

## 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	04/09/2020 10:22
Date Of Accident	28/08/2020 18:00
Exact Location Of Accident	HOUGANG STREET 51
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH454H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOKE YAN KIN
NRIC No	S2560823B
Email Address	STVLYK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96495088
Alternative Phone No	OFFICE-96495088

### Vehicle Particulars

Manufacturer	KYMCO
Model	DOWNTOWN 200I
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5069922126-05
Cover Note Number	22/02/2020 - 21/02/2021

### Driver

Name of Driver	LOKE YAN KIN
NRIC No	S2560823B
Date Of Birth	14/08/1966
Occupation	INDOOR
Date Of Driving Pass	01/02/1985
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96495088
Fax Number	
Contact Number	OFFICE-96495088
Email Address	STVLYK@GMAIL.COM

Address	BLK 554 #03-306 HOUGANG STREET 51
Postcode	530554
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 - MAJOR/MINOR RD
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police Report No. T/20200830/2043

#### 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 Witness 1

Name	CHUA SIQIN
Phone Number	81284680
Email Address	

#### Details of Witness 2

Name	UNKNOWN MALE
Phone Number	93806659
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK7231S
Vehicle Make/Model/Colour	UNKNOWN

Details Of Properties	UNKNOWN
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LOKE YAN KIN
Approximate Age	
Injuries Sustain	ABRASION ON LEFT PART OF BODY FROM HEAD TO TOE
Injured person in which vehicle?	FBH454H
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report No: MT: \_\_\_\_\_

D.O.A: 28/08/2020  
Time: 18:00 hrs

Report Date & Start Time: 04/09/2020 - 10:10

Vehicle No: FBH454H

Reporting Type: TP

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.

04/09/20 / 10:10

Policyholder's Signature / Date & Time

04/09/20 / 10:10

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

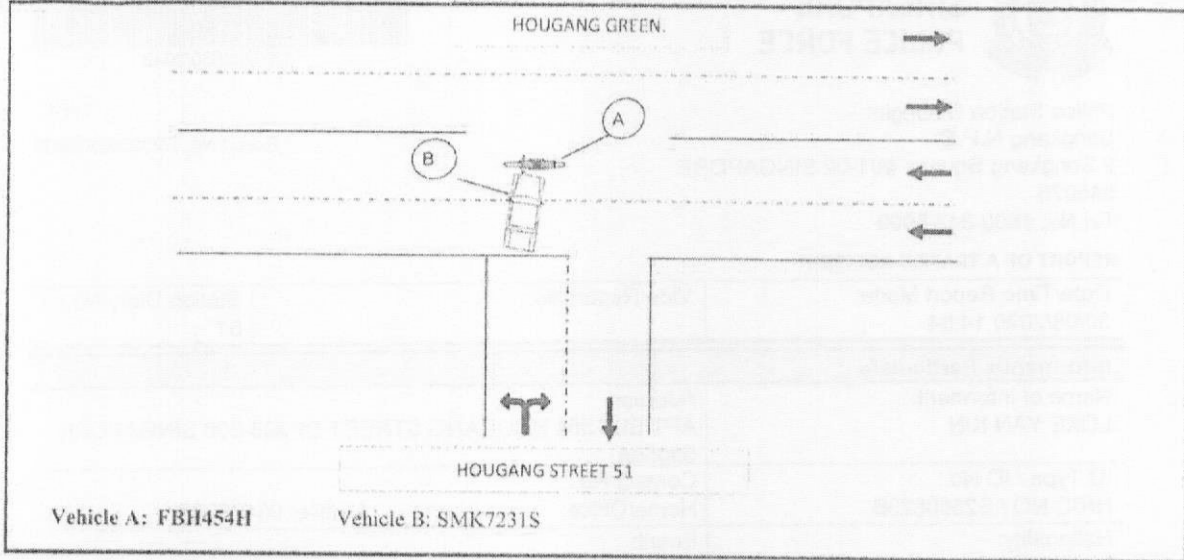
Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



