

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	16/11/2020 13:26
Date Of Accident	10/11/2020 22:30
Exact Location Of Accident	AIRPORT ROAD CROSS JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6670M
Insured/Policyholder	
Name Of Registered Owner	FUNG HO YIN
NRIC No	SXXXX725H
Email Address	DICKSONFHY555@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97851171
Alternative Phone No	OTHERS-97851171

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5114388907
Cover Note Number	

Driver

Name of Driver	FUNG HO YIN
NRIC No	SXXXX725H
Date Of Birth	07/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2016
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97851171
Fax Number	
Contact Number	OTHERS-97851171
Email Address	DICKSONFHY555@GMAIL.COM

Address	BLK 2 HAIG ROAD #10-509
Postcode	430002
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 ON COLLISION
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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201111/2096

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	UNKNOWN RIDER
Phone Number	87936963
Email Address	

Details of Witness 2

Name	MR WILSON
Phone Number	90601511
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA7799Y
Vehicle Make/Model/Colour	MASERATI

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 INJURED PERSON 1

Name FUNG HO YIN

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FBQ6670M

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.

Policyholder's Signature

Date & Time: 11/11/20

5.10pm

Driver's Signature

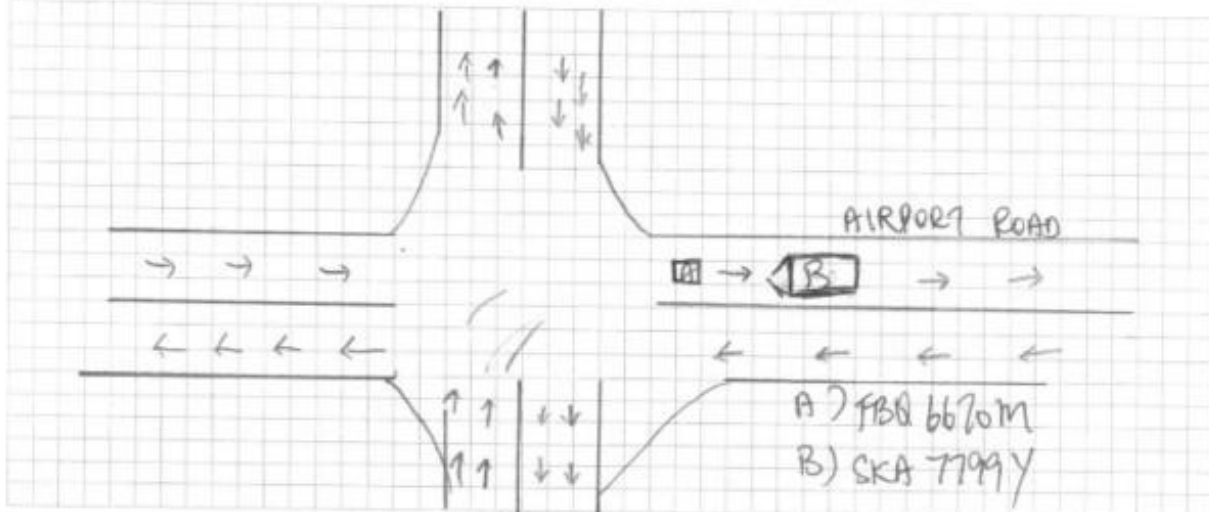
(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: Kesh

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT *PAYA LHASOR BAO*

REFR TO POLICE REPORT 7/20201111/2096

DECLARATION

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

11/11/2020 5.10 pm

16/11/2009
Keshu (10/11/2009)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201111/2096

1 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20201111/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2020 16:14	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: FUNG HO YIN	Address: APT BLK 2 HAIG ROAD #10-509 SINGAPORE 430002		
ID Type / ID No.: NRIC NO / S8585725H	Contact No.:	Mobile: 97851171	
Nationality: MALAYSIAN	Home/Office:	Email:	
Sex: Male	Age: 34	Date of Birth: 07/12/1985	Type of Informant: Rider
Race: Chinese	Language: English	Institution / School Name:	
Occupation: GrabFood Rider	Driving Licence Information: Class: 2B,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: 10/11/2020 22:30	Type of Location: X-Junction
Location: AIRPORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6670M	Motorcycle	YAMAHA	GDR155A (AEROX)	Black	Seriously Damaged	0
SKA7799Y	Car	MASERATI	Ghibli	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6670M	NTUC Income Insurance Co-Operative Limited	5114388907	25/11/2019	24/11/2020

POLICE REPORT



**SINGAPORE
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T/20201111/2096

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20201111/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FUNG HO YIN	ID No.	S8585725H
Related Vehicle	NIL	Contact No.	97851171
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/11/2020	Date Discharge	11/11/2020
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

On 10/11/2020 at 2230hrs, I was riding my motorcycle along Paya Lebar Road towards Airport Road to do GrabFood Delivery. The traffic light at the cross junction of Paya Lebar Road and Airport Road was green, and I had the right of way. There were no oncoming traffic when I was turning towards Airport Road.

When I have turned into Airport Road (which was a one way traffic flow), a White Colour Mesarati was driving against the traffic along Airport Road. The Mesarati have collided onto my front part of the motorcycle which caused me to fall on the right side. After the headon collision, the Mesarati fled towards Upper Paya Lebar Road.

Prior to this incident, a Male Malaysian Chinese Rider (8793 6963) and a Driver (Mr. Wilson, HP: 9060 1511) have witnessed the entire incident. Both the said Rider and Driver gave chase to the Mesarati who was driving against the traffic flow or hit me. The Driver managed to take photo of the Mesarati car plate number, which was sent to me later in the day by a Traffic Police Investigation Officer.

The Traffic Police and Ambulance were at scene prior to my "999" calls to the Police. Due to the headon collision, I was conveyed to Changi General Hospital by the Ambulance. I was given 15 days of Medical Leave. I have no camera on my motorcycle prior to this incident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201111/2096

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20201111/2096

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:
G /
Sgt 2 TAN YIK PING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/11/2020 16:14

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168

ORIGINAL

MEDICAL CERTIFICATE

OTO2020184745

Name FUNG HO YIN		NRIC No. S8585725H
This is to certify that the above-named is unfit for duty for a period of <u>15</u> days from <u>11-Nov-2020</u> to <u>25-Nov-2020</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>11-Nov-2020</u>	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : <u>11-Nov-2020</u>	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from : <u>N.A.</u>	to : <u>N.A.</u>	
Time Out : _____	Time in : <u>N.A.</u>	Time out : <u>N.A.</u>
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Orthopaedic Surgery Changi General Hospital	Ward No. <u>CGH-A&E-Holding-Area</u> Date <u>11-Nov-2020</u>	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  CHIA, CHEOW SOON, P17601

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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