

## 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 Actual 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 ..... 30/11/2022 16:57 (SGT)  
Reported by ..... Both  
Date of Accident ..... 22/11/2022 20:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... DAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBF7041E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH HOCK LEONG  
NRIC No ..... SXXXX336H  
Email Address ..... HOCKLEKOH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97100543  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... T135  
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 ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5125383285

#### DRIVER

Name of Driver ..... KOH HOCK LEONG  
NRIC No ..... SXXXX336H  
Date Of Birth ..... 25/08/1968  
Occupation ..... Indoor

Date Of Driving Pass .....	13/05/2003
Driving experience .....	19 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97100543
Alt. Phone Number .....	-
Email Address .....	HOCKLEKOH@GMAIL.COM
Address .....	248 HOUGANG AVENUE 3 #04-436
Address complement .....	-
Postcode .....	530248
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 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA9019M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	KOH HOCK LEONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBF7041E
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

### IMPORTANT NOTICE

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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 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

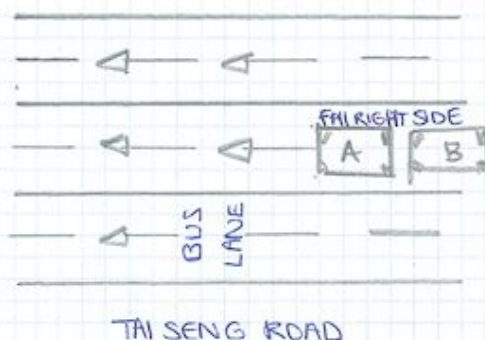
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A MOTOR FBF7041F  
B CAR(TAXI) SHA 9019M

## Describe Circumstances of the Accident

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Declaration

I/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

Witnessed by Reporting Centre  
Personnel





















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 536775  
Tel No: 1800-4890999



T/20221123/2058

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Report No. T/20221123/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/11/2022 13:39	Vide Report No.: F/20221122/0136	Station Diary No.: 102
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**Informant's Particulars**

Name of Informant: KOH HOCK LEONG			Address: APT BLK 248 HOUGANG AVENUE 3 #04-436 SINGAPORE 530248	
ID Type / ID No.: NRIC NO / S6831336H			Contact No.: Home/Office:	Mobile: 97100543
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 25/08/1968	Type of Informant: Rider	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: LOGISTICS ASSISTANT			Driving Licence Information: Class: 2B,2A Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2022 20:30	Type of Location: Straight Road
Location:  PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7041E	Motorcycle	YAMAHA	T135	Blue	Seriously Damaged	0
SHA9019M	Car					1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF7041E	NTUC Income Insurance Co-Operative Limited	5125383285	11/01/2022	10/01/2023





**SINGAPORE  
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Tel No: 1800-4890999

CONTINUATION OF REPORT



T/20221123/2058

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Report No. T/20221123/2058

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	KOH HOCK LEONG	ID No.	S6831336H
Related Vehicle	FBF7041E (Motorcycle)	Contact No.	97100543
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	22/11/2022	Date Discharge	22/11/2022
No. of Days granted Medical Leave	14	Degree of Injury	Serious
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 22/11/2022 at about 2030hrs, I was riding my motorbike (registration plate number FBF7041E) on the second lane of Paya Lebar Rd towards Airport Rd. The weather was clear, road surface was dry, and traffic volume was light. While travelling along the straight road, I suddenly felt an impact coming from the rear. I would like to state that I did not see any vehicle from both of my side mirrors. As a result of the collision, I fell off my motorbike towards my left side. I then realized that a yellow-colored taxi (registration plate number SHA9019M) has collided onto my motorbike. A male passerby called for emergency service. Subsequently, the paramedics and traffic police came to the scene.

I was then conveyed to Tan Tock Seng hospital in a conscious state. The doctor informed me that I sustained a bone fracture on my right shoulder area, swollen right hand palm, and abrasion on my right forearm. I was also given a Medical Certificate (MC) for 14 days (22/11/2022 to 5/12/2022) and subsequently was discharged from hospital.

On 23/11/2022 at about 0935hrs, a traffic police officer contacted me and asked me to lodge a traffic accident report and he provided me a police report number F/20221122/0136. He also informed me that my motorbike has been towed to Traffic Police HQ at Airport Rd. I would like to state that I am unsure of the damages that my motorbike incurred, as I was conveyed to hospital. There is no camera installed on my motorbike but there is an in-car camera installed in the taxi.



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Report No. T/20221123/2058

CONTINUATION OF REPORT



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T/20221123/2058

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Report No. T/20221123/2058

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 / SGT 2 POH WAN XUAN, GLORIS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2022 13:39
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FERROZ BIN HUSSEIN Contact No.: 65476206	Classification Of Case:

NP168