

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	11/12/2018 18:08
Date Of Accident	27/11/2018 13:45
Exact Location Of Accident	ALONG CLEMENTI ROAD TOWARDS CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX4210L
Insured/Policyholder	
Name Of Registered Owner	ANG CHWEE KIM
NRIC No	S1430854G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97328738
Alternative Phone No	OTHERS-97328738

Vehicle Particulars

Manufacturer	PIAGGIO
Model	X9 200-198CC EVO (A)
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	5048365498-06
Cover Note Number	

Driver

Name of Driver	ANG CHWEE KIM
NRIC No	S1430854G
Date Of Birth	20/10/1960
Occupation	INDOOR
Date Of Driving Pass	17/02/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97328738
Fax Number	
Contact Number	OTHERS-97328738
Email Address	NOEMAIL

Address	BLK 95 COMMONWEALTH DRIVE #03-770
Postcode	140095
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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181210/2108

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF1050A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	ANG CHWEE KIM
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FX4210L
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.: _____

SKETCH PLAN



B) SLF 1050A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q.2. Refer to page 10/2008

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

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

Reporting Centre Personnel's Signature
Name: *Keshi Up*
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181210/2108

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20181210/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2018 16:46		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: ANG CHWEE KIM			Address: APT BLK 95 COMMONWEALTH DRIVE #03-770 SINGAPORE 140095		
ID Type / ID No.: NRIC NO / S1430854G			Contact No.: Home/Office: Mobile: 97328738		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 20/10/1960	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Cook			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: 27/11/2018 13:45	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD				
Along Clementi Road towards Clementi Avenue 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX4210L	Motorcycle	PIAGGIO	X9 200 EVO A	Black	Seriously Damaged	0
SLF1050A	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX4210L	NTUC Income Insurance Co-Operative Limited	5048365498-07	01/12/2018	30/11/2019

POLICE REPORT



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T/20181210/2108

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111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20181210/2108

CONTINUATION OF REPORT

Brief Details.

On 27/11/2018 at about 1345hrs, I was travelling along Clementi road towards Clementi Avenue 6 on my vehicle FX4210L. Suddenly a vehicle knocked onto the rear of my motorbike and I flung out from my motorbike and rolled on the road. I wished to state that I did not see what happened but I managed to take a photo of the vehicle (SLF1050A) that knocked onto my motorbike before I was conveyed to NUH by the ambulance and was given 32 days MC from 28/11/2018 to 27/12/2018. I wanted to lodge a police report for insurance claims and record purpose.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181210/2108

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

Report No. T/20181210/2108

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 LIU FENGZHAN, GERRY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/12/2018 16:46

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP168

SN 50

51/21

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 198500843R



MEDICAL CERTIFICATE

AMENDED ORIGINAL

NUH18315965

NAME: ANG CHWEE KIM

NRIC: S1430854G

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 32 day(s) from 27-Nov-2018 to 28-Dec-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 27-Nov-2018 14:35 to 09-Dec-2018 09:52

08-Dec-2018

Date


A member of the NUHS

LYNETTE SIM PEI SHUEN
(P08211)

Issued by

NW51

Location


Signature

MEDICAL RECORD

NATIONAL UNIVERSITY HOSPITAL 5 Lower Kent Ridge Road, Singapore 119074 Tel: (65) 6779 5555	 NUH National University Hospital
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HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

ANG CHWEE KIM | S1430854G | 58Y 1M | M | Chinese | 1519128739E | 28-Nov-2018 | 09-Dec-2018

ADMISSION DETAILS

Admission Date: 28-Nov-2018	DOB: 20-Oct-1960	Age: 58Y 1M (as of admission)
Ward: Ward 51 (Ortho)	Room: ROOM 06	Bed: BED 021
Patient Type: Inpatient	Patient Class: Class B2	
Attending Dr: SANDEEP JACOB SEBASTIN (11004C)	Medical Service Code: Trauma	

DISCHARGE DETAILS

Discharge Date/Time: 09-Dec-2018 09:48	Condition at Discharge: Improved - Condition better than at time of admission
Discharge Status: Patient discharged	

DIAGNOSIS

OPEN WOUND OF LOWER LIMB WITH COMPLICATION
CLOSED FRACTURE ANKLE, MEDIAL MALLEOLUS
CLOSED FRACTURE OF PHALANX OF TOE
CLOSED FRACTURE OF THE PROXIMAL HUMERUS
HYPOKALEMIA
MOTOR VEHICLE TRAFFIC ACCIDENT
OPEN WOUND OF KNEE AND/OR LEG AND/OR ANKLE

PROCEDURE

Procedure	Date/Time
Upper Limb/Lower Limb, Major soft tissue defects, Pedicled flap	05-Dec-2018 08:54
Skin and Subcutaneous Tissue, Deep>3cm/Extensive Contaminated Wound, Debridement	29-Nov-2018 01:19
SKIN & SUBCUTANEOUS TISSUE,DEEP/EXTENSIVE CONTAMINATED WOUND,DEBRIDEMENT	01-Dec-2018 23:13

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy
No drug allergy

Medical Alert

No medical alert

The drug allergy data is accurate as at 09-Dec-2018 10:13

CLINICAL SUMMARY

Follow up

No need abx on d/c
PT to fit aircast boot - FWB with aircast boot on
aircast boot to keep on at all times
analgesia - panadeine 2 tabs TDS PRN, voltaren 50mg TDS with famotidine cover
hirudoid 2 tubes on discharge
TCU Dr Gavin 1/52 on discharge with XR left shoulder and R ankle OA
TCU Dr. Sandeep JS at HRMC friday 14/12/18
HL x 2 weeks

By : TAN YI LIN(P0911H)

Date : 09-Dec-2018 10:13

This is a computer-generated summary of information available and correct at point of print.
Please refer to your doctor for further information or clarification.

Printed by: SOM CIT A/P NAI SONG KET
Printed Date/Time: 09-Dec-2018 11:20

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Page 1 of 2

MEDICAL RECORD

NATIONAL UNIVERSITY HOSPITAL 5 Lower Kent Ridge Road, Singapore 119074 Tel: (65) 6779 5555		
HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY		

ANG CHWEE KIM | S1430854G | 58Y 1M | M | Chinese | 1519128739E | 28-Nov-2018 | 09-Dec-2018

Discharge Medication

The discharge medication data is accurate as at 09-Dec-2018 10:13

Route	Medication Name	Dosage Regimen	Instructions
PO	CHLORPHENIRAMINE Tablet	4 MG every night when necessary 5 DAYS	Insomnia
PO	TRAMADOL Tablet	50 MG every 8 hours when necessary 2 WEEKS	Pain
PO	METOCLOPRAMIDE Tablet	10 MG 3 times a day when necessary 2 WEEKS	Nausea and/or vomiting
PO	DICLOFENAC SOD EC Tablet	50 MG 3 times a day 5 DAYS	Pain
PO	FAMOTIDINE Tablet	20 MG 2 times a day 5 DAYS	with diclofenac
Topical	HIRUDOID Cream	1 APPLY when required	for bruise
PO	PACECO Tablet	2 TAB 3 times a day when necessary 2 WEEKS	pain

Medical Certificate

MC Number	: NUH18315965	Issued by	: LYNETTE SIM PEI SHUEN
Leave Type	: Hospitalization Leave	Fit to attend court	: Yes
Unfit for duty	: 27-Nov-2018 to 28-Dec-2018	Fit for light duty	:
Remarks	:		

Future Appointment

Not Applicable

Planned Orders

Not Applicable

By : TAN YI LIN(P0911H)

Date : 09-Dec-2018 10:13

This is a computer-generated summary of information available and correct at point of print.
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Printed by: SOM CIT A/P NAI SONG KET
Printed Date/Time: 09-Dec-2018 11:20

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Accident Photo



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