

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	11/03/2020 15:47
Date Of Accident	25/02/2020 18:30
Exact Location Of Accident	TPE(PIE) BEFORE ELIAS EXIT
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9767G
Insured/Policyholder	
Name Of Registered Owner	PROTESINGAPORE
Co Reg No	5XXXX305D
Email Address	XDCTOX32@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93761666

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114151142-000002
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	KOH KAH SENG
NRIC No	SXXXX625H
Date Of Birth	13/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2012
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90816161
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Postcode

731182

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 - 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 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 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACHED POLICE REPORT NO : T/20200226/7003

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: REQUEST FROM WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBP7847U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (including Driver)

DETAILS OF INJURED PERSON 1

Name	KOH KAH SENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLL9767G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 182A WOODLANDS ST 13 #13-733
Postcode	731182

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBP7847U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The above said acceptance of the Form by a person is a confirmation 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 Reports 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 signature of this report to the insurers, you hereby consent to the forwarding of this report at the month end to the insurers of the report being made available to the insurers.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

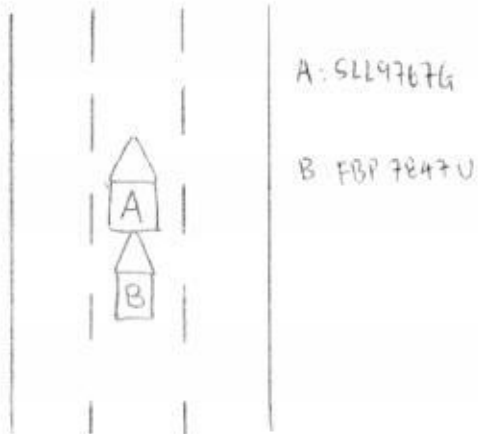
- (a) My name, my work (and the name of the insurance Association of Singapore (GIA)) may/are permitted to collect, use, disclose and/or process my personal data/personal information (disclosed in this form) and any other personal information provided by me or provided by my insurer (hereinafter referred to as "Personal Information") and disclose and transfer (a) Personal Information to a third party (which may include an insurer or broker) involved in the accident (if consented) who have access (which is provided in this accident) to the collection of the Personal Information to the insurers of the report (hereinafter referred to as "Insurers") for the purpose of the report (hereinafter referred to as "Report") and any other agency authority established for the purpose of the report (hereinafter referred to as "Agency Authority")
- (b) concerning handling and/or dealing with my claim, including the settlement of the claim and any necessary investigations relating to the claim;
- (c) investigating the accident and/or my claims;
- (d) carrying out and/or dealing with my claim(s) or responding to my insurer's claim;
- (e) archiving my claim (including the handling of any pending or outstanding matters) and/or separate claims (which could involve disclosure of certain personal data) to be brought about (in any of the cases as mentioned in the external cover of envelopes/fold pages); and/or
- (f) complying with applicable law in order to ensure processing, handling and/or dealing with my claim (collectively the "Purposes").
- (g) all those (a) who have my motor 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
- (h) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers (if agents) (including their lawyers/law firms) which may be used outside of Singapore, for one or more of the above Purposes;
- (i) my Personal Information will also be collected and used (a) as a factor for the insurer's underwriting, reference, investigation and management in processing of future claims;
- (j) the information so collected and/or used may be shared with:
- (1) third insurers and/or any other third party for conducting, investigating, handling or dealing with my claim, regulatory, law enforcement and government agencies or a third party involved for the purposes stated in (a);
- (2) for complying with requirements under any regulatory laws or court orders.

Policyholder's Signature
Date & Time

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

Reporting Centre Officer's Signature
Name
ID No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along
TPE (PIE) Before Elms Exit. I was traveling straight when suddenly
the vehicle in front jam brake there fore I braked, but ~~not~~
vehicle B could not stop in time and collided on to my
vehicle rear portion.

DECLARATION

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

Police Officer's Signature
(Date & Time)



Driver's Signature
(If driver is not the police officer)
(Date & Time)

L. B. L.

Reporting Officer/Personnel's Signature (if
Name
(Date & Time)

[Signature]



**SINGAPORE
POLICE FORCE**



T/20200226/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200226/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 00:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH KAH SENG			Address: APT BLK 182A WOODLANDS STREET 13 #13-733 SINGAPORE 731182		
ID Type / ID No.: NRIC NO / S1284625H			Contact No.: Home/Office: Mobile: 90816161		
Nationality: SINGAPORE CITIZEN			Email: kohkhseng1958@gmail.com		
Sex: Male	Age: 61	Date of Birth: 13/03/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2020 18:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBP7847U	Motorcycle		YAHAMA		Seriously Damaged	1
SLL9767G	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20200226/7003

CONTINUATION OF REPORT

Driver			
Name	KOH KAH SENG	ID No.	S1284625H
Related Vehicle	SLL9767G (Car)	Contact No.	83326161
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	25/02/2020	Date Discharge	25/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details:

ON THE ABOVE STATED DATE AND TIME , I WAS TRAVELING ALONG TPE(PIE) BEFORE ELIAS EXIT.

I WAS TRAVELING STRAIGHT WHEN SUDDENLY THE VEHICLE IN FRONT JAM BRAKE THEREFORE I HAD TO BRAKE TO AVOID COLLIDING TO THE VEHICLE IN FRONT. THEN SUDDENLY VEHICLE (FBF7847U) COULDN'T STOP IN TIME AND COLLIDED ONTO MY VEHICLE REAR PORTION.

I ALIGHTED AND HELP THE MOTORIST TO LIFT HIS MOTORCYCLE UP AND WANTED TO EXCHANGE PARTICULAR WITH THE MOTORIST BUT HE DIDN'T WANT TO GIVE IT TO ME I THEN TAKE THE ACCIDENT PHOTO AND PROCEEDED. WHEN I LEFT THE AMBULANCE HAD ALREADY ARRIVE AND CONVEY THE RIDER TO THE HOSPITAL.

I THEN WENT OVER TO HEALTH PLUS CLINIC & SURGERY AND CONSULT A DOCTOR , AND RECEIVE 3 DAYS MC FROM 25/02/2020 TO 27/02/2020.



**SINGAPORE
POLICE FORCE**



T/20200226/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200226/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2020 00:56
Officer In Charge Of Case: TP / TPB / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**



T/20200226-7003

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ID Type / ID No.: NRIC NO / S1284625H			Contact No.: Home/Office: Mobile: 90816161		
Nationality: SINGAPORE CITIZEN			Email: kohkajseng1958@gmail.com		
Sex: Male	Age: 61	Date of Birth: 13/03/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

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Location: TAMPINES EXPRESSWAY				
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Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBP7847U	Motorcycle		YAHAMA		Seriously Damaged	1
SLL9767G	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/02/2020 00:56

Classification Of Case: