

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	25/09/2019 10:14
Date Of Accident	19/09/2019 16:25
Exact Location Of Accident	FESTIVE HOTEL DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP1034D
Insured/Policyholder	
Name Of Registered Owner	VISCAR LEASING PTE LTD
Co Reg No	201634983K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5087371725-02
Cover Note Number	

Driver

Name of Driver	KELVIN KOH WEIBIN
NRIC No	S8141699J
Date Of Birth	20/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81810161
Fax Number	
Contact Number	OFFICE-81810161
Email Address	NOEMAIL

Address	BLK 446A JALAN KAYU #20-310
Postcode	791446
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 - 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?	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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190920/2161 & T/20190919/2149.

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	FR8823Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97322465
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KELVIN KOH WEIBIN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGP1034D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 lodging 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.



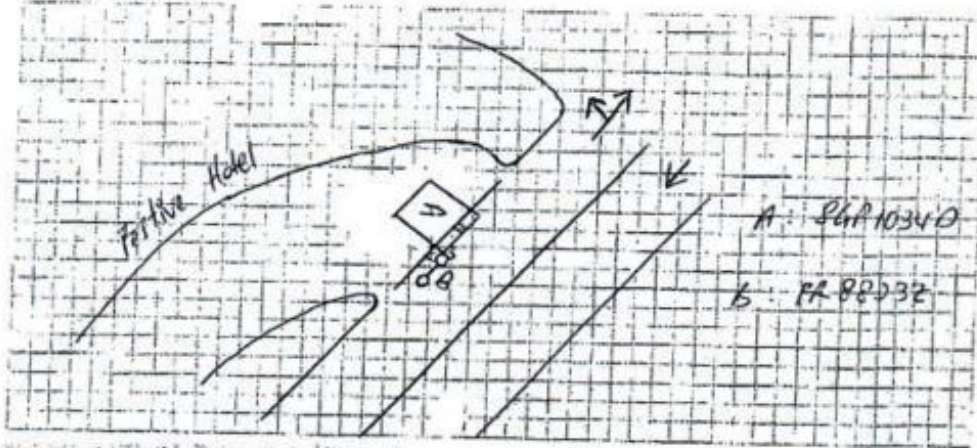
Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report :

T / 20190919/2149

T / 20190920/2161

DECLARATION

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



Policyholder's Signature
Date & Time:

Signature of Policyholder

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/20190920/2161

1 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2859999

Report No: T/20190920/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2019 18:11 Vide Report No: Station Diary No: 39

Informant's Particulars

Name of Informant: KELVIN KOH WEIBIN	Address: APT BLK 445A JALAN KAYU #20-310 SINGAPORE 791446		
ID Type / ID No: NRIC NO / S8141659J	Contact No:	Mobile: 81810161	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 37	Date of Birth: 20/12/1981	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GRAB DRIVER	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: 19/09/2019 16:25	Type of Location: DRIVEWAY/ HOTEL RECEPTION DROP OFF POINT
Location: Along Road 1 Traveling Toward Road 2 SENTOSA GATEWAY festive hotel driveway				
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: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR8823Z	Motorcycle					0
SGP1034D	Car				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190920/2151

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2809999

2 of 3
Report No: T/20190920/2151

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name: KELVIN KOH WEIBIN

ID No:

S8141699J

Related Vehicle: NIL

Contact No:

81810161

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

Rider

Name: MALE MALAY RIDER

ID No:

NIL

Related Vehicle: NIL

Contact No:

97522465

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: Serious

Brief Details.

I wish to make amendments to a sentence regarding the report vide to T/20190919/2149.

I wish to make amendments to "I made a check around through my mirror and proceeded thereafter". I wish to inform that, when the motorcycle collided onto my car I was in a stationary position. Therefore, I did not proceed thereafter. That is all.

Source Station Of Origin
 Hougang NPP
 347 Hougang Avenue 7 #01-805
 SINGAPORE 530357
 Tel No. 1800-2869999



T/20190920/2161

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Report No. T201909202161

CONTINUATION OF REPORT

Informant is not able to provide sketch plan

Sgt 2 LOW KAI TAT

SN 085



Signature: _____

Singapore Police Force

Police Report

TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
SINGAPORE
CASE CARD

REPORT No: D/20190919/0075
Traffic Accident: Police Station Diary
Investigation Sub-Unit: _____

With reference to the above, you are advised to bring the possible report within the 24 hours. Expiry Date: 19/09/2019 20:05. Police Station Diary: 19/09/2019 20:05.

1 of 4
Report No: T/20190919/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2019 20:05		Vide Report No: D/20190919/0075	Station Diary No: 10
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Informant's Particulars

Name of Informant: KELVIN KOH WEIBIN		Address: APT BLK 446A JALAN KAYU #20-310 SINGAPORE 791446	
ID Type / ID No: NRIC NO / S8141696J		Contact No: Home/Office:	Mobile: 81810161
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 20/12/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance:	Drink Drive: No	Date/Time of Accident: 19/09/2019 16:25	Type of Location: DRIVEWAY / HOTEL RECEPTION DROP OFF POINT
Location: Along Road 1 SENTOSA GATEWAY				
FESTIVE HOTEL DRIVEWAY		Road Surface: Dry	Road Speed Limit:	
Weather: Clear		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Traffic Flow: Two Way		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 Passenger
FR8823Z	Motorcycle					0
SGP1034D	Car				Slightly Damaged	0

Police Report



SINGAPORE
POLICE FORCE



T/20190919/2149

2 of 4

Report No. T/20190919/2149



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No. 1800-2869999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider		ID No.	NIL
Name	MALE MALAY RIDER	Contact No.	97322465
Related Vehicle	FR8823Z (Motorcycle)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver		ID No.	S8141699J
Name	KELVIN KOH WEIBIN	Contact No.	81810161
Related Vehicle	SGP1034D (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/09/2019 at about 1625hrs, I was at the driveway of the said hotel drop off point and was stationary. I was about to exit the driveway by turning right and hence, I made a check around through my mirror and proceeded thereafter. Suddenly, the above mentioned rider collided onto the front right bumper and fell onto the road.

Immediately, I came down from my vehicle and saw the said rider on the ground. The hotel staff then called for the Ambulance and Traffic Police. I was not able to engage the rider as he was surrounded by many bystanders and hence, I stood by the side and waited for the Police.

Shortly later, the Ambulance came and conveyed said rider to the hospital, however I do not know which hospital they went to. Thereafter, the Traffic Police took down my details and advised me to proceed to any Police Station to make the Police Report.

I wish to add that there is no in-car camera in my vehicle. That's all.

I wish to add that I am currently residing in my new residential address at Blk 413 Hougang Avenue 10 #07-1208 Singapore 530413.

Police Report

**SINGAPORE
POLICE FORCE**

Barcode: T/20190919/2149

3 of 4
Report No. T/20190919/2149



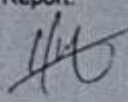
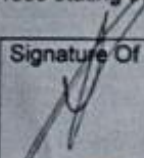
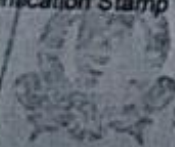
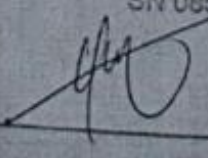
Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

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HOUKANG NPP
BLK 357 HOUGANG AVE 7
#01-805 SINGAPORE 530357
TEL: 1800-2869999

Police Report

 SINGAPORE POLICE FORCE		 T/20190919/2149 4 of 4 Report No. T/20190919/2149
Police Station Of Origin: Hougang NPP 357 Hougang Avenue T #01-805 SINGAPORE 530357 Tel No: 1800-2869999		CONTINUATION OF REPORT
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: F / Staff Sgt TAN YEOW CHONG 		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 19/09/2019 20:05
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178		Classification Of Case:
Authentication Stamp 165  Signature:  Singapore Police Force SN 085		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

