

## 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	17/04/2019 15:10
Date Of Accident	10/04/2019 09:00
Exact Location Of Accident	PIE TOWARDS CHANGI (BEFORE TAMPINES AVE 5)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5398Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOW ZHIREN JONATHAN
NRIC No	S8238713G
Email Address	JANATHANHOW82@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94592259
Alternative Phone No	OTHERS-94592259

### Vehicle Particulars

Manufacturer	HONDA
Model	CRF1000A-998CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104033673
Cover Note Number	

### Driver

Name of Driver	HOW ZHIREN JONATHAN
NRIC No	S8238713G
Date Of Birth	10/11/1982
Occupation	INDOOR
Date Of Driving Pass	04/08/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94592259
Fax Number	
Contact Number	OTHERS-94592259
Email Address	JANATHANHOW82@HOTMAIL.COM

Address	BLK 1 JALAN BUKIT MERAH #14-4528
Postcode	150001
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: : TAN LOO LIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190410/2100 AND T/20190422/2143

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### Details of Witness 1

Name	IVAN HO
Phone Number	96644013
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG3820U
Vehicle Make/Model/Colour	TOYOTA HIACE
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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	THATS CAUSE ACCIDENT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HOW ZHIREN JONATHAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBN5398Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	TAN LOO LIN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBN5398Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### 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. 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:

16/4/19

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

Pin Towards CHOUH / B/K JOMPINKAS AVA 5 EXIT

- A) FBN 53981
- B) GBN 38204
- X) UNKNOWN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten text across the section:*

PS REFER TO POLICE REPORT  
 T/20190410/2100  
 T/20190422/2143

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Signature*  
 Policyholder's Signature

Date & Time:  
 16/4/19

COMPASS (Form 1) (Rev. 12-2015)

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

*Signature* 27/04/2019  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190410/2100

1 of 3

Report No. T/20190410/2100

Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 13:20		Vide Report No.:		Station Diary No.: 41	
<b>Informant's Particulars</b>					
Name of Informant: HOW ZHIREN, JONATHAN			Address: APT BLK 1 JALAN BUKIT MERAH #14-4528 SINGAPORE 150001		
ID Type / ID No.: NRIC NO / S8238713G			Contact No.: Home/Office: Mobile: 94592259		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 10/11/1982	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: LOGISTICS EXECUTIVE			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/04/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  ALONG PIE BEFORE TAMPINES AVENUE 5 EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
FBN5398Y	Motorcycle	HONDA	CRF1000A	Red		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5398Y	NTUC Income Insurance Co-Operative Limited	5104033673	20/09/2018	12/10/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190410/2100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20190410/2100

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HOW ZHIREN, JONATHAN	ID No.	S8238713G
Related Vehicle	FBN5398Y (Motorcycle)	Contact No.	94592259
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/04/2019	Date Discharge	10/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the 10/04/2019 at about 0900hrs, I was riding along PIE towards Changi.. My vehicle number is FBN5398Y. The weather was clear and the road surface was dry. There were a total of 3 lanes. I was riding on the 2nd lane. Just before the exit of Tampines Avenue 5, the van in front of me made a sudden e-brake and I could not stop in time and hit onto his rear of his van. I fell and the driver behind me assisted me. He told me that there was an car that made a abrupt changing of lane which caused the van to e-brake and resulting in the accident. His name is Ivan Ho, 65462272 and he said that he has the in car camera.

The ambulance came and brought me to Changi General Hospital. I received treatment and was given 3 days MC. I suffered abrasion on my lower right jaw and sprained both of my wrists. I do not know the extend of my vehicle damage.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190410/2100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20190410/2100

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:  
D /  
Sgt 2 DAMIEN LEONG JUN SIAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/04/2019 13:20

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD SHAHRIL BIN ABDULLAH  
Contact No.: 65476083

Classification Of Case:

Authentication Stamp  
NP168



# POLICE REPORT



**POLICE FORCE**

T/20190422/2143

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 4  
Report No: T/20190422/2143

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2019 18:52		Vide Report No.: T/20190410/2100		Station Diary No.: 42	
<b>Informant's Particulars</b>					
Name of Informant: HOW ZHIREN, JONATHAN			Address: APT BLK 1 JALAN BUKIT MERAH #14-4528 SINGAPORE 150001		
ID Type / ID No.: NRIC NO / S8238713G			Contact No.: Home/Office:		Mobile: 94592259
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 10/11/1982	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LOGISTICS EXECUTIVE			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/04/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  ALONG PIE BEFORE TAMPINES AVENUE 5 EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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 Passeng
FBN5398Y	Motorcycle	HONDA	CRF1000A	Red	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Da
FBN5398Y	NTUC Income Insurance Co-Operative Limited	5104033673	20/09/2018	12/10/20

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190422/2143

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190422/2143

## 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	HOW ZHIREN, JONATHAN	ID No.	S8238713G
Related Vehicle	FBN5398Y (Motorcycle)	Contact No.	94592259
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	10/04/2019	Date Discharge	10/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Pillion</b>			
Name	TAN LOO LIN	ID No.	S6941579B
Related Vehicle	FBN5398Y (Motorcycle)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/04/2019	Date Discharge	17/04/2019
No. of Days granted Medical Leave	36	Degree of Injury	Slight

### Brief Details.

I had made a report reference T/20190422/2100, Traffic Police Investigation Officer: Mohammad Shahri Bin Abdullah, contact number: 65476083. I am amending the earlier report also include my pillion's details.

On the 10/04/2019, at about 0900hrs, I was riding along PIE towards Changi. My vehicle number is FBN5398Y. The weather was clear and the road surface was dry. There were a total of 3 lanes. I was riding on the second lane with my pillion namely: Eunice Tan Loo Lin, S6941579B, HP: 90227631. Just before the exit of Tampines Avenue 5, the van in front of me made a sudden e-brake and I could not stop in time and hit onto the rear of his van. I fell and the driver behind me assisted me. He told me that there was a car that made an abrupt lane change which caused the van to conduct emergency brake, resulting in the accident. His name is Ivan Ho, HP: 65462272 and he said that he has the in-vehicle camera in his van.

The ambulance came and brought me and my pillion to Changi General Hospital. I received treatment and was given 3 days of medical leave. My pillion was given 36 days of medical leave. I suffered abrasion on my lower right jaw and sprained both my wrists. My pillion suffered abrasions to her arms due to the shattered rear windscreen of the van which I collided into. I do not know the extent of my vehicle damage.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190422/2143

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Report No. T/20190422/2143

Police Station Of Origin:  
Queenstown N.P.C.  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

CONTINUATION OF REPORT

# POLICE REPORT



POLICE FORCE

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190422/2143

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:

D /

Sgt 3 YIP XUANYU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/04/2019 18:52

Officer In Charge Of Case:

TP / GIT /

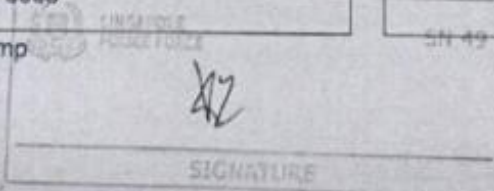
SI MOHAMMAD SHAHRIL BIN ABDULLAH

Contact No.: 65476083

Classification Of Case:

Authentication Stamp

NP168



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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