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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/09/2020 15:58
Date Of Accident	16/09/2020 16:05
Exact Location Of Accident	TUAS RD TWDS TUAS BASIN LANE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FF666B
Insured/Policyholder	
Name Of Registered Owner	HO KAR FOOK, DESMOND
NRIC No	SXXXX773E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93661661
Alternative Phone No	OFFICE-93661661
Vehicle Particulars	
Manufacturer	KTM
Model	RC8 R
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	5046793109-09
Cover Note Number	
Driver	

Name of Driver TAN HUAN CHANG, ROY

NRIC No SXXXX896H
Date Of Birth 11/11/1987
Occupation INDOOR
Date Of Driving Pass 26/09/2012

Driving Experience 7 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81269629

Fax Number

Contact Number OFFICE-81269629

EMail Address NOEMAIL

BLK 79A TOA PAYOH CENTRAL Address

#26-13

Postcode 311079

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200917/2003.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 26

Name TAN HUAN CHANG, ROY Approximate Age Injuries Sustain BODY Injured person in which vehicle? FF666B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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.
- 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.
- 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.
- 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.
- 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:
 - 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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

		A B	
		dP	A: FF GGB
		A-T	A: FF CCIB
		8	9
			Ture 94 Lidt Zamt 895
			Tugs Put tuds Tugs Bas
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
Refer to alice	water - diamen	in Lidani	
1 ALL AN POLICE	report - 7/22009	12) 1003	
		/	
			4
DECLARATION			
	ticulars are true in every resp	ect.	
	ticulars are true in every resp	ect.	
	ticulars are true in every resp	ect.	70
/We declare the foregoing par	Z		Reporting Centre Perconnell's Stadents
DECLARATION /We declare the foregoing par Policyholder's Signature Date & Time:			Reporting Centre Personpel's Signature

Police Report





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200917/2003

REPORT OF A TRAFFIC ACCIDENT

	me Report N 020 01:07	Made:	Vide Report No.: J/20200916/0127	Station Diary No.		
Informa	nt's Partic	ulars				
	f Informant:		Address:			
	IAN CHANC	3, ROY	649 ANG MO KIO AVENUE 5 #10-3315 ANG MO KIO 6 SINGAPORE 560649			
	/ ID No.:		Contact No.:			
NRIC NO / S8735896H		96H	Home/Office:	me/Office: Mobile: 81269629		
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 32	Date of Birth: 11/11/1987	Type of Informant: Rider	÷		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SAF REGULAR			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/09/2020 16:05	Type of Location	
TUAS ROAD Weather:		Road Surface:		Dood Spood Limit	
Clear	150.77			Road Speed Limit:	
Traft:c Flow:		Traffic Control:		Traffic Volume: Moderate	
Type of Collis		vipe - Same Direction		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FF666B	Motorcycle				Slightly Damaged	0

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

Police Report



T/20200917/2003

2 of 3

Report No. T/20200917/2003

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

CONTINUATION OF REPORT

Rider					N. S.	The second second
Name	TAN HUAN CHANG, ROY			ID No		S8735896H
Related Vehicle	FF666B (Motorcycle)			Conta	ct No.	81269629
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/09/2020 Date Dis			charge	17/09	9/2020
No. of Days gran	ted Medical Leave 03 Degree			f Injury	Sligh	t

Brief Details.

On 16/09/2020 at about 1605hrs, I was riding my motorcycle bearing the registration number FF666B along Tuas Road heading towards Tuas Basin Lane. I was riding on the left lane of a two lane road. At that point of time, I was riding slightly to the right side of the left lane but was still within it. While travelling near Tuas Fire Station near lamppost 25F, another vehicle, a lorry that was travelling in front of me on the right lane (slightly lesser than 1 car's length) suddenly encroached into my lane without giving any prior signal. Upon seeing this, I did my emergency brake to avoid the collision. However, the right portion of my motorcycle and my right arm had collided onto the left rear of the said lorry causing me to fall off from my motorcycle and was flung to the grass patch. The said lorry did not stop and continued to drive c ft. I managed to get up and sat there. Passerby (Off duty paramedics) then came over and assisted to call the ambulance. Awhile later, traffic police also came to the scene. I then called my own towing company to tow the bike and also went to Khoo Teck Puat Hospital on my own. I was then given 3 days of medical leave as I suffered abrasions on left palm, right arm and stitches on my right knee.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200917/2003

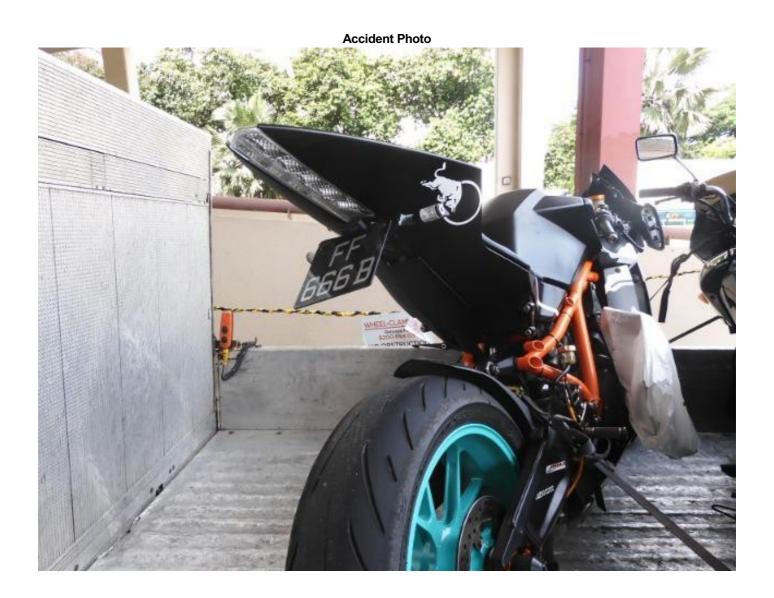
CONTINUATION OF REPORT

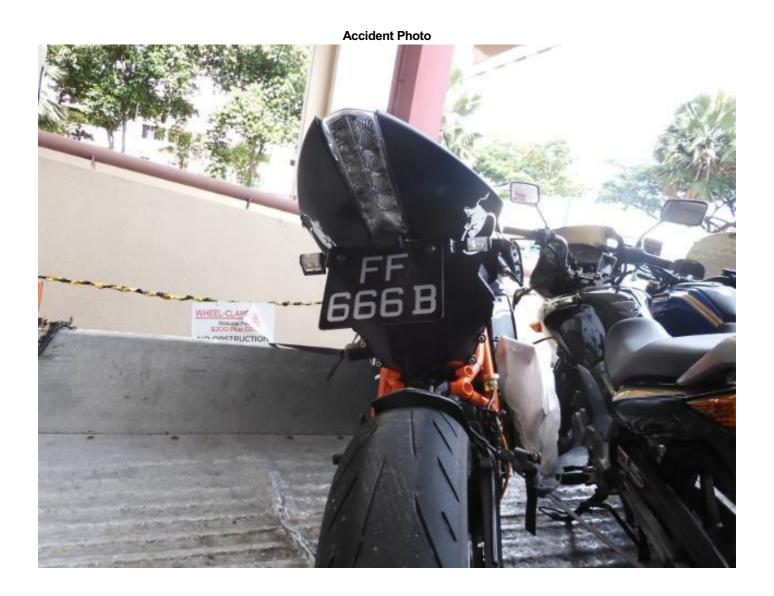
SI	in	-	h	DI	an
O.	V.C.I	u	11	F-1	an

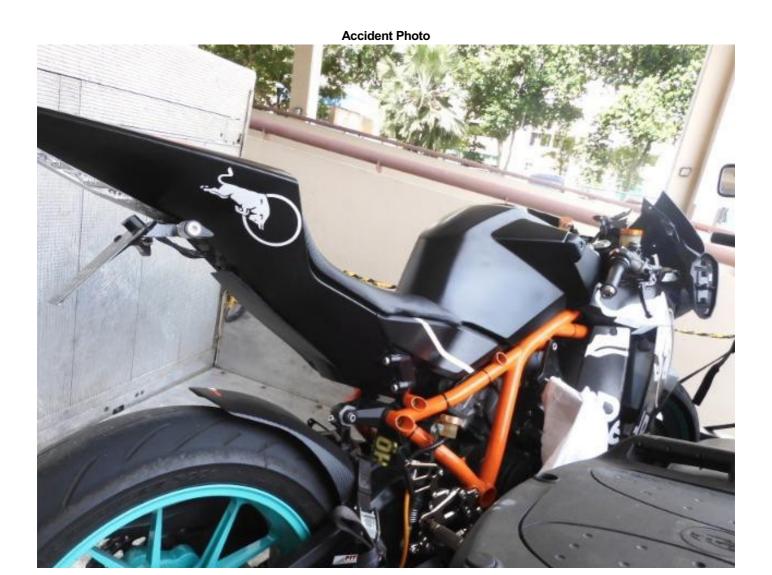
Informant is not able to provide sketch plan

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.

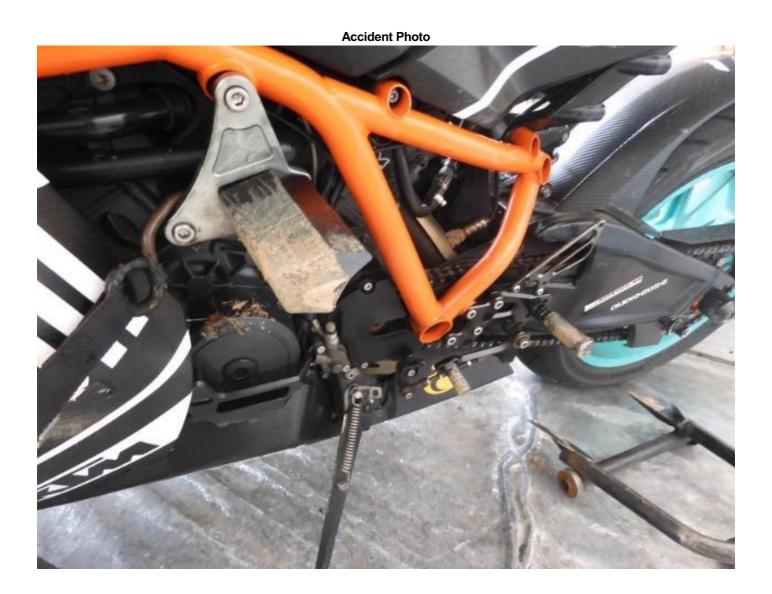
Sign. ture Of Officer Recording The Report: L / Staff Sgt MOHAMMED ZUFARHAN BIN BOHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2020 01:07
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp	





