

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 24/02/2021 16:57 (SGT)
Date of Accident 10/02/2021 15:30 (SGT)
Exact Location of Accident Admiralty Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM8718T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KANG HOW
NRIC No SXXXX362F
Email Address LKHOW1983@GMAIL.COM
Mobile Phone No (Phone) +65-98911838
Alternative Phone No +65-98911838

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SNIPER T150
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 - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5100287353-02
Cover Note Number -

DRIVER

Name of Driver LEE KANG HOW
NRIC No SXXXX362F
Date Of Birth 24/06/1983
Occupation Indoor

Date Of Driving Pass	12/11/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98911838
Alt. Phone Number	+65-98911838
Email Address	LKHOW1983@GMAIL.COM
Address	BLK 679 WOODLANDS AVE 6
Address complement	#05-702
Postcode	730679
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	SANDY

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	No
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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210221/2010

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE KANG HOW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBM8718T

Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the police report: 7/20210224/2010

Declaration

We declare the foregoing particulars are true in every respect.

24/2/2021
Policyholder's Signature / Date & Time

24/2/2021
Driver's Signature (if driver is not the policyholder) / Date & Time

24/2/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210224/2010

2 of 3

Report No. T/20210224/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE KANG HOW	ID No.	S8366362F
Related Vehicle	FBM8718T (Motorcycle)	Contact No.	9891 1838
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	10/02/2021	Date Discharge	23/02/2021
No. of Days granted Medical Leave	35	Degree of Injury	Serious

Brief Details.

The accident happened along Admiralty Road opposite the Masjid An-Nur mosque involving my motorbike and the centre road divider.

On 10/02/2021 at around 1530hrs, I was riding my motorbike (FBM8718T) along Admiralty Road towards the Admiralty side at the most right lane. The road surface was sandy and my tire hit some stones on the ground, causing me to lose balance. My motorbike lost balance and both myself and the motorbike was flung towards the divider on my right. I was injured and unable to move. There were passer-by who assisted me and called for ambulance. I was then conveyed to KTPH.

Last week, I received from the police asking me to proceed to TP compound as TP has towed my bike, and retrieve my motorbike after my discharge from the hospital. I was also required to lodge a traffic accident report regarding this. I believed the head of my motorbike is seriously damaged.

I was discharged on 23/02/2021. The primary diagnosis is open wound of axillary region, and I underwent stitches on my right arm and my right forearm.



























**SINGAPORE
POLICE FORCE**



T/20210224/2010

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20210224/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2021 09:30	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Informant's Particulars			
Name of Informant: LEE KANG HOW			Address: APT BLK 679 WOODLANDS AVENUE 6 #05-702 SINGAPORE 730679
ID Type / ID No.: NRIC NO / S8366362F			Contact No.: Home/Office: Mobile: 9891 1838
Nationality: MALAYSIAN			Email:
Sex: Male	Age: 37	Date of Birth: 24/06/1983	Type of Informant: Rider
Race: Chinese			Language: Institution / School Name:
Occupation: CANTEEN ASSISTANT			Driving Licence Information: Class: 2B,3 Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2021 15:30	Type of Location: Bend
Location: ADMIRALTY ROAD				
Weather: Clear		Road Surface: Sandy	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8718T	Motorcycle	YAMAHA	SNIPER T150	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8718T	NTUC Income Insurance Co-Operative Limited	5100287353-02	27/04/2020	26/04/2021



**SINGAPORE
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T/20210224/2010

2 of 3

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Tel No: 1800-7679999

Report No. T/20210224/2010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE KANG HOW	ID No.	S8366362F
Related Vehicle	FBM8718T (Motorcycle)	Contact No.	9891 1838
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**SINGAPORE
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T/20210224/2010

3 of 3

Report No. T/20210224/2010

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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/
SCCPL ANDY LOW ZHI HAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
24/02/2021 09:30

Classification Of Case: