

ATTN: claim Department

MSI319171270 / STA INSPECTION PTE LTD - Boon Lay
ENTRY DATE & TIME: 30/12/2019 15:29
SUBMITTED BY: Woodford Richard Vincent

→ Sompō - Tel - 63295170
Your NCD will be affected due to late reporting

Actual e-Filing Submission Date & Time: 30/12/2019 16:24

SINGAPORE ACCIDENT STATEMENT

Fax - 62213147

Tel - 64616555

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 30/12/2019 15:29
Date Of Accident 21/12/2019 07:30
Exact Location Of Accident BKE-PIE 1KM MARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH7913D
Insured/Policyholder
Name Of Registered Owner LOKMAN BIN ABDUL
NRIC No SXXXX872H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96371730
Alternative Phone No OTHERS-96371730

Vehicle Particulars

Manufacturer HONDA
Model 400X
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 5074841076-04
Cover Note Number

Driver

Name of Driver LOKMAN BIN ABDUL
NRIC No SXXXX872H
Date Of Birth 02/06/1959
Occupation OUTDOOR
Date Of Driving Pass 17/04/1979
Driving Experience 40 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96371730
Fax Number
Contact Number OTHERS-96371730
Email Address NOEMAIL

金國摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

Address BLK 678 CHOA CHU KANG CRESCENT
#04-624
Postcode 680678
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 CHAIN COLLISION
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 3
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 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 ,
POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED POLICE REPORT

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 SLC8532X
Vehicle Make/Model/Colour MAZDA
Details Of Properties RIGHT FRONT
Vehicle Category PRIVATE CAR
Name of Driver NA
NRIC/Passport Number
Contact Number NA
Address
Postcode
Insurance Company Name

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KIM KOCK MOTOR PTE LTD
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Singapore 619101
Tel: 6265 0226 Fax: 6265 2588

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBY7873Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOKMAN BIN ABDUL
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBH7913D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

金國摩托私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
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SKETCH PLAN



Refer police report

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

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Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191227/2076

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20191227/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2019 13:57		Vide Report No.: J/20191221/0072		Station Diary No.: 87	
Informant's Particulars					
Name of Informant: LOKMAN BIN ABDUL			Address: APT BLK 678 CHOA CHU KANG CRESCENT #04-624 SINGAPORE 680678		
ID Type / ID No.: NRIC NO / S1355872H			Contact No.: Home/Office: Mobile: 96371730		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 02/06/1959	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: CRANE OPERATOR			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2019 07:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY PAN ISLAND EXPRESSWAY BKE > PIE 1 KM mark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBH7913D	Motorcycle	HONDA	400X M	Red	Slightly Damaged	0
SBY3873Y	Car				Slightly Damaged	0
SLC8532X	Car				Slightly Damaged	0

Details of Vehicle Insurance

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T/20191227/2076

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Report No. T/20191227/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH7913D	NTUC Income Insurance Co-Operative Limited	5074841076-04	03/10/2019	02/10/2020

Details of Person Involved:				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	LOKMAN BIN ABDUL		ID No.	S1355872H
Related Vehicle	FBH7913D (Motorcycle)		Contact No.	96371730
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	21/12/2019		Date Discharge	24/12/2019
No. of Days granted Medical Leave		13	Degree of Injury	Serious

Brief Details.

On 21/12/2019 at about 0730hrs, I was travelling along BKE towards PIE, when after the eco-bridge, a vehicle, bearing the registration plate number SLC8532X, suddenly swerved right, wanting to change lane from lane 2 to lane 1. I was unable to react in time and collided onto the front right side of SLC8532X, and fell on the left side of my body right in front of SLC8532X. My motorcycle had broken windshield, broken side mirrors, fork alignment out-bended and handle bar bended. The front right bumper of SLC8532X was damaged as well.

TP and Ambulance attended to the scene. I was conveyed to Ng Teng Fong Hospital and was hospitalized from 21/12/19 to 24/12/19. I was diagnosed to have suffered closed fracture of shaft on the left humerus and required surgery on 02/01/2020, as well as minor injuries like abrasions on my left knee and ankle, bruises on my left rear shoulder area. I was given 13 days of MC from 21/12/19 - 02/01/2020, ref 63506188.

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T/20191227/2076

3 of 3

Report No. T/20191227/2076

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:

J /

Sgt 3 LAM SIANG HAN



Signature Of Informant:

Signature Of Interpreter:

Not applicable

SIGNATURE

Date/Time:

27/12/2019 13:57

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

KID 160

金國摩哆私人有限公司

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