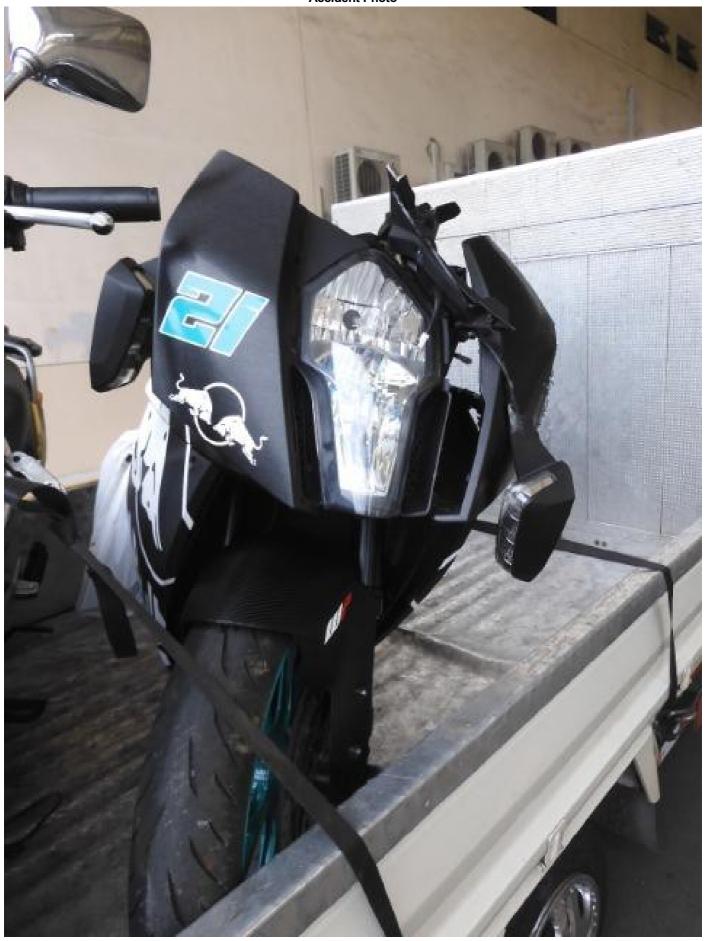


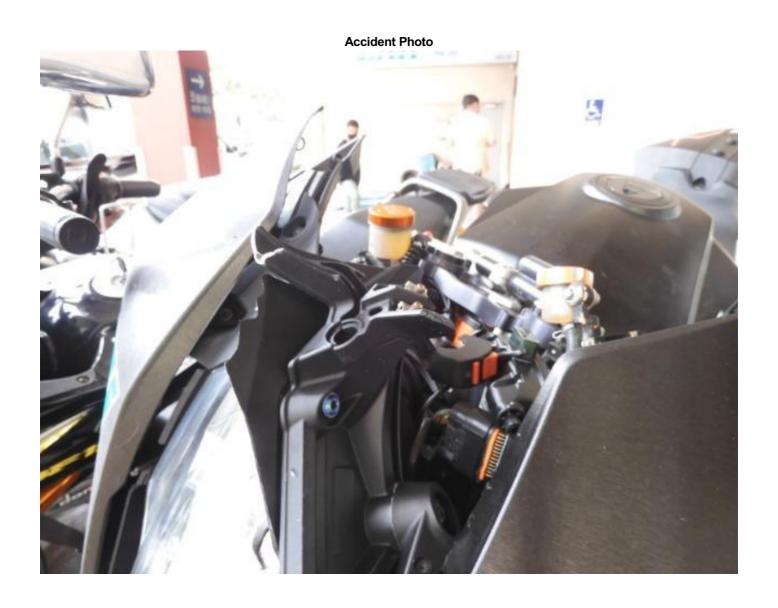




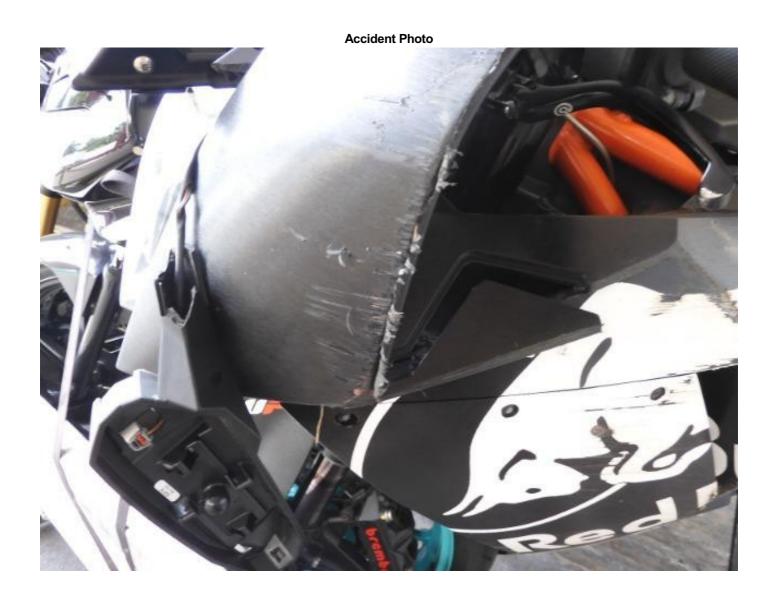












Accident Photo





Accident Photo



