

## 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	27/12/2018 11:23
Date Of Accident	17/12/2018 20:40
Exact Location Of Accident	BARTLEY RD TWDS BRADDELL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5503S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU AH HOCK
NRIC No	S7082952E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91374983
Alternative Phone No	OFFICE-91374983

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00002336
Cover Note Number	

### Driver

Name of Driver	LAU AH HOCK
NRIC No	S7082952E
Date Of Birth	17/07/1970
Occupation	INDOOR
Date Of Driving Pass	26/10/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91374983
Fax Number	
Contact Number	OFFICE-91374983
EEmail Address	NOEMAIL

Address	BLK 549B SEGAR ROAD #05-650
Postcode	672549
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 (including own vehicle) 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 PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20181218/2087.

### 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	SKC2890M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHIEW MUN
NRIC/Passport Number	S7517359H
Contact Number	90672656
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LAU AH HOCK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBH5503S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

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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.

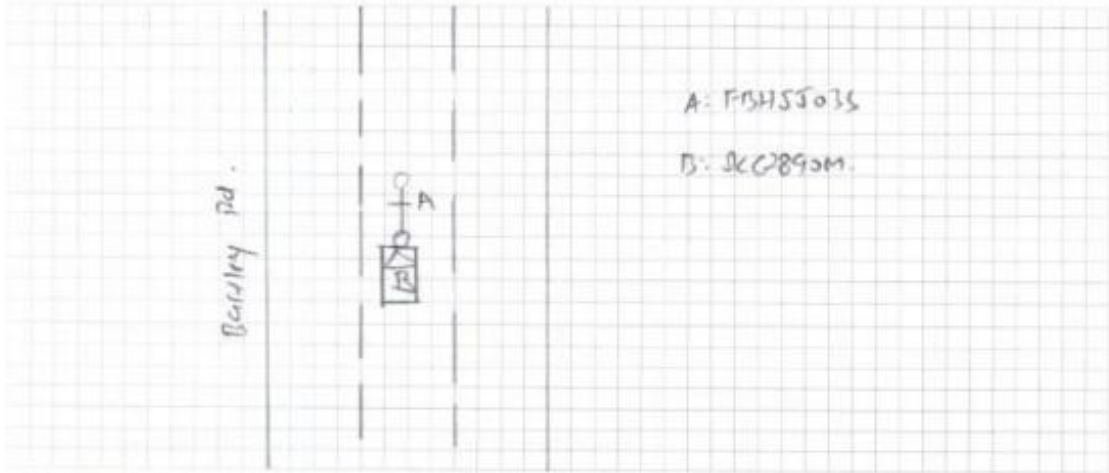
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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



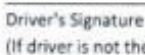
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20181215/2087.

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/20181218/2087

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20181218/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2018 15:05	Vide Report No.:	Station Diary No.: 84
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**Informant's Particulars**

Name of Informant: LAU AH HOCK		Address: APT BLK 549B SEGAR ROAD #05-650 SINGAPORE 672549	
ID Type / ID No.: NRIC NO / S7082952E		Contact No.: Home/Office:                      Mobile: 91374983	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 17/07/1970	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Certis Cisco Airport		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/12/2018 20:40	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD  Along braddell road towards Lornie Road				
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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5503S	Motorcycle	HONDA	CBF150	Red	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5503S	FWD Singapore Pte. Ltd	PNMC2018-00002336	17/07/2018	16/07/2019

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20181218/2087

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20181218/2087

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LAU AH HOCK	ID No.	S7082952E
Related Vehicle	NIL	Contact No.	91374983
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/12/2018	Date Discharge	18/12/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	Goh Chiew Mun	ID No.	S7517359H
Related Vehicle	NIL	Contact No.	90672656
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 17/12/2018 at about 2040hrs, i was riding my motorcycle (FBH5503S) along braddell road towards Lornie road. Out of the sudden, a car from my rear hit me from the back which caused me to skid and fall off from my motorcycle. i am not too sure about the vehicle plate number as i was giddy at the moment. I was attended by ambulance and Traffic police.

I suffered pain mostly over my left ankle and right thumb and abrasions over my right forearm and bilateral knees. I was given 7 days medical leave by Tan Tock Seng Hospital. No government damaged. i was informed by TP officer to lodge a police report. I am not too sure about the estimated cost of my repair.

Police Report



SINGAPORE  
POLICE FORCE



T/20181218/2087

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No. 1800-8929999

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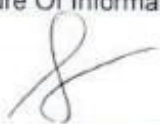

Report No. T/20181218/2087

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: J/ ONG YI PENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2018 15:05
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168 	



Accident Photo



Accident Photo



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