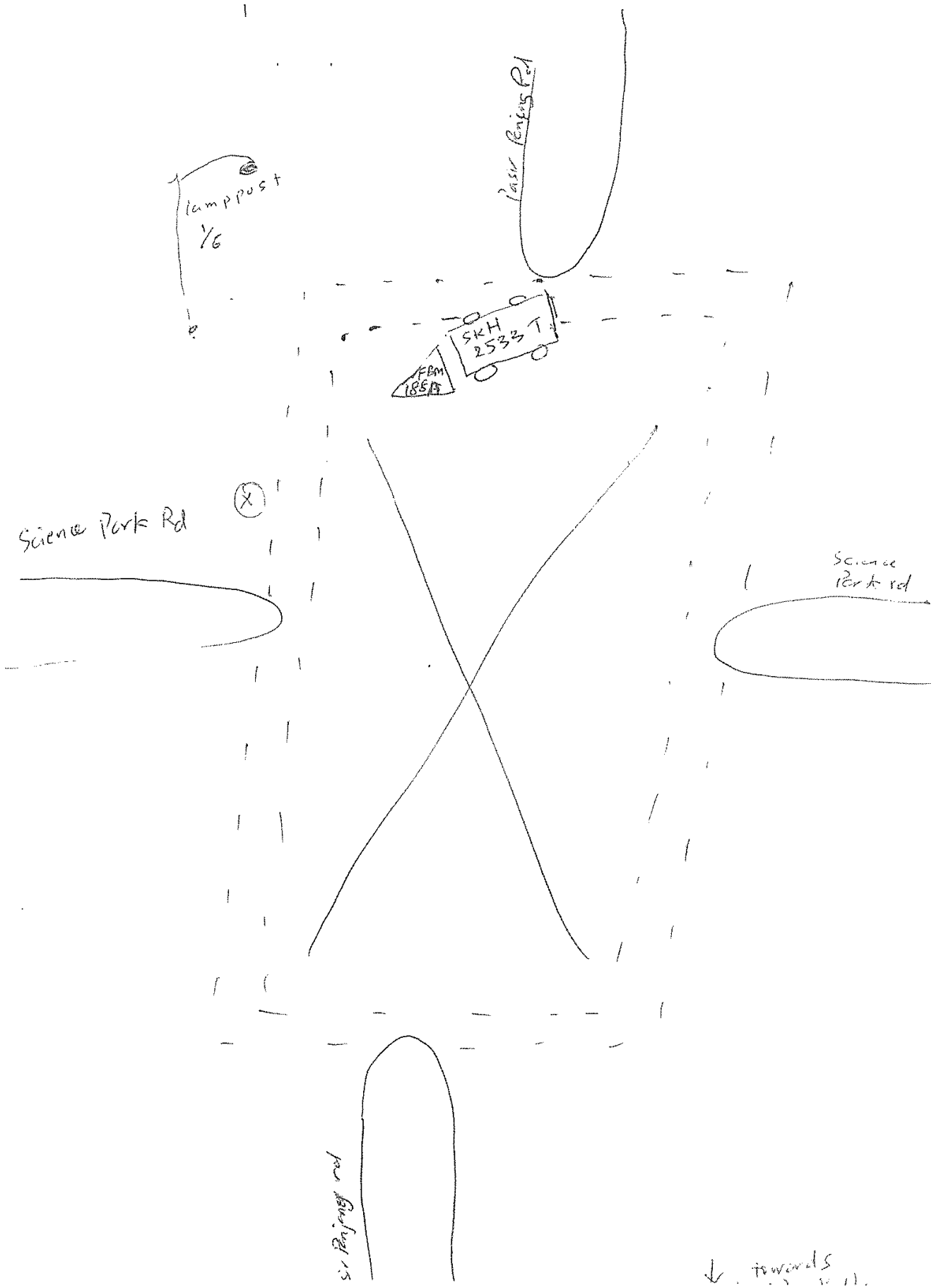
 I am also the driver



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

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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	
<b>Informant's Particulars</b>					
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:

<b>General Information of the Accident</b>				
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



**SINGAPORE  
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T/20170531/2209

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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





SINGAPORE  
POLICE FORCE



T/20170531/2209

Police Station Of Origin:

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Clementi N.P.C

Report No. T/20170531/2209

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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.



SINGAPORE  
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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. M4-0003030-8

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)	: JANJJAM BIN ROSLY	
Make/Model	: HONDA/CB400	
Capacity	: 399cc	Number of Seater : 2
Registration Number	: FBM188A	Registration Date : 16 Apr 2008
Chassis Number	: NC421002162	Insure with COE : N/A
Excess (Section 1)	: N/A	NCD Entitlement : 10%
Excess (Section 2)	: N/A	
Hire Purchase Company	: N/A	

Memo A: Vehicle Model: CB4008J M

Endorsement Operative: M1

Agency	: TELESALLES-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





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

