

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 19/04/2021 17:55 (SGT)
Date of Accident 16/04/2021 20:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information TELOK BLANGAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG2962A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH KIAN HAO
NRIC No S8700451A
Email Address kianoah87@hotmail.com
Mobile Phone No (Phone) +65-83217198
Alternative Phone No +65-83217198

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16
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
Transmission Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5101145961-02 (TP)
Cover Note Number -

DRIVER

Name of Driver GOH KIAN HAO
NRIC No S8700451A

Date Of Birth	07/01/1987
Occupation	Indoor
Date Of Driving Pass	23/05/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83217198
Alt. Phone Number	+65-83217198
Email Address	kianoah87@hotmail.com
Address	BLK 669 #05-719 HOUGANG AVENUE 8
Address complement	-
Postcode	530669
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	Collision - Head to Rear
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20210417/7007 ATTACHED.

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	SHC8708D
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	TAN TECK BAN
NRIC No	S8711319A
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	GOH KIAN HAO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBG2962A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN

IMPORTANT NOTICE

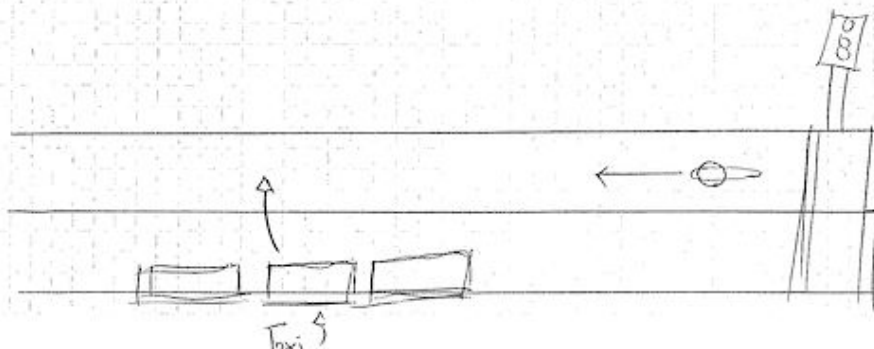
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

 19 APR 2021
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

On 16/4/2021 around 2035 hrs. I was on my way home after shift along Teluk Klang Road towards KPE. After passing by the traffic light outside Travelodge Harbourfront. A taxi suddenly changed lane from my left lane to my lane. I applied emergency brake and my my shoulder and knee onto his right bumper and fell. According to taxi driver the flow of traffic in his lane is stop/stopping. He decided to change lane but he did not see any on coming vehicle. After he turn he heard a knock at his back. He got off the taxi and then sent me.

Declaration

We declare the foregoing particulars are true in every respect.

