

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	29/11/2019 18:24
Date Of Accident	04/11/2019 18:10
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8031H
Insured/Policyholder	
Name Of Registered Owner	RENT-A-BIKE PTE. LTD.
Co Reg No	201907523C
Email Address	ERZATERDAYAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83188778
Alternative Phone No	OFFICE-83188778

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108631899
Cover Note Number	

Driver

Name of Driver	GOH KAI YEOW (WU KAIYAO)
NRIC No	T0019725J
Date Of Birth	07/06/2000
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83188778
Fax Number	
Contact Number	OTHERS-83188778
Email Address	ERZATERDAYAT@GMAIL.COM

Address	BLK 2 DOVER ROAD #11-330
Postcode	130002
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 - CHANGE/CROSS LANE
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191129/2121

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG6855U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DENNIS
NRIC/Passport Number	
Contact Number	97710982
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	GOH KAI YEOW (WU KAIYAO)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE8031H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 29/11/19 16:56

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

AYE TOWARDS THE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20/19/29/2/21

DECLARATION

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

Policyholder's Signature
Date & Time:



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

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

Native:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191129/2121

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

1 of 3

Report No. T/20191129/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2019 16:25		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: GOH KAI YEOW			Address: APT BLK 2 DOVER ROAD #11-330 SINGAPORE 130002		
ID Type / ID No.: NRIC NO / T0019725J			Contact No.: Home/Office: Mobile: 83188778		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 07/06/2000	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/11/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE Towards TUAS				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBE8031H	Motorcycle				Slightly Damaged	0
SMG6855U	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/20191129/2121

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

2 of 3

Report No. T/20191129/2121

CONTINUATION OF REPORT

Rider			
Name	GOH KAI YEOW	ID No.	T0019725J
Related Vehicle	FBE8031H (Motorcycle)	Contact No.	83188778
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name			
DENNIS	ID No.	NIL	
Related Vehicle	SMG6855U (Car)	Contact No.	97710982
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.

On the above mentioned date, time and place. I was riding at lane 2 along AYE towards Tuas. While I was riding, the vehicle SMG6855U suddenly cut into my lane from lane 1 and his left rear collided onto my front Tyre which cause me almost losing control of the bike however I tried to gain back control but there was some problem with the bike subsequently causing the bike to skit and me falling off from the bike. The driver then stopped in front of me and came towards me and asked for my HP number and subsequently left. Some driver from the back helped to call for medical assistance. After waiting awhile, AETOS, TP and Ambulance came and attended to me. However, I wasn't conveyed to the hospital. I waited for my dad to come and subsequently I went to the NUH. I was given 5 days of MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191129/2121

3 of 3

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

Report No. T/20191129/2121

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 KELVIN LAUW JIA MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/11/2019 16:25

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Classification Of Case:

Authentication Stamp

NP168

Stamp area

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

