

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	13/12/2018 11:31
Date Of Accident	07/12/2018 15:40
Exact Location Of Accident	LENTOR AVE (JUNCTION OF YISHUN AVE 1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8751L
Insured/Policyholder	
Name Of Registered Owner	CHANG YEW WYE
NRIC No	S1530531B
Email Address	DAVIDCHANGYW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81133681
Alternative Phone No	OTHERS-81133681

Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200A BURGMAN 200 ABS
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3160863
Cover Note Number	11/12/2017 - 10/12/2018

Driver

Name of Driver	CHANG YEW WYE
NRIC No	S1530531B
Date Of Birth	05/12/1962
Occupation	INDOOR
Date Of Driving Pass	06/03/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81133681
Fax Number	
Contact Number	OTHERS-81133681
Email Address	DAVIDCHANGYW@GMAIL.COM

Address	BLK 8 JALAN KUKOH #12-35
Postcode	162008
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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 [OTHER]	KRETA AYER NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO HIS OWN WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME4809C
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 OTHER VEHICLE PROPERTY 2

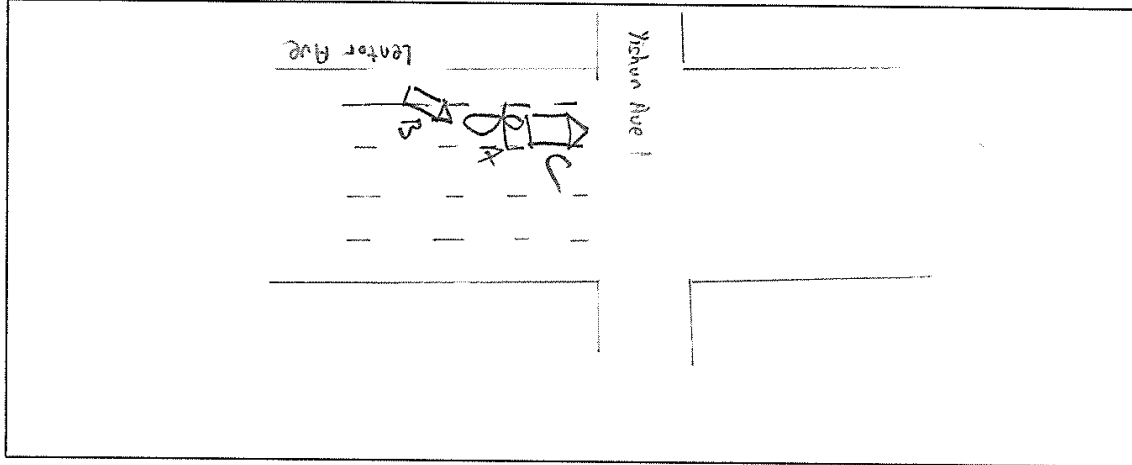
Vehicle Registration Number	GBE7788P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHANG YEW WYE
Approximate Age	
Injuries Sustain	LIP,CHEST & LEG
Injured person in which vehicle?	FBJ8751L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

Date of accident: 7 Dec 2018 Time: 3:40pm Location: Lentor Ave (Junction of Yishun Ave 1)
 My Vehicle A: FBJ 8751 L Vehicle B: SME 4809 C Vehicle C: GBE 7788 P
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7th Dec 2018 @ about 3:40pm I was heading to work @ Yishun. Along Lentor Ave @ junction of Yishun Ave 1. It was raining and the road condition is wet. While I was approaching the traffic light junction between Lentor Ave & Yishun Ave 1, towards Yishun Ave 2, the traffic light is Red. Before I can completely stop, I feel a hard impact coming from my back and I lost control of my back and I lost control of my bike and hit the front vehicle (GBE 7788P) and went under the vehicle. I was conveyed to the hospital by ambulance. I sustained head, chest, mouth & leg injuries from the accident. I was warded for 5 Days & given 10 Days of MC. My Bike was also badly damaged due to the knock from the back vehicle (SME 4809 C)

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Lian Chim Heng Motor & Carriage

Email address : lchmotor@gmail.com

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:

AH LIM MOTOR COMPANY

SKETCH PLAN

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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.:





**SINGAPORE
POLICE FORCE**



T/20181212/2120

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

1 of 3

Report No. T/20181212/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2018 18:45	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: CHANG YEW WYE		Address: APT BLK 8 JALAN KUKOH #12-35 SINGAPORE 162008	
ID Type / ID No.: NRIC NO / S1530531B		Contact No.: Home/Office: Mobile: 81133681	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 05/12/1962	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Photographer		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/12/2018 03:30	Type of Location: Straight Road
Location: Along Road 1 LENTOR AVENUE YISHUN AVENUE 1 Junction				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
FBJ8751L	Motorcycle	SUZUKI	UH200A BURGMAN 200 ABS	Grey		0
GBE7788P	Lorry					1
SME4809C	Car					2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20181212/2120

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

2 of 3

Report No. T/20181212/2120

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8751L	AXA INSURANCE SINGAPORE PTE LTD	AN3170139	11/12/2018	10/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHANG YEW WYE		ID No. S1530531B
Related Vehicle	FBJ8751L (Motorcycle)		Contact No. 81133681
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	07/12/2018		Date Discharge 12/12/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

On 07/12/2018 around 1530hrs I was at Lentor Avenue, driving my motorcycle (FBJ8751L) to work. I was coming to a stop when the car (SME4809C) right front head knock onto the rear of my motorcycle. I lost control of my Vehicle and bang into the lorry (GBE778P) in front of me and fell.
The driver that banged into me, came down from her car and said "sorry, I did not see you "
The ambulance and police attended the incident. The ambulance conveyed me to SGH. I sustained an impact on my head, redness and pain from the right side of my chest and blue black on my left thigh. I was warded at SGH Haematology for 5 days and was given 10 days MC
The traffic police asked me to make police report that's why I came.



**SINGAPORE
POLICE FORCE**



T/20181212/2120

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

3 of 3

Report No. T/20181212/2120

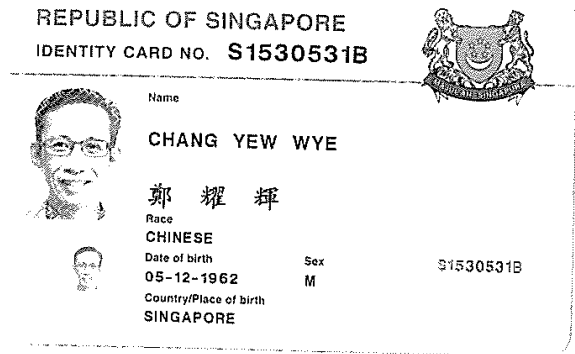
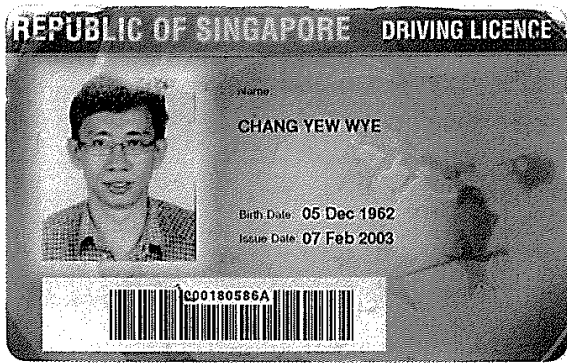
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

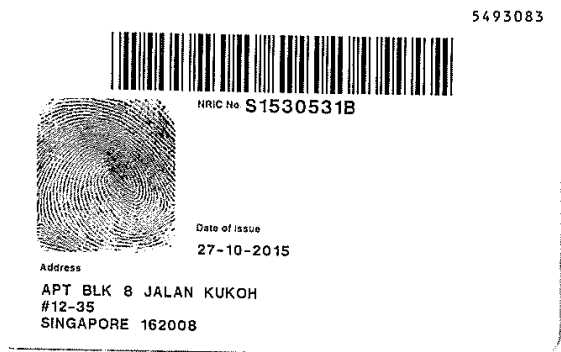
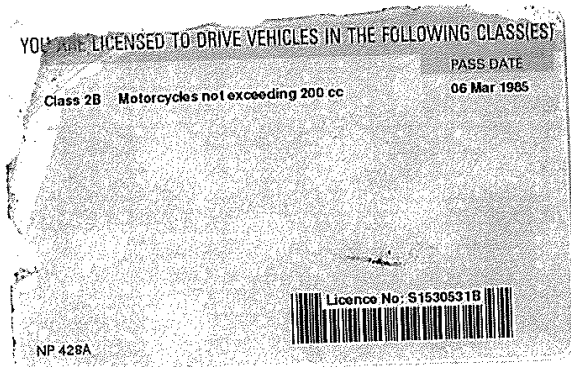
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 2 WAYNE LIM CHEE KIAN <i>WLM</i>	Signature Of Informant: <i>[Signature]</i> 12 Dec 2018
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2018 18:45
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216 <i>WLM</i>	Classification Of Case:
Authentication Stamp NP168	



Hp. 8113 3681

Email. davidchangyw@gmail.com.



Drinking
 up, yes
 up, chest,
 leg
 ce. ~~yes~~ (pass to his
 Watsong)
 Tshar 1.

