

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 | 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 |

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 |

| | |
|---|-------------------------------------|
| Address | BLK 79A TOA PAYOH CENTRAL #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

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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? | NO |
| 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 | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| 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 |
| 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 | COMMERCIAL VEHICLE |
| 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 | 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

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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.

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

SKETCH PLAN

A: FF66B
B: unknown

Tugay Rd
Tugay Basin Lane

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2020912/2003

DECLARATION

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

Policyholder's Signature
Date & Time:

2
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200917/2003

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

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 17/09/2020 01:07 | Vide Report No.: J/20200916/0127 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|--|----------------------------|
| Name of Informant: TAN HUAN CHANG, ROY | | | Address: 649 ANG MO KIO AVENUE 5 #10-3315 ANG MO KIO 61 SINGAPORE 560649 | |
| ID Type / ID No.: NRIC NO / S8735896H | | | Contact No.: Home/Office: Mobile: 81269629 | |
| Nationality: SINGAPORE CITIZEN | | | 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: | |

General Information of the Accident

| | | | | |
|---|-----------------------|----------------------|--|-------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 16/09/2020 16:05 | Type of Location: |
| Location: TUAS ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | 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



**SINGAPORE
POLICE FORCE**



T/20200917/2003

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20200917/2003

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|---|
| Rider | | | |
| Name | TAN HUAN CHANG, ROY | ID No. | S8735896H |
| Related Vehicle | FF666B (Motorcycle) | Contact No. | 81269629 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 16/09/2020 | Date Discharge | 17/09/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

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 off. 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



**SINGAPORE
POLICE FORCE**



T/20200917/2003

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

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 /

Staff Sgt MOHAMMED ZUFARHAN BIN
BOHARI

Signature Of Informant:

2

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

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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