

## 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 ..... 14/12/2022 13:51 (SGT)  
Reported by ..... Both  
Date of Accident ..... 26/11/2022 15:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALJUNIED AVENUE 2  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR1104J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH KENG TECK  
NRIC No ..... S2705795J  
Email Address ..... GOH.KENG.TECK@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-88892065  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... PCX150  
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 ..... 150

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5125476285

#### DRIVER

Name of Driver ..... GOH KENG TECK  
NRIC No ..... S2705795J  
Date Of Birth ..... 28/06/1965  
Occupation ..... Outdoor

Date Of Driving Pass .....	29/06/2001
Driving experience .....	21 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88892065
Alt. Phone Number .....	-
Email Address .....	GOH.KENG.TECK@HOTMAIL.COM
Address .....	BLK 30 #02-34
Address complement .....	BALAM ROAD
Postcode .....	370030
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 on collision
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 .....	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

#### 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 .....	To submit to workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLP945Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
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 KENG TECK
Gender .....	Male
Phone No .....	(Phone) +65-88892065
Address .....	BLK 30 #02-34
Address Complement .....	BALAM ROAD
Post Code .....	370030
Approximate Age Years Old .....	57
Injuries Sustained .....	RIGHT FOREARM, CHEST, BACK, NECK INJURY. BOTH LEGS BRUISES.
Injured person in which vehicle? .....	FBR1104J
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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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")

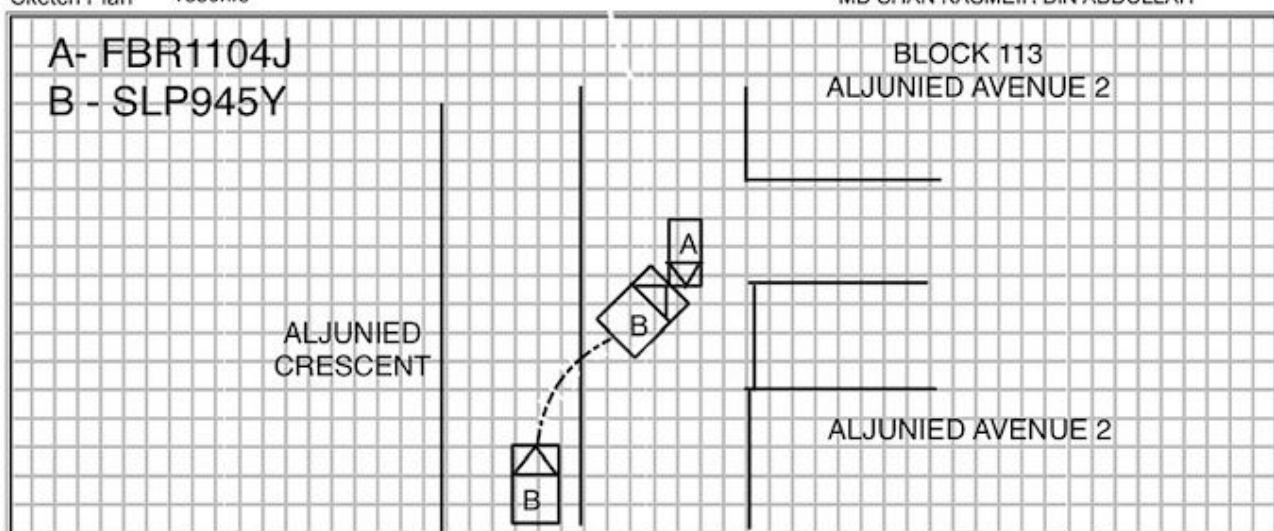
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

  
 Policyholder's Signature / Date & Time  
 14/12/2022  
 Sketch Plan 1330hrs

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

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)  
 MD SHAN KASMEIR BIN ABDULLAH



