

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 29/10/2021 15:15 (SGT)
Date of Accident 27/10/2021 18:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Wilkinson Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG3731T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KK MOTOR PTE. LTD.
Company Reg No 201835910M
Email Address Jwkuah@yahoo.com
Mobile Phone No (Phone) +65-90699526
Alternative Phone No +65-90699526

VEHICLE PARTICULARS

Manufacturer Honda
Model Pcx125
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 125

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5111003452-02
Cover Note Number -

DRIVER

Name of Driver CHAN THOR KHOON
NRIC No S7246510E

Date Of Birth	17/12/1972
Occupation	Outdoor
Date Of Driving Pass	28/02/1990
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81571720
Alt. Phone Number	-
Email Address	Jwkuah@yahoo.com
Address	154 Serangoon North Ave 1 #04-408
Address complement	-
Postcode	550154
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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 vehicle 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	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	File too large, advised to send to motorvideo@income.com.sg
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV943J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHUM YUN LING

Contact Number	(Phone) +65-97860200
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN THOR KHOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	48
Injuries Sustained	FRACTURED LEFT RIB, ABRASIONS ON RIGHT KNEE AND ANKLE.
Injured person in which vehicle?	FBG3731T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT 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. 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 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: 29/10/2021
1500h

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/10/2021 1500h

Reporting Centre Personnel's Signature
Name: ASH KAMAL
NRIC/FIN No.: S994 396

A: FB93731T
B: SMU943J

A: FBG3731T
B: SMU9h3J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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



Policyholder's Signature

Date & Time: 1800h
29/10/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/10/2021 15:00:43

Reporting Centre Personnel's Signature

Name: ASH KAMAL

NRIC/FIN No.: 5944396












**SINGAPORE
POLICE FORCE**


T/20211027/2113

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No. T/20211027/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2021 22:12	Vide Report No.: G/20211027/0164	Station Diary No.: 41
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: CHAN THOR KHOON			Address: APT BLK 154 SERANGOON NORTH AVENUE 1 #04-408 SINGAPORE 550154	
ID Type / ID No.: NRIC NO / S7246510E			Contact No.: Home/Office: Mobile: 81571720	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 17/12/1972	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Delivery			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2021 00:00	Type of Location: T-Junction
Location: WILKINSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBG3731T	Motorcycle	HONDA				0
SMV943J	Car	MERCEDES BENZ				0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211027/2113

2 of 3

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20211027/2113

CONTINUATION OF REPORT

Rider			
Name	CHAN THOR KHOON	ID No.	S7246510E
Related Vehicle	FBG3731T (Motorcycle)	Contact No.	81571720
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	27/10/2021	Date Discharge	27/10/2021
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	SHUM YUN LING	ID No.	NIL
Related Vehicle	SMV943J (Car)	Contact No.	97860200
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/10/2021 @1805hrs, I was riding my m/cycle along Wilkinson Road and when I was approaching the junction of Wilkinson Road and Goodman Road, a m/car suddenly came out from Goodman Road making a right turn into Wilkinson Road. I immediately applied jammed brake and lost control of my m/cycle and skidded and fell on the right side of my body. I sustained injuries on my right lane and there is a crack on one of my rib cage bone. I was conveyed to Raffles Hospital by ambulance and given 7 days medical leave.

**SINGAPORE
POLICE FORCE**

T/20211027/2113

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 3

Report No. T/20211027/2113

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
F /
SI ABDUL RASHID BIN
ABDULLAH

Signature Of Informant:

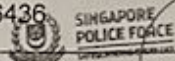
Signature Of Interpreter:
Not applicable

Date/Time:
27/10/2021 22:12

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



SN 16

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20211028/2049

2 of 3

Report No. T/20211028/2049

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Brief Details.

I am lodging this report to make amendments as I was conveyed by ambulance, and my license has class 4 and that the incident happened 27/10/2021 at about 1805hrs. That's all.