

## 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	06/11/2019 16:26
Date Of Accident	27/10/2019 12:00
Exact Location Of Accident	AFTER TUAS CHECK POINT TOWARDS JLN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR19G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH CHOR HWEE
NRIC No	S7202362E
Email Address	CHKOH3995@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96611618
Alternative Phone No	OTHERS-96611618

### Vehicle Particulars

Manufacturer	SUZUKI
Model	DR 650SE M
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5056789920-06
Cover Note Number	

### Driver

Name of Driver	KOH CHOR HWEE
NRIC No	S7202362E
Date Of Birth	19/01/1972
Occupation	INDOOR
Date Of Driving Pass	13/12/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96611618
Fax Number	
Contact Number	OTHERS-96611618
Email Address	CHKOH3995@YAHOO.COM.SG

Address	BLK 52 STRATHMORE AVENUE #40-233
Postcode	141052
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?	YES
Foreign Vehicle Registration Number	UNKNWON (PRIVATE CAR)
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)	1

#### 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/20191003/2047

#### 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	UNKNOWN
Vehicle Make/Model/Colour	MALAYSIAN CAR
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	KOH CHOR HWEE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FR19G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 6/11/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/11/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DS REFERR TO POLICE REPORT  
7/20/91003/2017

### DECLARATION

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

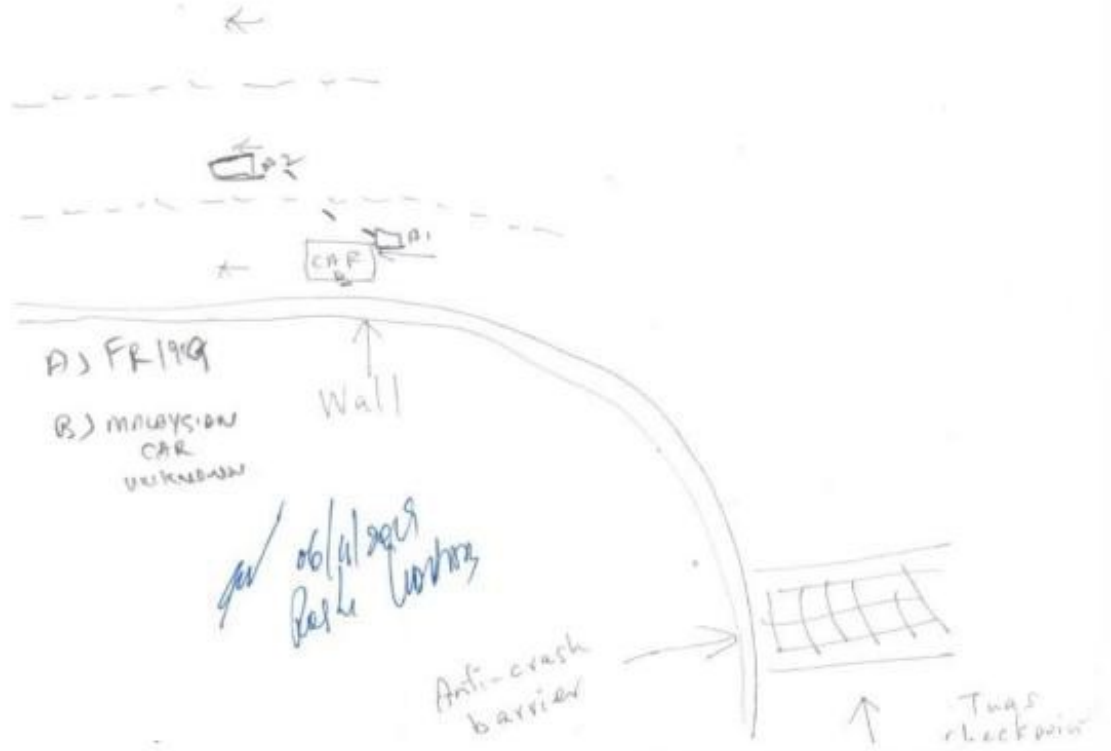
Koh.  
Policyholder's Signature  
Date & Time: 6/11/19  
GARAGE SIGNATURE

Gm.  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6/11/19

06/11/2019  
Reporting Centre Personnel's Signature  
Name: Keshav  
NRIC/FIN No.:

# Accident Sketch Plan

STARTING of Jua Ahmed Ibrahim from Turn (check point)





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191003/2047

1 of 3

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

Report No. T/20191003/2047

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2019 11:31		Vide Report No.: J/20190927/0060		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: KOH CHOR HWEE			Address: APT BLK 52 STRATHMORE AVENUE #40-233 SINGAPORE 141052		
ID Type / ID No.: NRIC NO / S7202362E			Contact No.: Home/Office: Mobile: 96611618		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 19/01/1972	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			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: 27/09/2019 12:00	Type of Location: Bend
Location: Along Road 1 JALAN AHMAD IBRAHIM				
After Anti-crash barrier of Tuas Checkpoint, towards Jalan Ahmad Ibrahim towards AYE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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
FR19G	Motorcycle	SUZUKI	DR 650SE M	Black	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FR19G	NTUC Income Insurance Co-Operative Limited	5056789920-06	15/11/2018	14/11/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191003/2047

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

2 of 3

Report No. T/20191003/2047

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KOH CHOR HWEE	ID No.	S7202362E
Related Vehicle	FR19G (Motorcycle)	Contact No.	96611618
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/09/2019	Date Discharge	28/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

### Brief Details.

On 27/09/2019, at about 1200hrs, I was at Tuas Checkpoint coming back to Singapore. At the time, I was riding my Black Suzuki DR650E motorcycle, bearing vehicle registration number: FR19G. I was on the leftmost lane at the time. After clearing the humps and the anti-crash barriers, I wanted to make a lane change, and after I had checked my blindspot, I wanted to filter to the middle lane, however as it was a bend and beside the leftmost lane was the concrete wall stretching all the way, hence there was a Malaysian vehicle which was in the blind corner due to the bend, was either moving slowly or had come to a stop in the leftmost lane, I was shocked to see the vehicle moving so slowly, and I tried to swerve to avoid the collision, but I could not avoid it in time and collided into the right rear of the Malaysian vehicle. I vaguely remember the Malaysian vehicle being a Toyota car. The passengers in the vehicle were an elderly couple.

Due to the collision, I fell off my motorcycle and I landed on the middle lane. A passerby helped me to move my motorcycle and to also assist to move me to the leftmost lane and I leaned against the wall and waited for ambulance to come. The elderly lady came over and apologize to me that I crashed into them. Subsequently, Traffic Police came, reference incident: J/20190927/0060, TP IO in-charge: Muhaimin, contact number: 65476845. The ambulance then conveyed me to Ng Teng Fong Hospital and I sought treatment there. I suffered abrasions on both my legs and my arms. I wish to state that I was given 7 days of medical leave (reference: 60139503). Subsequently, on 02/10/2019, I then received a letter from Traffic Police informing me to lodge a police report.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191003/2047

3 of 3

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

Report No. T/20191003/2047

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:

03/10/2019 11:31

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

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



Accident Photo





Accident Photo