# Sketch Plan Pg. 2

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report No. T/20200830/2043

## Declaration

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

 04/09/20 / 10:10  
Policyholder's Signature / Date & Time

04/09/20 / 10:10  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20200830/2043

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20200830/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/08/2020 14:04		Vide Report No.:		Station Diary No.: 51	
<b>Informant's Particulars</b>					
Name of Informant: LOKE YAN KIN			Address: APT BLK 554 HOUGANG STREET 51 #03-306 SINGAPORE 530554		
ID Type / ID No.: NRIC NO / S2560823B			Contact No.: Home/Office: Mobile: 96495088		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 54	Date of Birth: 14/08/1966	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: WORKSHOP ENGINEER		Driving Licence Information: Class: 2B Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2020 18:00	Type of Location: T-Junction
Location:  HOUGANG STREET 51				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH454H	Motorcycle	KYMCO	DOWNTOWN 200I	White	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH454H	NTUC Income Insurance Co-Operative Limited	5069922126-05	22/02/2020	21/02/2021



**SINGAPORE  
POLICE FORCE**



T/20200830/2043

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20200830/2043

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	LOKE YAN KIN	ID No.	S2560823B
Related Vehicle	FBH454H (Motorcycle)	Contact No.	96495088
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/08/2020	Date Discharge	30/08/2020
No. of Days granted Medical Leave	13	Degree of Injury	Serious

**Brief Details.**

On 28/08/2020 at about 1800hrs, I was driving along Buangkok Green and had turned into Hougang Street 51. After turning into Hougang Street 51, there were about 3 cars in-front of me. Suddenly, a red vehicle had approached me from the left side, coming out from the Blk 563 Hougang Street 51 Service Road, and hit onto the left side of my motorcycle. I was thrown off my motorbike and subsequently became unconscious, I did not have much recollection of the accident afterwards. When I became conscious, I recall passerbys moving me and the motorbike to the side of the road to avoid blocking the road. I was unable to retrieve the particulars of the driver as I was still in shock at the time of the accident, I had given somebody my phone number but I am unable to recall if he was the driver, I am unsure of the exact damages that my motorbike had sustained.

I am unsure who had called for an ambulance, but I was attended to by paramedics and Traffic Police under the incident number F/20200828/0146. I had called for my family members while in the ambulance as they were nearby, they had managed to get 2 witnesses who were willing to testify for the accident. (Chua Siqin, HP: 81284880 & Unknown Male, HP: 93806659) I was conveyed to Sengkang General Hospital. I had sustained hand abrasions, and facial abrasions during the accident. I was treated in Sengkang General Hospital and given MC of 13 days starting from 28/08/2020.



**SINGAPORE  
POLICE FORCE**



T/20200830/2043

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20200830/2043

**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:

F /

Sgt 2 FOO HENG WEI JOHN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/08/2020 14:04

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE  
ABDULLAH

Contact No.: 65476251

Authentication Stamp

NP168

Classification Of Case:

SN 085

Signature:

Singapore Police Force





**SINGAPORE  
POLICE FORCE**

Our Ref : TP/IP/36979/2020  
Date : 3 September, 2020

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6259  
[www.police.gov.sg](http://www.police.gov.sg)

LOKE YAN KIN  
BLK 554 HOUGANG STREET 51  
#03-306  
SINGAPORE 530554

Dear Sir/Madam

**ACCIDENT INVOLVING FBH454H & SMK7231S ALONG HOUGANG STREET 51 TOWARDS  
BUANGKOK GREEN ON 28 AUGUST 2020 AT 1757 HRS.**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of **SMK7231S** has committed an offence of Careless Driving Causing Hurt under Section 65(4)(a) of the Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
3. If you have any queries, please contact the Investigation Officer, Syed Isa at telephone number 6547 6214 or via email at [Syed\\_Muhd\\_Isa\\_Omar\\_Alhabshee@spf.gov.sg](mailto:Syed_Muhd_Isa_Omar_Alhabshee@spf.gov.sg).

Yours faithfully

HAFIZ FAIZAL  
for HEAD TRAFFIC INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE