

# 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 Submission ..... 07/12/2020 17:50 (SGT)  
Date of Accident ..... 28/11/2020 10:50 (SGT)  
Exact Location of Accident ..... Jln Anak Bukit, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBD2489R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH KOK WING  
NRIC No ..... SXXXX386J  
Email Address ..... mddaudn731@gmail.com  
Mobile Phone No ..... (Phone) +65-92383309  
Alternative Phone No ..... +65-92383309

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz150i  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5114054326  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH KOK WING  
NRIC No ..... SXXXX386J  
Date Of Birth ..... 23/10/1982  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/03/2006
Driving experience .....	14 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92383309
Alt. Phone Number .....	-
Email Address .....	mddaudn731@gmail.com
Address .....	BLK 485 #06-506
Address complement .....	SEGAR ROAD
Postcode .....	670485
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201129/2002

#### 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 .....	SKJ5102Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... KOH KOK WING  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... FBD2489R  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

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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 signature of this report is the Insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforementioned.
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 Insurer's 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 Insurer's 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:

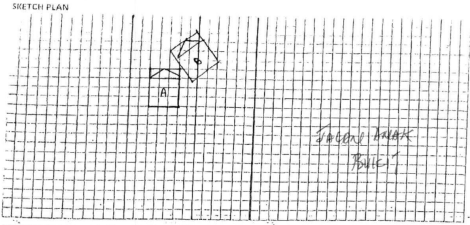
Reporting Centre Manager's Signature  
Name: 6662  
NIC/FIN No.: 1111111111

FORM T-1 (GIA/PIA) 0001 1/16

VEHICLE A:  
PBO2489R

VEHICLE B:  
SKJ51023

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: 7/20/1129/2002

DECLARATION  
We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
SKETCH PLAN No.:































**SINGAPORE  
POLICE FORCE**



T/20201129/2002

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3  
Report No. T/20201129/2002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/11/2020 00:39 Vide Report No.: Station Diary No.: 8

Informant's Particulars			
Name of Informant: KOH KOK WING		Address: APT BLK 485 SEGAR ROAD #06-506 SINGAPORE 670485	
ID Type / ID No. NRIC NO: S8268386J		Contact No. Home/Office: Mobile: 92383309	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 38	Date of Birth: 23/10/1982	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: GRABFOOD DELIVERY RIDER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2020 10:50	Type of Location: Straight Road
Location: JALAN ANAK BUKIT				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2489R	Motorcycle	YAMAHA	FZ150J	Red		0
SKJ5102Z	Car	VOLVO		Grey		1
						0

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20201129/2002

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20201129/2002

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD2489R	NTUC Income Insurance Co-Operative Limited	5114054326	15/12/2019	14/12/2020




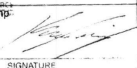
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KOH KOK WING	ID No.	S8268386J
Related Vehicle	FBD2489R (Motorcycle)	Contact No.	92383309
Hospital/Clinic	INTERMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2020	Date Discharge	28/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 28th November 2020 at 1049hrs, I was riding along Jalan Anak Bukit towards Bukit Timah Link. I was doing my rounds as a Grabfood delivery rider and I was on my way to pick up order at Bukit Timah Plaza. I was travelling in the leftmost lane. When I was still on my way, one Grey Volvo (SKJ5102Z) just suddenly came out from my right lane, in front of a bus, cutting into the front of me in my lane. As it was too sudden, I was unable to avoid and ended up my motorbike (FBD2489R) collided with the said Volvo.

When collided, we both came down from our vehicles. The driver of the said Volvo is a female Chinese National. I told her we could forgo about this incident however she wanted to pursue this matter as she claimed I had caused some scratches on her car. I informed her that she had changed her lane abruptly but she did not want to admit it. I had no choice but to take a photo of her vehicle. She had also taken a photo of my motorbike as well. She has a small boy in her car and both of them did not look like they were injured. After which, we parted ways and we did not exchange particulars.

I then felt that there was numbness in my right calf and thus I went to visit the clinic, Intermedical 24hr Clinic at Blk 525 Ang Mo Kio Avenue 10 #01-2407 S560525 and I was given 03 days of MC from 28 November 2020 to 30 November 2020. I do not have any camera installed non my motorbike or my helmet. My motorbike only suffered some scratches on the right side of body itself.

 <b>SINGAPORE POLICE FORCE</b>	 T/20201129/2002
Police Station Of Origin: Bukit Panjang N.P.C. 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8229999	3 of 3 Report No. T/20201129/2002
CONTINUATION OF REPORT	
<b>Sketch Plan</b> 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 <b>report number</b> as reference.	
Signature Of Officer Recording The Report: J / Sgt 3 LUCAS KOH PEI SONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2020 00:39
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp: NP168  SIGNATURE	