

## 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	05/12/2018 11:18
Date Of Accident	18/11/2018 05:30
Exact Location Of Accident	CROSS JUNCTION OF ALEXANDRA ROAD/TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ3023G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH HEE HOCK
NRIC No	S0593384F
Email Address	JAMES83WU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98368730
Alternative Phone No	OTHERS-98368730

### Vehicle Particulars

Manufacturer	SUZUKI
Model	GN 125-125CC (M)
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	5094460620-01
Cover Note Number	

### Driver

Name of Driver	GOH HEE HOCK
NRIC No	S0593384F
Date Of Birth	08/10/1950
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98368730
Fax Number	
Contact Number	OTHERS-98368730
Email Address	JAMES83WU@GMAIL.COM

Address	BLK 129 CLARENCE LANE #13-40
Postcode	140129
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 ON COLLISION
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	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <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 T/20181203/2030

#### 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	SHC8572C
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	GOH HEE HOCK
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FZ3023G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan


### 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 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:

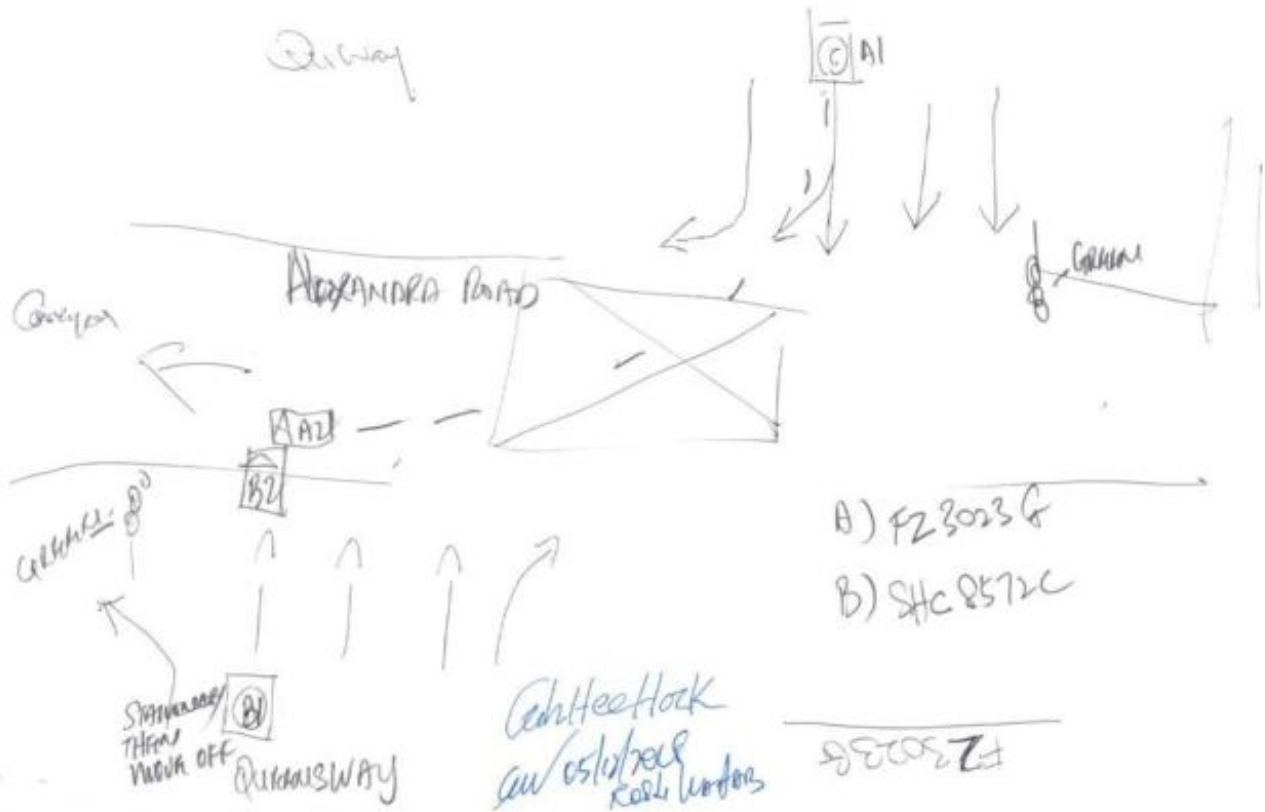
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



## Accident Sketch Plan

### SKETCH PLAN

REFER TO ATTACHMENT 7

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO D. LICK  
7/2018/203/2030  
REFER 7

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Goh Hee Hock

Policyholder's Signature  
Date & Time:

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

05/12/2018  
Reporting Centre Personnel's Signature  
Name: Roshi Mathias  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181203/2030

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3  
Report No. T/20181203/2030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 11:22	Vide Report No.:	Station Diary No.: 10
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### Informant's Particulars

Name of Informant: GOH HEE HOCK			Address: APT BLK 129 CLARENCE LANE #13-40 SINGAPORE 140129		
ID Type / ID No.: NRIC NO / S0593384F			Contact No.: Home/Office: Mobile: 98368730		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 08/10/1950	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/11/2018 05:30	Type of Location: X-Junction
Location: Along Road 1 TIONG BAHRU ROAD				
Junction of Alexandra Road and Tiong Bahru Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
FZ3023G	Motorcycle	SUZUKI	GN125	Black	Seriously Damaged	0
SHC8572C	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ3023G	NTUC Income Insurance Co-Operative Limited	5094460620-01	21/09/2018	20/09/2019

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181203/2030

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 3

Report No. T/20181203/2030

CONTINUATION OF REPORT

### **Brief Details.**

On 18/11/18 at about 0530hrs, I am riding my motorcycle (FZ3023G) along Alexandra Road towards Havelock Road. As the traffic was in my favour, I made a check and noticed a taxi stationary at the opposite road. I then subsequently turned right towards Tiong Bahru Road. While turning, the said taxi bearing the registration plate number (SHC8572C) from the opposite road suddenly drove off and collided onto my motorcycle. As such, I fell down and sustained a cut on my left leg. I was then conveyed by ambulance to Singapore General Hospital and was given 17 days medical certificate.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181203/2030

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 3

Report No. T/20181203/2030

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 CHUA DE WEI

Signature Of Informant:

*Goh Hee Hock*

Signature Of Interpreter:

Not applicable

Date/Time:

03/12/2018 11:22

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Classification Of Case:

Authentication Stamp

NP168

SN 45

ORIGINAL

MEDICAL CERTIFICATE

OTO2018435741

Name GOH HEE HOCK		NRIC No. S0593384F	
This is to certify that the above-named is unfit for duty for a period of <u>17</u> days from <u>18-Nov-2018</u> to <u>04-Dec-2018</u> inclusive.			
Type of medical leave granted:			
<input checked="" type="checkbox"/> Hospitalization Leave		<input type="checkbox"/> Outpatient Sick Leave	
Admitted on <u>18-Nov-2018</u>		<input type="checkbox"/> Maternity Leave, Delivered on: _____	
Discharged on <u>20-Nov-2018</u>		<input type="checkbox"/> Sterilization Leave, Operated on: _____	
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 Orthopaedic Surgery Singapore General Hospital		Ward No. W75 Date 20-Nov-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  BRANDON CHERN ZER HAN, P0568F

## LETTER



**SINGAPORE  
POLICE FORCE**

Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 19 Nov 2018

Your Ref :  
Our Ref : TP/IP/63691/2018

GOH HEE HOCK  
APT BLK 129 CLARENCE LANE  
#13-40  
SINGAPORE 140129

000048



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING FZ3023G ALONG ALEXANDRA ROAD JUNCTION OF  
TIONG BAHRU ROAD ON 18 NOV 2018 @ 5.36 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer YAN MINGSHENG DANIEL at his / her office number: 65476252 or the supervisor NEO CHIN LOONG at 65476197 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION

LETTER



Our Ref: MT/CA/TP/059/1020436-001/QSK/VU

19 Nov 2018

GOH HEE HOCK  
BLK 129 #13-40  
CLARENCE LANE  
SINGAPORE 140129

Dear Policyholder

**CLAIM NUMBER: MT/1020436-001**  
**ACCIDENT INVOLVING F23023G / SHC8572C on 18 Nov 2018**

We would like to inform you that a claim for S\$5,243.68 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Goh Peng Hong  
Manager  
Motor Insurance

**NTUC Income Insurance Co-operative Limited**  
Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6788 1777 • Fax: 6338 1500 • Email: [enquiry@income.com.sg](mailto:enquiry@income.com.sg) • Website: [www.income.com.sg](http://www.income.com.sg)  
an NTUC Social Enterprise

## CHIN KANG MOTORCYCLE

Business Registration No. 447945/00M  
205, LAVENDER STREET, SINGAPORE 338764  
TEL: 6297 1141 FAX: 6297 1141

**CASH SALE**

No. 17532

Messrs

FZ 3003 G

DATE 1-12-18

数量 QUANTITY		品名 DESCRIPTION	單價 UNIT PRICE	總價 AMOUNT
		修正車身		\$380-00
		手鏡 一付		20-00
		手燈 一付		20-00
		喇叭		6-00
		之前補		120-00
		燒焊, 拆裝工錢		300-00
				7
GOODS RECEIVED IN GOOD CONDITION & ARE NON RETURNABLE OR EXCHANGEABLE.			TOTAL	\$846-00

Issued By

Accident Photo



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