

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	12/11/2018 19:36
Date Of Accident	06/11/2018 23:20
Exact Location Of Accident	BALESTIER RD TWDS LAVENDER ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FK2129X
Insured/Policyholder	
Name Of Registered Owner	KHOO CHARLIE
NRIC No	S0597706A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98470697
Alternative Phone No	OFFICE-98470697

Vehicle Particulars

Manufacturer	VESPA
Model	EXCELP150XE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5066988140-04
Cover Note Number	

Driver

Name of Driver	KHOO CHARLIE
NRIC No	S0597706A
Date Of Birth	02/07/1945
Occupation	INDOOR
Date Of Driving Pass	15/09/1967
Driving Experience	51 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98470697
Fax Number	
Contact Number	OFFICE-98470697
Email Address	NOEMAIL

Address	BLK 102 ALJUNIED CRESCENT #05-275
Postcode	380102
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?	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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181109/2113.

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	SHD6830R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	KHOO CHARLIE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FK2129X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:
NRIC/FIN No.:

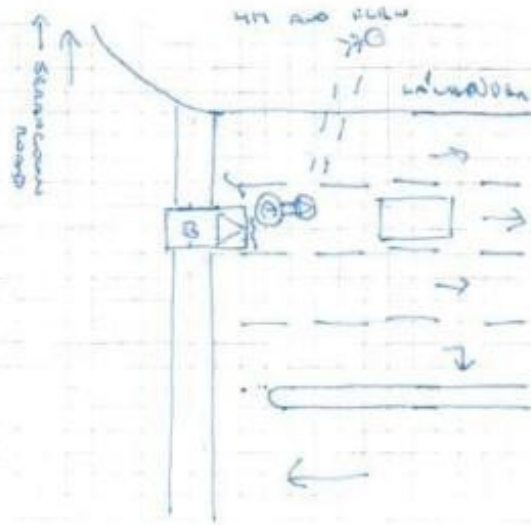
Accident Sketch Plan

SKETCH PLAN

BALESTIER ROAD TOWARDS
LAVENDER STREET.

VEHICLE A - EK 2129X

VEHICLE B - SHD 6830R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS FOR POLICE REPORT

POLICE REPORT NUMBER

T/20191109/2049.

VEHICLE A - FK2129X

VEHICLE B - SH06830R

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.: _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20181109/2113

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20181109/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2018 16:19	Vide Report No.: T/20181109/2048	Station Diary No.: 34
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Informant's Particulars

Name of Informant: KHOO CHARLIE			Address: APT BLK 102 ALJUNIED CRESCENT #05-275 SINGAPORE 380102		
ID Type / ID No.: NRIC NO / S0597706A			Contact No.: Home/Office: Mobile: 98470697		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 02/07/1945	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Cinema projectionist			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/11/2018 23:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD LAVENDER STREET J/N OF SERANGOON ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FK2129X	Motorcycle	VESPA	EXCELP150 XE	Grey		0
SHD6830R	Car	HYUNDAI		Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FK2129X	NTUC Income Insurance Co-Operative Limited	5066988140-04	01/09/2018	31/08/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181109/2113

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20181109/2113

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHOO CHARLIE	ID No.	S0597706A
Related Vehicle	FK2129X (Motorcycle)	Contact No.	98470697
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	20	Degree of Injury	Serious

Brief Details.

ON 06/11/2018 AT 2320HRS, I WAS RIDING MY SCOOTER BEARING LICENSE PLATE NUMBER FK2129X, ON MY WAY HOME AFTER MY NIGHT DUTY. I WAS TRAVELLING FROM BALESTIER ROAD TOWARD LAVENDER STREET. AT THE JUNCTION OF SERANGOON ROAD, THE TRAFFIC LIGHT WAS GREEN WHEN SUDDENLY A "COMFORT" TAXI BEARING LICENSE PLATE NUMBER SHD6830R CAME SPEEDING FROM BEHIND ME AND COLLIDED ONTO MY SCOOTER. AS A RESULT, I WAS FLUNG 10 METERS FROM MY SCOOTER. I WAS INJURED AND ABOUT 10 MINUTES LATER, THE AMBULANCE ARRIVED AT THE SCENE AND TOOK ME TO TTSH. I WAS WARDED AT TAN TOCK SENG HOSPITAL AND DISCHARGED ON 08/11/2018 AND GIVEN 20 DAYS MEDICAL LEAVE

Police Report



**SINGAPORE
POLICE FORCE**



T/20181109/2113

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20181109/2113

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:

G /
Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUL
AZIZ

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Insp MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

09/11/2018 16:19

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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