

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	20/01/2020 16:01
Date Of Accident	07/01/2020 09:20
Exact Location Of Accident	SLE TWDS TPE OPP MANDAI MRT DEPOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH368Z
Insured/Policyholder	
Name Of Registered Owner	LOH YOONG FAH
NRIC No	SXXXX186G
Email Address	LOHYF1955@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96910459
Alternative Phone No	OTHERS-96910459

Vehicle Particulars

Manufacturer	PIAGGIO
Model	MP3
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	5058480751-06
Cover Note Number	

Driver

Name of Driver	LOH YOONG FAH
NRIC No	SXXXX186G
Date Of Birth	11/06/1955
Occupation	INDOOR
Date Of Driving Pass	16/11/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96910459
Fax Number	
Contact Number	OTHERS-96910459
EEmail Address	LOHYF1955@YAHOO.COM

Address	BLK 178 WOODLANDS ST 13 #07-293
Postcode	730178
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	5
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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200108/2130

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	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
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 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
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 4

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOBILE EQUIPMENT
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 LOH YOONG FAH
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FBH368Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
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.

JPE 20 JAN 2020

Policyholder's Signature
Date & Time:

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

afym 20/01/20

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

Accident Sketch Plan

1/20/2020

SLE - Google Maps

Google Maps SLE

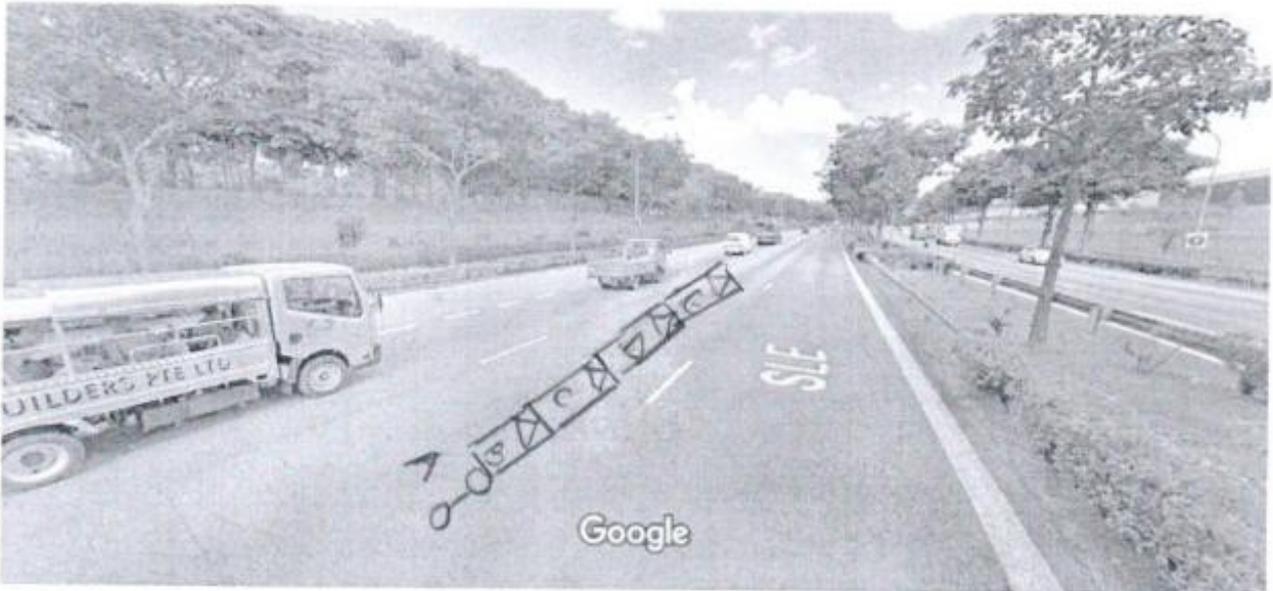


Image capture: Apr 2018 © 2020 Google

Singapore

Google

Street View

RIDER NOT SURE
HOW MANY VEH INVOLVED



Google

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200108/2130

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20200108/2130

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH YOONG FAH	ID No.	S1135186G
Related Vehicle	FBH368Z (Motorcycle)	Contact No.	96910459
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/01/2020	Date Discharge	08/01/2020
No. of Days granted Medical Leave	09	Degree of Injury	Serious

Brief Details.

On 07/01/2020 at around 0920hrs, I was riding my motorcycle along SLE towards TPE near to land mark 9KM, opposite of Mandai MRT Depot and I got into an accident. The traffic flow is heavy and I believed that there is a vehicle in front that suddenly jam brake and causes a series of car collision. When the car in front of me jam brake, I could not stop in time and knocked onto the car. I then fall onto the ground and subsequently ambulance came to scene. I was conveyed by the ambulance to KTPH and the doctor did a treatment for me and told me that currently their hospital is full and if he wish to change to a private hospital which is raffles hospital, I can proceed there. Subsequently, the ambulance send me over to raffles hospital for my treatment.

The injury on me is that my hand was fracture. I was then given MC from 07/01/2020 to 15/01/2020.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200108/2130

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20200108/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2020 16:47	Video Report No.:	Station Diary No.: 579
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Informant's Particulars			
Name of Informant: LOH YOONG FAH		Address: APT BLK 178 WOODLANDS STREET 13 #07-293 SINGAPORE 730178	
ID Type / ID No.: NRIC NO / S1135186G		Contact No.:	Mobile: 96910459
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 11/08/1955	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/01/2020 09:20	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE towards TPE near to land mark 9KM, opposite of Mandai MRT Depot				
Weather: Sunny	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 Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH368Z	Motorcycle	PIAGGIO	MP3 125 RL	Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH368Z	NTUC Income Insurance Co-Operative Limited	5058480751-06	21/02/2019	20/02/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200100/2130

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3
Report No: T/20200100/2130

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH YOONG FAH	ID No	S1135186G
Related Vehicle	FBH368Z (Motorcycle)	Contact No	96910459
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	07/01/2020	Date Discharge	08/01/2020
No. of Days granted Medical Leave	09	Degree of Injury	Serious

Brief Details.

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The injury on me is that my hand was fracture. I was then given MC from 07/01/2020 to 15/01/2020.

Police Report



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POLICE FORCE



T/20200108/2130

Police Station Of Origin:
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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20200108/2130

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:

L/

Sgt 1 TEO KAI XUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/01/2020 16:47

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Classification Of Case:

Authentication Stamp

MP188