

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 20/01/2021 11:25 (SGT)
Date of Accident 12/01/2021 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN RING ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM1430T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KAH WAI
NRIC No S7766039I
Email Address kahwai@kbox.com.sg
Mobile Phone No (Phone) +65-90027133
Alternative Phone No +65-90027133

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SYM / JOYRIDE 200I EVO CVT
Variant -
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5119271818
Cover Note Number -

DRIVER

Name of Driver LEE KOK HOE
NRIC No S8369914J
Date Of Birth 11/02/1983
Occupation Outdoor

Date Of Driving Pass	26/09/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84991388
Alt. Phone Number	-
Email Address	nnkids@yahoo.com
Address	BLK 111 , YISHUN RING ROAD #04-373
Address complement	-
Postcode	760111
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210113/2126;

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	SHB3995D
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / AE IONIQ HEV FL 1.6 DCT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	LEE KOK HOE
Address	BLK 111 , YISHUN RING ROAD #04-373
Address Complement	-
Post Code	760111
Approximate Age Years Old	37
Injuries Sustained	-
Injured person in which vehicle?	FBM1430T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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.

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Policyholder's Signature / Date &
 Time

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

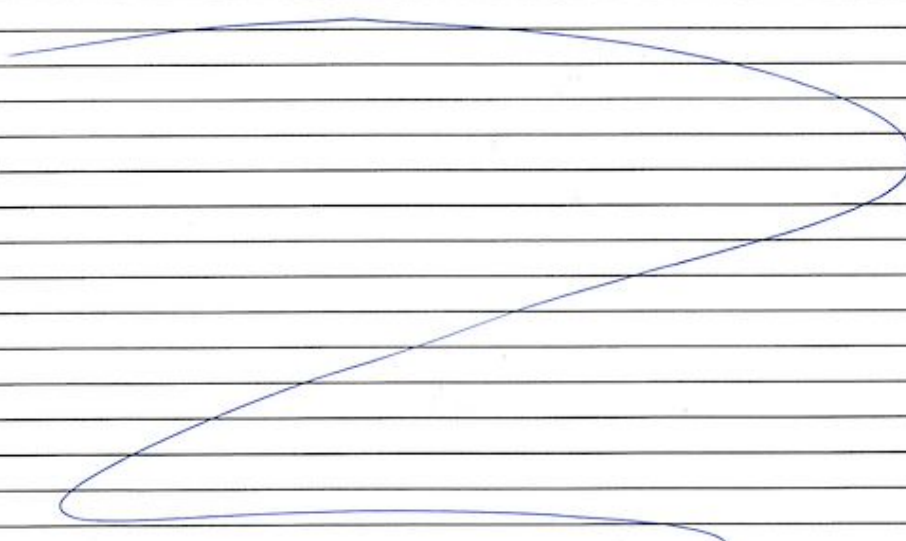
Witnessed by Reporting Centre
 Personnel

20 JAN 2021

Sketch Plan

Describe Circumstances of the Accident

Ref
To Police Report



Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel 20 JAN 2021



























**SINGAPORE
POLICE FORCE**



T/20210113/2126

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20210113/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2021 15:33		Vide Report No.: L/20210112/0069		Station Diary No.: 91	
Informant's Particulars					
Name of Informant: LEE KOK HOE			Address: 38 JLN INDAH 29/11 TMN BUKIT INDAH 2 NUSAJAYA 79100 JB MALAYSIA		
ID Type / ID No.: NRIC NO / S8369914J			Contact No.: Home/Office: Mobile: 84991388		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 11/02/1983	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB FOOD RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2021 08:30	Type of Location: Straight Road
Location: YISHUN RING ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1430T	Motorcycle				Seriously Damaged	0
SHB3995D	TAXI					2

Details of Person Involved

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



**SINGAPORE
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T/20210113/2126

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20210113/2126

CONTINUATION OF REPORT

Rider			
Name	LEE KOK HOE	ID No.	S8369914J
Related Vehicle	FBM1430T (Motorcycle)	Contact No.	84991388
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	12/01/2021	Date Discharge	12/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 12/01/2021 at about 0830, I was riding my motorcycle bearing the registration number FBM1430T along Yishun Ring Road as I had food delivery to be done. After I had collected the food at Northpoint City, I then proceeded to Blk 120 Yishun. While I was riding along Yishun Ring Road on the right lane of 2 lane road, suddenly a taxi bearing the registration SHB3995D drove out from the carpark of Blk 103 Yishun from my left into my right. Upon seeing the taxi, I applied my brakes but could not avoid the collision. My motorcycle then hit onto the front right side of the taxi. I then fall off to the ground and was assisted by someone to the side of the road. Ambulance and traffic police then came. I was later conveyed to KTPH and was given 5 days of medial leave. I do not have any camera attached to my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20210113/2126

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20210113/2126

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:

Signature Of Interpreter:
Not applicable

Date/Time:
13/01/2021 15:33

Officer In Charge Of Case:
TP / GIT /
Sgt 3 ABDUL MUHAJMIN BIN HUSSAIN
Contact No.: 65476090

Classification Of Case:

Authentication Stamp
NP168



Signature: _____

Singapore Police Force

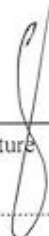
SN 005



90 Yishun Central,
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE**ORIGINAL****KHANE211935405****NAME : LEE KOK HOE****NRIC : S8369914J**Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**The above named attended Examination/Treatment from **12-Jan-2021 09:27** to **12-Jan-2021 10:47**.The above named is unfit for duty for a period of **5** day(s), from **12-Jan-2021** to **16-Jan-2021** inclusive.This certificate is **not valid** for absence from court attendance.

Remarks :

12 Jan 2021	Dr San Antonio, Arnold Santos (17267G)	A&E	
Date	Issuing Doctor	Location	
Reg No. : 200717564H			

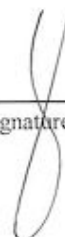
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90 Yishun Central,
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE**DUPLICATE****KHANE211935405****NAME : LEE KOK HOE****NRIC : S8369914J**Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**The above named attended Examination/Treatment from **12-Jan-2021 09:27** to **12-Jan-2021 10:47**.The above named is unfit for duty for a period of **5** day(s), from **12-Jan-2021** to **16-Jan-2021** inclusive.This certificate is **not valid** for absence from court attendance.

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0L211K0002 Vehicle Registration No: FBM1430T
 Name (as shown in NRIC) : LEE KOK HOE NRIC/FIN/Passport No : S8369914J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore (543318)
 Contact (Tel) : _____ Mobile No. : 8499 1388
 Email Address : _____
 Date of Accident : 12/01/2021 Time of Accident : 08:40
 Place of Accident : YISHUN RING ROAD
 Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UPDATE ; TO UPDATE INJURIES RIDER NAME, ADDRESS AND OWNER HP NUMBER.

FILE BY SITI

Policyholder / Driver's Signature
 Date: 20.01.2021

IDAC VICOM KAKI BUKIT

Reporting Centre Personnel's Signature
 Name: SITI
 NRIC/FIN No.:
 Date: 20.01.2021