

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	07/02/2019 19:47
Date Of Accident	01/02/2019 10:00
Exact Location Of Accident	BEDOK RESERVOIR VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3840U
Insured/Policyholder	
Name Of Registered Owner	TK MOTOR WORKSHOP
Co Reg No	53049097L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96273323
Alternative Phone No	OFFICE-96273323

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094647396
Cover Note Number	

Driver

Name of Driver	LOH LIN HIONG RICHARD
NRIC No	S6941057Z
Date Of Birth	28/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97269882
Fax Number	
Contact Number	OTHERS-97269882
Email Address	NOEMAIL

Address	BLK 114 PUNGGOL WALK #02-29
Postcode	828767
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190202/7001

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	FBH3875G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHEIK MUHAMMAD KASHMEER BIN MOHD YUSOFF
NRIC/Passport Number	S9512272H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LOH LIN HIONG RICHARD
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJP3840U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

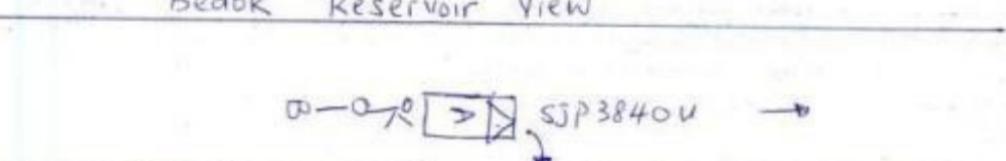
SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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.
8. Consent under the Personal Data Protection Act (PDPA)

(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.

Witnessed by Reporting Centre
Personnel:

Bedok Reservoir View



(A) SJP 3840 U

(B) FBH 3875 G

The clean water codo.

Sketch Plan #2

Describe Circumstances of the Accident

Refer To Police Report NO: T/20190202/7001

Declaration

We declare the foregoing particulars are true in every respect.

TK Motor Workshop
[Signature]

Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 7/2/2019
Witnessed by Reporting Centre Personnel

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190202/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190202/7001

CONTINUATION OF REPORT

Rider			
Name	SHEIK MUHAMMAD KASHMEER BIN MOHD YUSOFF		ID No. S9512272H
Related Vehicle	FBH3875G (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LOH LIN HIONG RICHARD		ID No. S6941057Z
Related Vehicle	SJP3840U (Car)		Contact No. 97269882
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.

At about 1000 hours, I was driving my vehicle (SJP3840U) along Bedok Reservoir View, which was stationary, waiting to turn right into the condo (The Clearwater). Suddenly, I felt an impact hit onto the rear of my vehicle. I had gotten down to find that, I had been hit by a motorcycle (FBH3875G). At the point of accident, the rider said that his stomach was pain. I wanted to call the ambulance immediately but the rider refused and insisted that he would settle it on his own. After which, we had exchanged particulars. I had continued my work. After a few hours, I had experienced back and neck pains. I had then proceeded to Mount Alvernia Hospital, and was given 5 days of medical certification.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190202/7001

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190202/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2019 00:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOH LIN HIONG RICHARD			Address: APT BLK 114 PUNGGOL WALK #02-29 SINGAPORE 828767		
ID Type / ID No.: NRIC NO / S6941057Z			Contact No.: Home/Office:		Mobile: 97269882
Nationality: SINGAPORE CITIZEN			Email: richardmpthree@gmail.com		
Sex: Male	Age: 49	Date of Birth: 28/11/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2019 10:00	Type of Location: Straight Road
Location: BEDOK RESERVOIR VIEW				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBH3875G	Motorcycle			Black	Slightly Damaged	0
SJP3840U	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190202/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190202/7001

CONTINUATION OF REPORT

Rider			
Name	SHEIK MUHAMMAD KASHMEER BIN MOHD YUSOFF		ID No. S9512272H
Related Vehicle	FBH3875G (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LOH LIN HIONG RICHARD		ID No. S6941057Z
Related Vehicle	SJP3840U (Car)		Contact No. 97269882
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.

At about 1000 hours, I was driving my vehicle (SJP3840U) along Bedok Reservoir View, which was stationary, waiting to turn right into the condo (The Clearwater). Suddenly, I felt an impact hit onto the rear of my vehicle. I had gotten down to find that, I had been hit by a motorcycle (FBH3875G). At the point of accident, the rider said that his stomach was pain. I wanted to call the ambulance immediately but the rider refused and insisted that he would settle it on his own. After which, we had exchanged particulars. I had continued my work. After a few hours, I had experienced back and neck pains. I had then proceeded to Mount Alvernia Hospital, and was given 5 days of medical certification.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190202/7001

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190202/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/02/2019 00:24

Classification Of Case: