

## 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	09/11/2018 18:51
Date Of Accident	06/11/2018 12:00
Exact Location Of Accident	BLK 104 ALJUNIED CRESCENT OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FF2450T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HAI TECK
NRIC No	S0219109A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90611858
Alternative Phone No	OTHERS-90611858

### Vehicle Particulars

Manufacturer	YAMAHA
Model	V80
Exact Purpose for which vehicle was being used at time of accident	GOING FOR DIALYSIS TREATMENT
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	0089353121-14
Cover Note Number	

### Driver

Name of Driver	TAN HAI TECK
NRIC No	S0219109A
Date Of Birth	22/12/1953
Occupation	INDOOR
Date Of Driving Pass	02/03/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90611858
Fax Number	
Contact Number	OTHERS-90611858
Email Address	NOEMAIL

Address	BLK 75 TELOK BLANGAH DRIVE #12-306
Postcode	100075
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	2
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	TELOK BLANGAH NPP
Police Station Address	<b>ROAD:</b> 51 TELOK BLANGAH DRIVE #01-116 , <b>POSTCODE:</b> 100055 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20181109/2067

#### 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	SME5004B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KENNETH PHOON YANG JIAN
NRIC/Passport Number	S9835232E
Contact Number	91864796
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN HAI TECK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FF2450T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

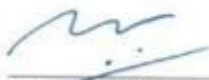
### SKETCH PLAN

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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:

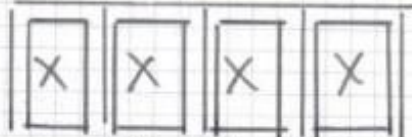
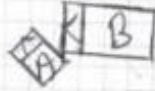
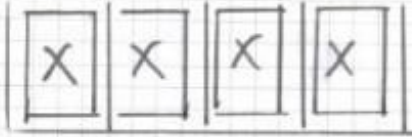
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Resli Nordin  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

BLK 104 ALJUNIED CRASH SITE OPEN CARPARK



A) FF2450T

B) SME5004B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT  
D/2018/109/2067*

## 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: *Rashid Haniff*  
NRIC/FIN No.:



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20181109/2067

1 of 2

Report No. D/20181109/2067

**POLICE REPORT (NP299)**

Police Station Of Origin  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Date/Time Report Made 09/11/2018 17:13		Vide Report No.		Station Diary No. 23	
Name Of Informant TAN HAI TECK		Address APT BLK 75 TELOK BLANGAH DRIVE #12-306 SINGAPORE 100075			
ID Type / ID No. NRIC NO / S0219109A		Contact No. Home/Office Mobile 90611858			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retiree		Sex Male	Age 64	Date of Birth 22/12/1953	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 06/11/2018 12:00		Location Of Incident 104 ALJUNIED CRESCENT HDB-GEYLANG EAST SINGAPORE 380104 Open carpark at Blk 104 Aljunied Crescent			

**Brief details.**

On the 06/11/2018 at about 1200hrs, I was riding my motorcycle regn no. FF 2450 T (Red Yamaha 80cc) at the open space carpark at Blk 104 Aljunied Crescent. As I was reaching the motorcycle parking lot, a car regn no. SME 5004 B hit my motorcycle box from behind. The car then brushed the right side of my motorcycle and causing me to lose balance. I fell to the left. I could not move and the driver came out to assist.

Signature Of Officer Recording The Report: D / Sgt 2 MOHAMMED MUNZIR BIN AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2018 17:13
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LECK SHIANG JIA Contact No.:	Classification Of Case:

Authentication Stamp



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20181109/2067

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181109/2067

At that point of time, my left leg was hurting however as I was rushing for my kidney dialysis session, I did not call for the ambulance. I asked for the driver's particulars and the driver gave me his NRIC. At that point of time, the driver's parents were around and suggested to me not to make a report and to settle the matter privately. I then went for my dialysis treatment and after which, the driver approached me again asking me to settle the matter privately. However due to the pain, I went to SGH to seek treatment and was given 02 days of MC.

The collision caused some dents and scratches to my motorcycle.

I wish to state that I am making this report for insurance claims. The particulars of the driver as follows:

- 1) Kenneth Phoon Yang Jian  
S9835232E  
B/104 Aljunied Crescent #08-251  
HP: 91864796

Signature Of Officer Recording The Report: D / Sgt 2 MOHAMMED MUNZIR BIN AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2018 17:13
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LECK SHIANG JIA Contact No.:	Classification Of Case:
Authentication Stamp	



Singapore Police Force



Singapore  
General Hospital  
SingHealth

Department of Emergency Medicine  
Outram Road  
Singapore 169608  
Tel : (65) 4321 4103  
Fax : (65) 6226 0924  
Reg No : 1967039072

ORIGINAL

MEDICAL CERTIFICATE

EMD2018423380

Name TAN HAI TECK		NRIC No. S0219109A	
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>06-Nov-2018</u> to <u>07-Nov-2018</u> inclusive.			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____		Delivered on : _____	
Discharged on : _____		Operated on : _____	
<input type="checkbox"/> Maternity Leave		<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic Emergency Medicine Singapore General Hospital		Ward No. Emergency Department Date 09-Nov-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  BERNARD TAN WEI JIE , 64425J



# MEDICAL BILL

Page: 1



Singapore  
General Hospital  
SingHealth

## TAX INVOICE

GST REG NO. : M90368910N

09.11.2018 / GADDGC SGH

TAN HAI TECK  
75 TELOK BLANGAH DRIVE  
#12-306  
SINGAPORE 100075

EXTERNAL ID/NRIC : S0219109A  
CASE NUMBER : 6718791910E  
CUSTOMER NUMBER : 3021010646  
VISIT DATE : 06.11.2018 22:42  
LOCATION : GEMD GCAE  
BILLING DATE : 07.11.2018

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S)
A&E ATTENDANCE FEE	241.00	121.00
DRUGS / PRESCRIPTIONS / INJECTIONS	1.50	0.00
TOTAL CHARGES	242.50	
GOVERNMENT GRANT	121.50	
AMOUNT PAYABLE BEFORE TAX		121.00
ADD : 7% GST		8.47
AMOUNT PAYABLE AFTER TAX		129.47
LESS : GST ABSORBED BY THE GOVERNMENT		8.47
NET AMOUNT PAYABLE		121.00
PAYMENTS		
WORK SUPPORT PROGRAMME- SINGAPOREAN		0.00
TAN HAI TECK		0.00
TOTAL DUE AFTER PAYMENTS		
AMOUNT DUE : WORK SUPPORT PROGRAMME- SINGAPOREAN		121.00
AMOUNT DUE : TAN HAI TECK		0.00
TYPE OF SUPPLY: CASH/CREDIT		

**PAYMENT** - Please pay immediately on receipt of the bill. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payee Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by internet at <https://ePay.singhealth.com.sg/egh> or vBOX at [www.vbox.com.sg](http://www.vbox.com.sg), AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, iNETS Kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.

Singapore General Hospital  
Outram Road, Singapore 169608 Tel: 6222 3322  
<http://www.sgh.com.sg> Reg No 198703907 Z  
3008-23-005-A (OCT 2014)

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