19 APR 2021



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

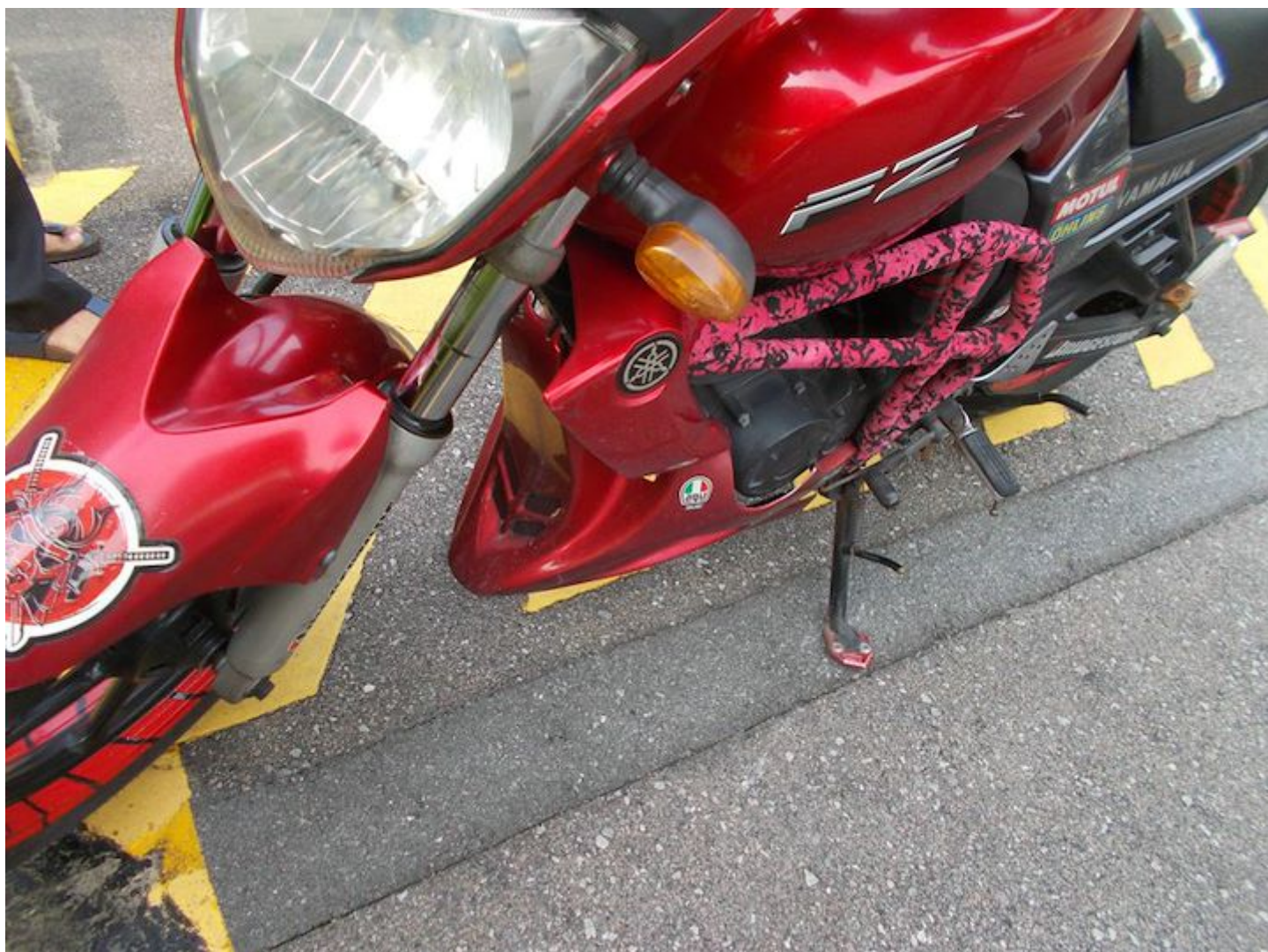





















**SINGAPORE
POLICE FORCE**


T/20210417/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210417/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2021 10:27		Vide Report No.: D/20210416/0114		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH KIAN HAO			Address: 669 HOUGANG AVENUE 8 #05-719 SINGAPORE 530669		
ID Type / ID No.: NRIC NO / S8700451A			Contact No.: Home/Office: Mobile: 83217198		
Nationality: SINGAPORE CITIZEN			Email: kianoah87@hotmail.com		
Sex: Male	Age: 34	Date of Birth: 07/01/1987	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/04/2021 20:35	Type of Location: Straight Road
Location: TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG2962A	Motorcycle	YAMAHA	FZ 16	Red		0
SHC8708D	Comfort Taxi	HYUNDAI		Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210417/7007

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210417/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG2962A	NTUC Income Insurance Co-Operative Limited	5101145961-02	28/05/2020	27/05/2021
SHC8708D		Nil		

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	GOH KIAN HAO		ID No.	S8700451A
Related Vehicle	FBG2962A (Motorcycle)		Contact No.	83217198
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	16/04/2021		Date	17/04/2021
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	TAN TECK BAN		ID No.	S8711319A
Related Vehicle	SHC8708D (Comfort Taxi)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

I was riding along Telok Blangah road towards KPE after my morning shift heading home from Seah Im carpark after collecting my motorcycle. While I was passing by the traffic light (green light) outside travelodge harbourfront there were a few vehicles on my left lane queuing up to enter into the mosque. Upon reaching the mosque, one blue color comfort taxi "SHC8708D" which was in front of another vehicle suddenly turned right cutting into my lane. I tried to apply for emergency brake but the distance is too short. Thus, my motorcycle skidded and my bike collided onto the right rear of the taxi. Police was called and ambulance arrived and conveyed me to SGH. I only have the photos of the NRIC of the taxi driver and also the number plate of the taxi with the damages taken from my phone.



**SINGAPORE
POLICE FORCE**



T/20210417/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20210417/7007

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210417/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20210417/7007

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/04/2021 10:27

Classification Of Case: