

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	05/01/2019 16:03
Date Of Accident	04/01/2019 09:30
Exact Location Of Accident	ALONG SIMEI STREET 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA245G
Insured/Policyholder	
Name Of Registered Owner	SEAH WEE KOK
NRIC No	S0293496E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96724577
Alternative Phone No	OTHERS-96724577

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5057751859-06
Cover Note Number	

Driver

Name of Driver	SEAH WEE KOK
NRIC No	S0293496E
Date Of Birth	11/10/1941
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1966
Driving Experience	52 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96724577
Fax Number	
Contact Number	OTHERS-96724577
Email Address	NOEMAIL

Address	BLK 144 TAMPINES STREET 12 #11-376
Postcode	521144
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 - MAJOR/MINOR RD
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190104/2139

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	SGE669L
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	SEAH WEE KOK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBA245G
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.
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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.

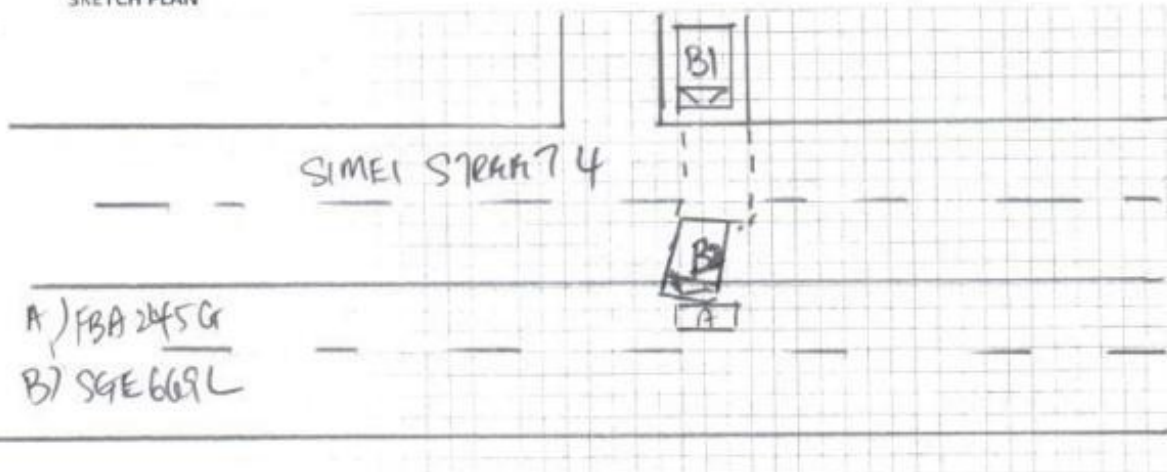

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: Pesli Wathans
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

218 REFNO 70 POLICE REPORT
7/20/90104/2139

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/20190104/2139

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190104/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2019 19:42	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars

Name of Informant: SEAH WEE KOK			Address: APT BLK 144 TAMPINES STREET 12 #11-376 SINGAPORE 521144	
ID Type / ID No.: NRIC NO / S0293496E			Contact No.: Home/Office:	Mobile: 96724577
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 77	Date of Birth: 11/10/1941	Type of Informant: Rider	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: COURIER RIDER			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: 04/01/2019 09:30	Type of Location Straight Road
Location: Along Road 1 SIMEI STREET 4 ALONG SIMEI STREET 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
FBA245G	Motorcycle	HONDA	WAVE 125R A	Orange	Slightly Damaged	0
SGE669L	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Da
FBA245G	NTUC Income Insurance Co-Operative Limited	5057751859-06	04/01/2019	03/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190104/2139

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 2
Report No. T/20190104/213

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SEAH WEE KOK	ID No.	S0293496E
Related Vehicle	FBA245G (Motorcycle)	Contact No.	96724577
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2019	Date Discharge	04/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 04/01/2019, at about 0930hrs, I was riding along Simei Street 4 on my motorcycle (FBA245G) when another vehicle (SGE669L) suddenly turned out from the car park of Blk 235 Simei Street 4 and knocked onto my left side. The weather was clear and traffic condition was light.

As such, I fell off from my motorcycle and landed on my right side. I was subsequently conveyed to Changi General Hospital conscious. However, I suffered abrasions on my arms and legs area.

I was discharged on the same day with seven days of medical leave from 04/01/2019 to 10/01/2019.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190104/2139

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190104/2139

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 3 SOPHIA SIM SHI MEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202



SINGAPORE
Police Station Stamp
NP168

Signature Of Informant:

Date/Time:

04/01/2019 19:42

Classification Of Case:



Changi
General Hospital
SingHealth

MEDICAL CERTIFICATE

EMD20192678

ORIGINAL

Name SEAH WEE KOK		NRIC No. S81087604	
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>04-Jan-2019</u> to <u>10-Jan-2019</u> .		Date of issue: <u>04-Jan-2019</u>	
Type of medical leave granted:		<input checked="" type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sterilization Leave	
<input type="checkbox"/> Hospitalization Leave Admitted on: _____ Discharged on: _____		Delivery: _____ Operation: _____	
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: _____ and left at <u>N.A.</u>			
The above-named patient attended my clinic at _____ No medical leave is necessary.			
Hospitals/Clinic Emergency Medicine Changi General Hospital		Ward No. CGH Accident & Emergency Date 04-Jan-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. YANG YI XIAN, 63622C

MEDICAL BILL



**Changi
General Hospital**
SingHealth

Billing Enquiries: Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
Tel. 6936 6011 / 6936 6012 / 6936 6013 Email: billing@cgh.com.sg

PAGE: 1

GST Registration No.: M2-0088821-9

TAX INVOICE

CAENSI

04.01.2019 15:33 hrs

Bill To

SEAH WEE KOK
144 TAMPINES STREET 12
#11-376 SINGAPORE 521144

MRN/NRIC : X01367608711
CASE NUMBER : 6919301399E
CUSTOMER : 3026760871
A&E VISIT : 04.01.2019 09:3

Name of Patient SEAH WEE KOK

Service Description	Amount (\$S)	
	Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
X-RAY INVESTIGATIONS	71.00	0.00
A&E ATTENDANCE FEE	256.00	126.00
A&E PROCEDURES	25.00	0.00
TOTAL CHARGES	352.00	
LESS : GOVERNMENT GRANT	226.00	
AMOUNT PAYABLE BEFORE TAX		126.00
ADD : 7% GST		8.82
AMOUNT PAYABLE AFTER TAX		134.82
LESS : GST ABSORBED BY THE GOVERNMENT		8.82
NET AMOUNT PAYABLE		126.00
PAYMENT SEAH WEE KOK		0.00
AMOUNT DUE SEAH WEE KOK		126.00
FOR INFORMATION: ST: X SN: X01367608711		
TYPE OF SUPPLY: CASH/CREDIT		

VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement> Section B> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers> Services> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan. Payment may be made in DHS (Banking, ANS or NETS station, via Cash/Deposit and/or ATM direct deposit at <http://www.cpf.gov.sg/health/shield/public-payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO-02-003.R

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

Amount Enclosed : S

Cheque No./Bank :

X01367608711 SEAH WEE KOK

CGH X01367608711

6919301399E

04.01.2019

15:33 hrs

BALANCE DUE : S\$ 126.00
MRN/NRIC : X01367608711
CASE NUMBER : 6919301399E
ADMISSION DATE : 04.01.2019

0000000000012600

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