Sketch Plan Pg. 7

AXA INSURANCE PTE LTD
 5 Shenton Way, #24-01 AXA Tower
 Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number 190903512M



Original

A/c No: 03375
Policy No (if any):
Renewal
SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **AN3160863 ()**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore, or
- The Road Transport Act 1987 of Malaysia, or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992,
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	CHANG YEW WYE
MAKE AND DESCRIPTION OF VEHICLE	SUZUKI BURGMAN 200 連真興摩哆行
VEHICLE REGISTRATION NO.	FBJ8751L LIAN CHIN HENG MOTOR & CARRIAGE
YEAR OF MANUFACTURE	2014 Showroom : BLK 731 YISHUN ST. 72
ENGINE NO.	H405401271 #01-43 S'PORE 760731
CHASSIS NO.	MLCC9112100401271 TEL: 6754 6922 FAX: 6755 6985
ENGINE CAPACITY/TONNAGE	200 Service Ctr: BLK 22 WOODLANDS LINK
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	LIAN CHIN HENG MOTOR & CARRIAGE
VALUE (\$\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 11-Dec-2017 TO: 10-Dec-2018
EXCESS (\$\$)	300
AXA PREMIUM WORKSHOP?	Yes

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES PL on 22-Nov-2017 4:32:09 PM

Authorised Signature

- Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum S\$53.50 (inclusive of GST) if the policy is cancelled after the inception date.
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception

ATTN: C. NO. 171 03

MRN: S1530531B
Visit: 6718393100C
Age: 56y (05-Dec-1962)

CHANG YEW WYE
Gender: Male

Singapore General Hospital
Current Location:
W72-0011-04

HAE Correspondence Note SGH [Charted Location: W72-0011-04] [Authored: 12-Dec-2018 11:47]- for Visit: 6718393100C, Complete, Entered, Signed in Full, General

Memo to MRO.

Dear colleague,

∴

The abovementioned patient has a background of Haemophilia A. He was involved in an RTA and sustained a left thigh hematoma and bleeding over the lips as well as chest wall contusion as a result. He stayed in SGH hospital from 7/12/18 to 12/12/18 and was well on discharge.

He is currently filing claims with his insurance company. Please assist him with the administrative process of insurance claim. Your assistance is much appreciated.

Dr Mabel Tan
on behalf of Dr Grace Kam
SGH Haematology.

Electronic Signatures:

Mabel Tan Si Hua (Doctor) (Signed 12-Dec-2018 11:50)

Authored: Correspondence

Last Updated: 12-Dec-2018 11:50 by Mabel Tan Si Hua (Doctor)

Requested by: Mabel Tan Si Hua (Doctor), 12-Dec-2018 11:50


Page 1 of 1

Sketch Plan Pg. 9

ORIGINAL

MEDICAL CERTIFICATE

HAE2018465468

Name CHANG YEW WYE		NRIC No. S1530531B
This is to certify that the above-named is unfit for duty for a period of <u>15</u> days from <u>07-Dec-2018</u> to <u>21-Dec-2018</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>07-Dec-2018</u>	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : <u>12-Dec-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 Haematology Singapore General Hospital	Ward No. W72 Date 12-Dec-2018	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  MABEL TAN SI HUA , 60871H

CONFIDENTIAL PATIENT INFORMATION - HANDLE ACCORDING TO HOSPITAL POLICY

Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name:	CHANG YEW WYE	Admission Date:	07 Dec 2018
MRN:	S1530531B	Gender:	Male
Date of Birth:	05 Dec 1962	Clinical Discharge Date:	12-Dec-2018
Address:	Blk/Hse:8, Level/Unit:12-35 JALAN KUKOH . Singapore 162008	Clinical Discharge Type:	Planned Discharged
		Length of Stay:	5 day(s)
		Account:	6718393100C
		Principal Doctor:	Aloysius Ho Yew Leng (05418F)
		Dept/Location/Class:	HAE / W72-0011-04 / CLASS C

Patient's Copy**Diagnosis**

Principal: Hemophilia A

Secondary:

Drug Allergy Data

No Known Allergies

Medication Prescribed

DISCHARGE MEDICATION(S):

- Chlorhexidine 0.2% Gargle Oropharyngeal 15 mL, TDS -- For 14 Days Chlorhexidine mouthwash as per OMS input
- Co-amoxiclav 1g Tablet [Amoxicillin 875mg, Clavulanic Acid 125mg] PO 1 tablet, BD -- For 2 Days complete 7 days in total
- Tranexamic Acid Tablet PO 1,000 mg, TDS -- For 3 Days TCU Friday 14/12/18
- Allopurinol Tablet PO 100 mg, OM -- For 14 Days Patient's Own Med
- OMEprazole Capsule PO 20 mg, BD -- For 14 Days Patient's Own Med
- Atorvastatin Tablet PO 20 mg, ON -- For 14 Days Patient's Own Med
- Losartan Potassium Tablet PO 100 mg, OM -- For 14 Days Patient's Own Med
- Factor VIII replacement 1000 IU BD until TCU 14/12/18, kiv reduce further at TCU

Care Plan

TCU Hemophilia clinic 14/12/18, kiv reduce factor VIII replacement , FBC OA
 TCU Gastro Dr Tan CK old date
 TCU NDC 1/12 (appt will be given from NDC)

Completed By: Mabel Tan Si Hua (60871H)

12 Dec 2018 11:46

Printed By: Mabel Tan Si Hua (Doctor)

12-Dec-2018 11:52

This is not a medical report. For Patient's Personal Reference Only

Name:CHANG YEW WYE MRN:S1530531B Account:6718393100C Admission Date:07 Dec 2018

Page: 1 of 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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