

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 15:41 (SGT)
Reported by Both
Date of Accident 22/11/2022 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information SEMBAWANG DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH2074H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH YONG HUANG
NRIC No S1724509J
Email Address HIDAYAH@ERZATLEEMOTOR.COM
Mobile Phone No (Phone) +65-87692621
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Jupiter Ic135
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 5120004412-01

DRIVER

Name of Driver GOH YONG HUANG
NRIC No S1724509J
Date Of Birth 07/11/1965
Occupation Indoor

| | |
|--|---------------------------------|
| Date Of Driving Pass | 07/05/1983 |
| Driving experience | 39 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87692621 |
| Alt. Phone Number | - |
| Email Address | HIDAYAH@ERZATLEEMOTOR.COM |
| Address | 365C SEMBAWANG CRESCENT #06-141 |
| Address complement | - |
| Postcode | 753365 |
| 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 - Cross Junction |
| 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? | No |
| 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 | 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

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 | SG5599U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-----|
| Vehicle Colour | - |
| Vehicle Category | Bus |
| 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 | GOH YONG HUANG |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | - |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLANIMPORTANT 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' 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.

GoH 9
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

Declaration

We declare the foregoing particulars are true in every respect.

GoH

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/20221124/2164

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

1 of 3

Report No. T/20221124/2164

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 24/11/2022 14:00 | | Vide Report No.: T/20221122/7076 | | Station Diary No.: 68 | |
| Informant's Particulars | | | | | |
| Name of Informant: GOH YONG HUANG | | | Address: APT BLK 365C SEMBAWANG CRESCENT #06-141 SINGAPORE 753365 | | |
| ID Type / ID No.: NRIC NO / S1724509J | | | Contact No.: Home/Office: Mobile: 87692621 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 57 | Date of Birth: 07/11/1965 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: Mandarin | | Institution / School Name: |
| Occupation: GRAB 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: 22/11/2022 13:00 | Type of Location: X-Junction |
| Location: SEMBAWANG DRIVE | | | | |
| Lamp Post Number: 2 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | 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 |
| FBH2074H | Motorcycle | YAMAHA | JUPITER 135 MANUAL | Red | Slightly Damaged | 0 |
| SG5599U | Bus/Coach/Minibus | VOLVO | | Green | | 0 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE
POLICE FORCE**



T/20221124/2164

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

Report No. T/20221124/2164

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBH2074H | NTUC Income Insurance Co-Operative Limited | 5120004412-01 | 01/04/2022 | 31/03/2023 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | GOH YONG HUANG | ID No. | S1724509J |
| Related Vehicle | FBH2074H (Motorcycle) | Contact No. | 87692621 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 22/11/2022 | Date Discharge | 22/11/2022 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

I wish to make slight amendment in my previous report T/20221122/7076.

On the 22.11.2022 at about 1300hrs, I was riding my motorcycle FBH2074H along Sembawang Way, heading towards Sembawang Drive direction. As my motorcycle was nearing the cross junction of Sembawang Way & Sembawang Drive, the traffic light right turn green arrow just lighted up & it was in my favour. As such, I made a right turn into Sembawang Drive.

While I was turning right, a SMRT bus service number 962 (registration number SG5599U) from Sembawang Drive beat the red traffic light and collided onto the right side of my motorcycle. I suffered injury to both my shoulders and abrasions to both my legs & arm. Traffic Police and ambulance was summoned to the scene. I was not conveyed to the hospital by the ambulance. I had seen a doctor on my own at Khoo Teck Puat Hospital and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20221124/2164

3 of 3

Report No. T/20221124/2164

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 /
SI TAN CHIEW SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/11/2022 14:00

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:

NP168