

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	11/04/2019 16:06
Date Of Accident	02/04/2019 18:00
Exact Location Of Accident	ALONG PIE (CHANGI) NEAR JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD23P
Insured/Policyholder	
Name Of Registered Owner	NANTHIWAT KHOO
NRIC No	S8690238I
Email Address	NANTHIWATKHOO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92224022
Alternative Phone No	OFFICE-92224022

Vehicle Particulars

Manufacturer	BMW
Model	F800GS-798CC
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	REPORTING ONLY
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	P2145955
Cover Note Number	

Driver

Name of Driver	NANTHIWAT KHOO
NRIC No	S8690238I
Date Of Birth	23/12/1986
Occupation	INDOOR
Date Of Driving Pass	18/06/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92224022
Fax Number	
Contact Number	OFFICE-92224022
Email Address	NANTHIWATKHOO@YAHOO.COM.SG

Address	BLK 119 BEDOK NORTH ROAD #10-199
Postcode	460119
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)	2
Passenger 1	NAME: : LOH HUI ZHEN GENDER: : FEMALE

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

REFER TO POLICE REPORT NO: T/20190411/2024. STATEMENT RECORDED BY LEONG KEAT - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SMA9938B
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 NANTHIWAT KHOO
Approximate Age
Injuries Sustain SERIOUS INJURIES
Injured person in which vehicle? FBD23P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOH HUI ZHEN
Approximate Age
Injuries Sustain SERIOUS INJURIES
Injured person in which vehicle? FBD23P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

Sketch Plan

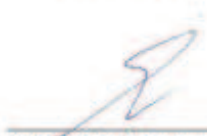
SKETCH PLAN


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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.:

Sketch Plan #2

SKETCH PLAN

Vehicle
A - FBD 23P
B - 5MA 9938B

Legend

	
Vehicle	Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20190411/2024.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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/20190411/2024

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

1 of 3

Report No. T/20190411/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 10:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NANTHIWAT KHOO			Address: APT BLK 119 BEDOK NORTH ROAD #10-199 SINGAPORE 460119		
ID Type / ID No.: NRIC NO / S8690238I			Contact No.: Home/Office: Mobile: 92224022		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 23/12/1986	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			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: 02/04/2019 18:00	Type of Location:	
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI NEAR JALAN EUNOS EXIT					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD23P	Motorcycle	BMW	F800GS M	White		1
SMA9938B	Car	HONDA	SHUTTLE 1.5G CVT			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD23P	AXA INSURANCE SINGAPORE PTE LTD	P2145955	21/05/2018	20/05/2019



**SINGAPORE
POLICE FORCE**



T/20190411/2024

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

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Report No. T/20190411/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NANTHIWAT KHOO	ID No.	S8690238I
Related Vehicle	FBD23P (Motorcycle)	Contact No.	92224022
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/04/2019	Date Discharge	08/04/2019
No. of Days granted Medical Leave	25	Degree of Injury	NIL
Name			
Name	LOH HUI ZHEN	ID No.	S8621111D
Related Vehicle	FBD23P (Motorcycle)	Contact No.	93833560
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/04/2019	Date Discharge	02/04/2019
No. of Days granted Medical Leave	08	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION,
I WAS ON CENTER OF 3 LANES RIDING AT ABOUT 60-70KM/H BEHIND A CAR (SMA9938B) AT ABOUT 1 AND A HALF CAR LENGTH, WHEN SUDDENLY THE SAID CAR MADE A SUDDEN STOP. I TRIED TO BRAKE AND AVOID THE CAR BUT DID NOT MANAGE TO STOP IN TIME THUS COLLIDED ONTO THE SAID CAR REAR LEFT PORTION. BOTH ME AND MY PILLION FELL FROM THE BIKE DUE TO THE IMPACT AND SUFFERED INJURIES. DUE TO THE INJURIES, I AM NOT ABLE TO MOVE MY BODY SO I LAID DOWN AND WAITED FOR THE AMBULANCE TO ARRIVED. I DID NOT RECALL WHO CALLED FOR THE ASSITANCE BUT AMBULANCE ARRIVED SHORTLY AND CONVEYED US TO THE HOSPITAL.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190411/2024

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

3 of 3

Report No. T/20190411/2024

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/04/2019 10:01

Classification Of Case:

	SINGAPORE POLICE FORCE
Signature: 	

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8690238I**



Name
NANTHIWAT KHOO



Race
CHINESE

Date of birth
23-12-1986

Country/Place of birth
THAILAND

Sex
M

S8690238I

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8690238I**

Name
NANTHIWAT KHOO

Birth Date: **23 Dec 1986**
Issue Date: **08 Sep 2008**

001642541E

5748818

NRIC No **S8690238I**

Date of issue
29-05-2017

Address
**APT BLK 119 BEDOK NORTH ROAD
#10-199
SINGAPORE 460119**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 1B	Motorcycles <= 300 CC	18 Jun 2014
Class 2A	Motorcycles between 301 CC and 400 CC	17 Sep 2015
Class 2	Motorcycles > 400 CC	16 Jan 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	29 Jan 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	25 May 2009

S8690238I **S / No. 9000237965**

Licence No: S8690238I

NP 428A

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

KIV Photo.

1 Date of accident 24/1/19		Time 1800		2 Exact location of accident Along PIE (Changi) near Jln Cairns Exit		To be signed by BOTH drivers	
3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>							
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **FBD 23P**

6 Insured / policyholder (see insurance cert.)
Name **Nanthimat Khoo**
(capital letters)
Address
NRIC / Passport no. **S8690238I**
Tel no. (from 9am till 5pm)
HP **92224022**

7 Vehicle
Make, type

8 Insurance company
AXA ☐ C ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. **P2145955**

9 Driver ☒ Same as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Trans Lane
<input type="checkbox"/>	Collision - Green Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Tail
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Burn of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vanishing / Damaged vehicle Removed
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SMA 9938E**

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

narthiniwetkheo@yahoo.com

INDIVIDUAL STATEMENT (Part II)

Own Workshop (Email / Fax if any)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1. Occupation (if more than one, state all)		Email: <u> </u>		
	2. Vehicle registration no.	C.C. <u> </u>	If commercial vehicle, state permissible carrying capacity		
	3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner <u> </u>		state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4. Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire				
	<input type="checkbox"/> Others - please specify <u> </u> 5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present <u> </u> Tel no. <u> </u> 6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	7. Date of birth		Occupation	Date of license pass	
			Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability <u> </u>				
	9. Full details of all driving convictions including pending prosecutions in the last 36 months				
Date		Offence		Penalty	
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	
	RIDER		serious		
	Loh Hui Zhen		Right injury	FRD 23P	
			serious	"	
		Were seat belts being worn?	Was injured conveyed to hospital by ambulance?		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	
		Insurer's name and address (if known)			
Police action	12. Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> U181				
	If yes, please state which Police station <u> </u>				
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? <u> </u>				
Accident details	14. Weather conditions		Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <u> </u>		
	15. Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <u> </u>		
	16. Speed of vehicles		A <u> </u> km/hr B <u> </u> km/hr		
	17. What warnings were given by driver or other party? <u> </u>				
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	19. What lights were displayed on your vehicle/the other vehicle(s)? <u> </u>				
	20. If your vehicle is commercial, state weight of load carried at time of accident <u> </u>				
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached) <u> </u>				
	22. State number of Passengers (including Driver) <u> </u> 1) Pass (F) Loh Hui Zhen (F)				
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature <u> </u> Date <u> </u>				
	Driver's signature (if driver is not the policyholder) <u> </u> Date <u> </u>				

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