Describe Circumstance of the Accident

Refer to Police Report

Declaration

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



Policyholder's Signature / Date & Time

13/12/2022  
1330hrs

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH 2

































































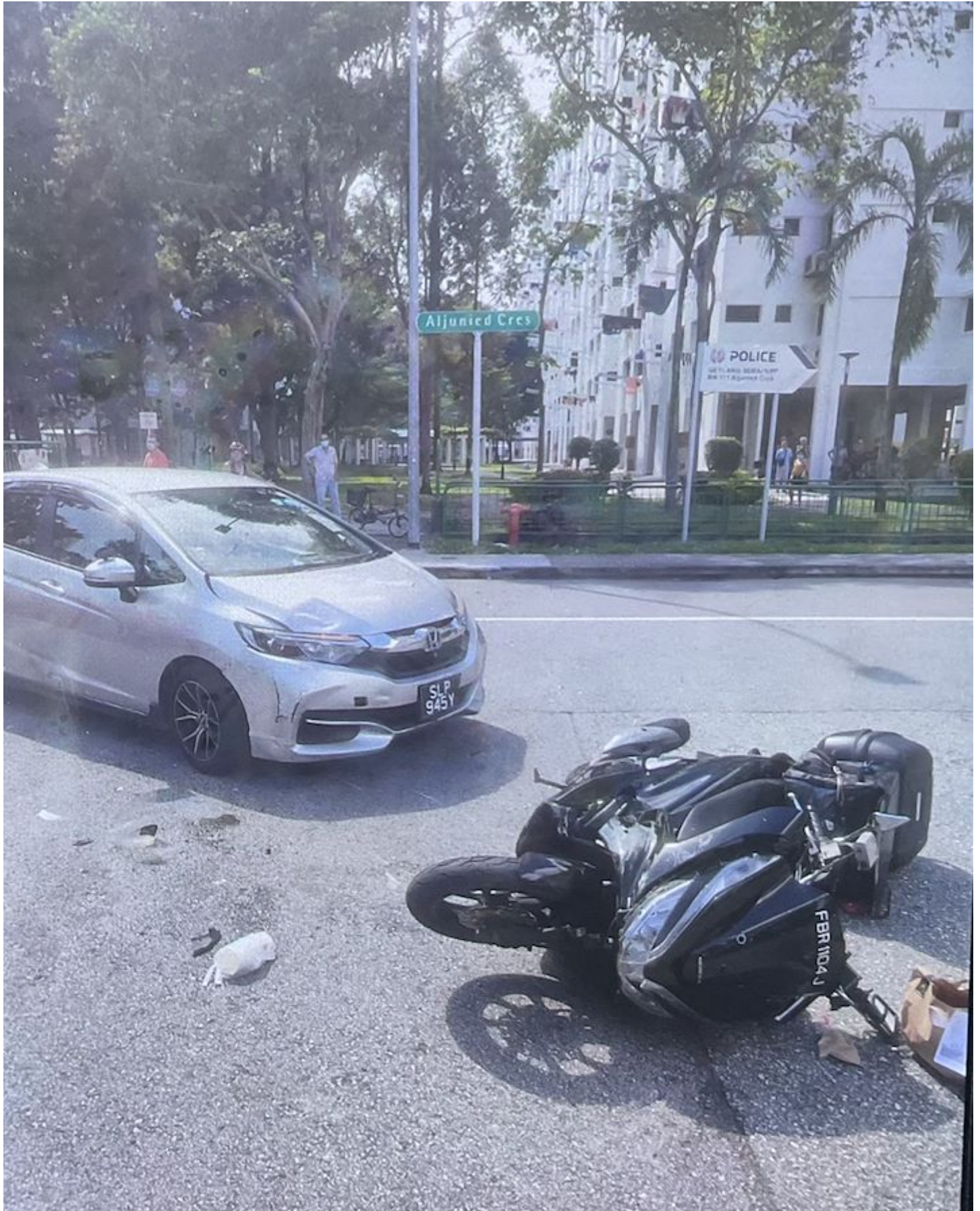








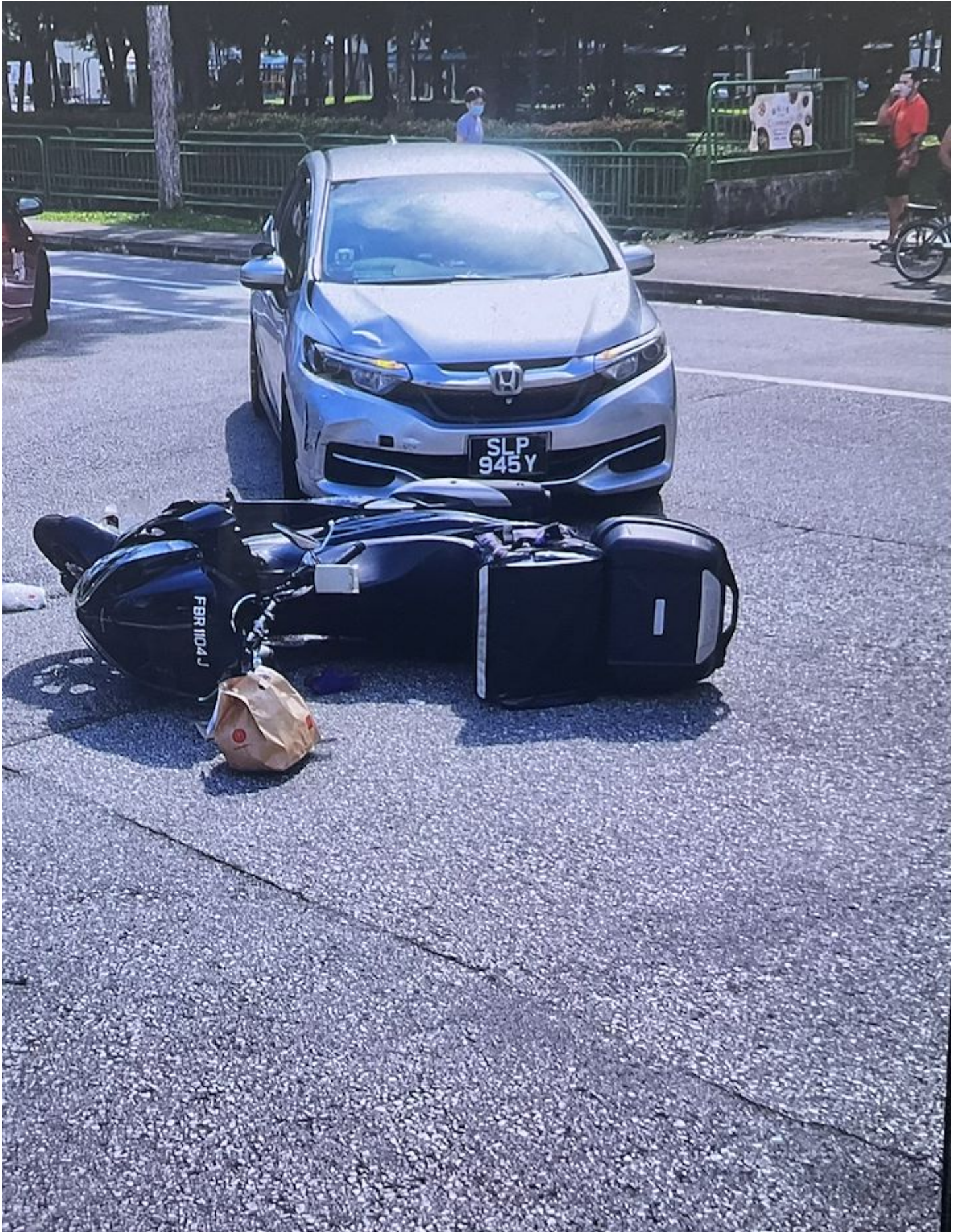




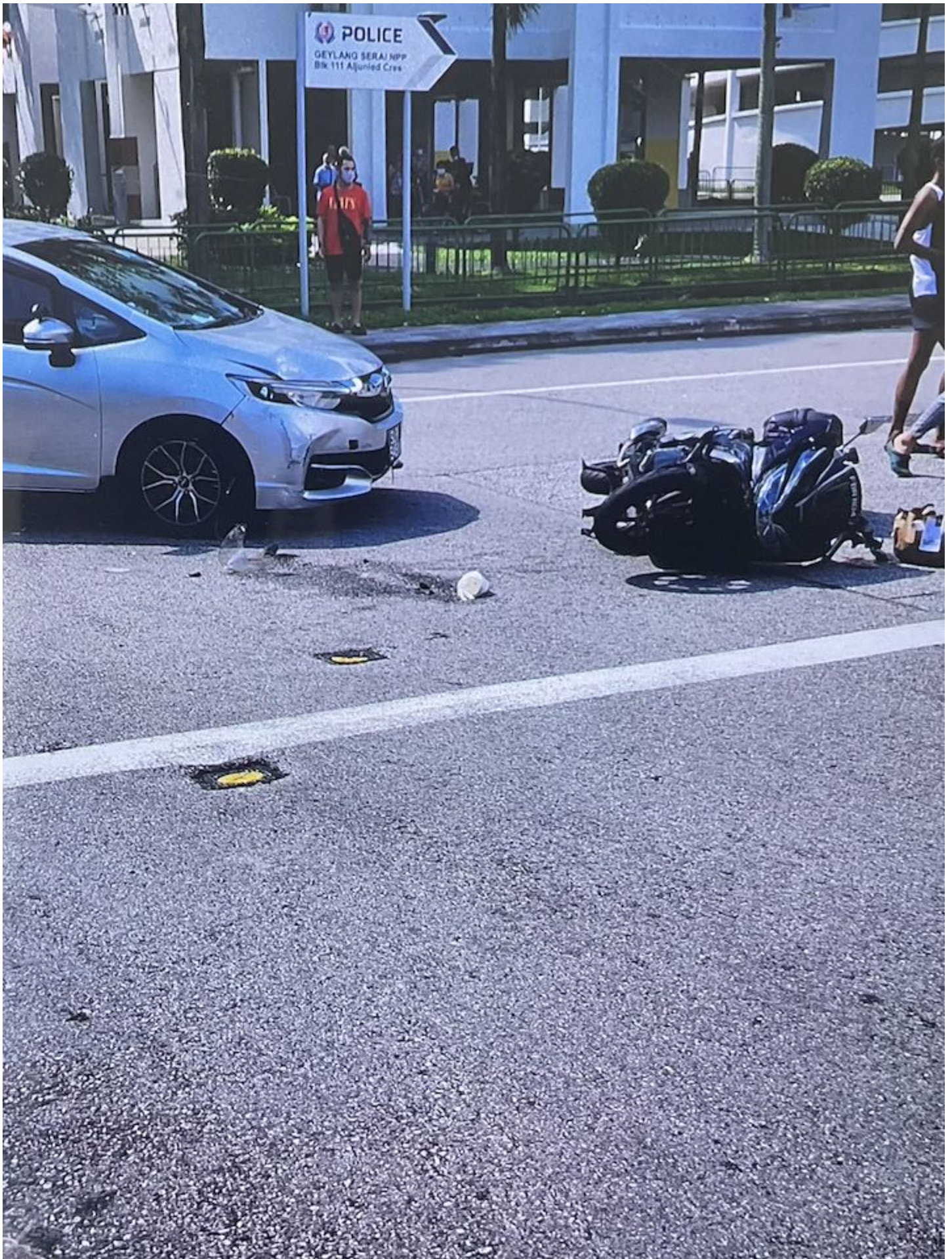




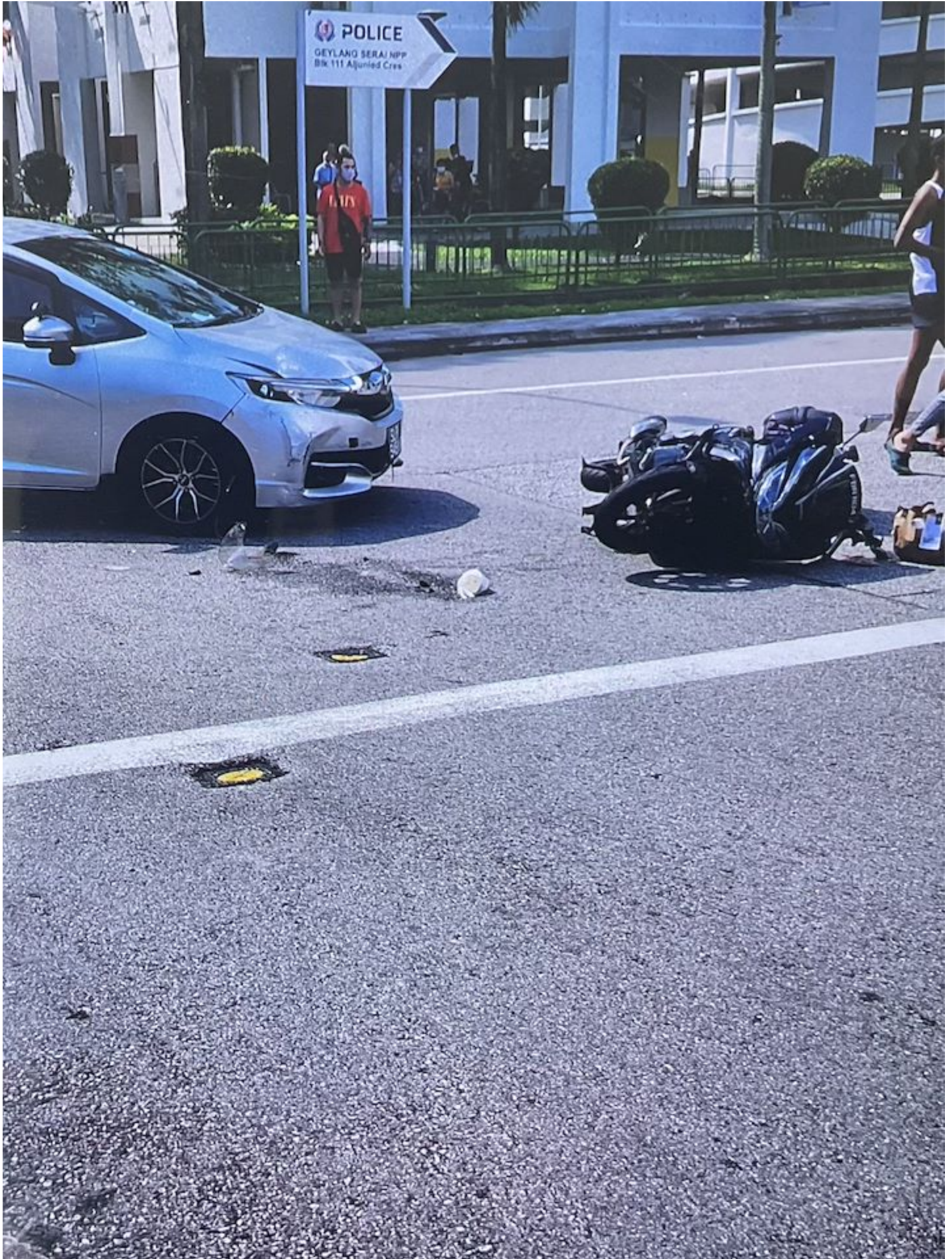




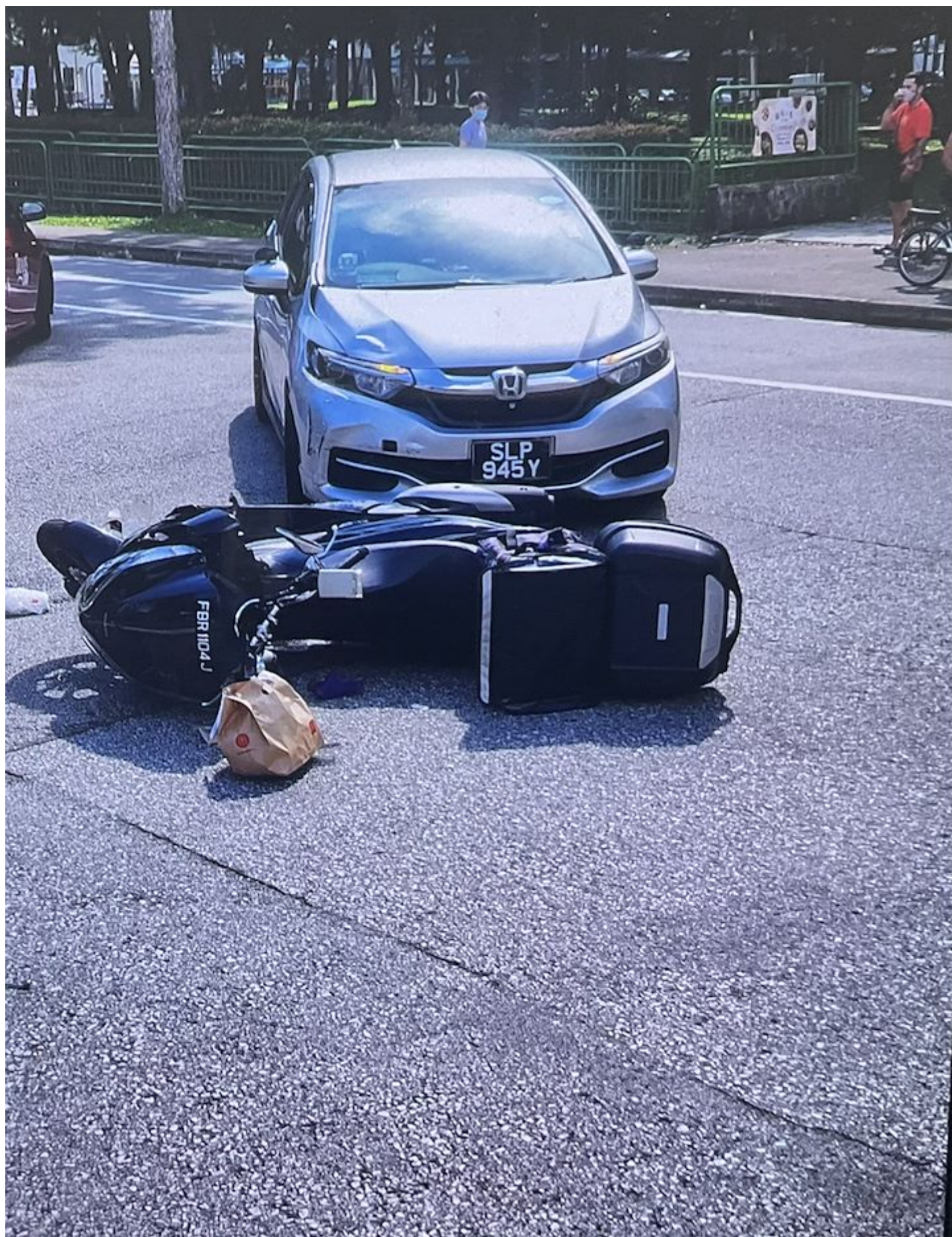



















**SINGAPORE  
POLICE FORCE**


T/20221130/2066

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

1 of 3

Report No. T/20221130/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/11/2022 15:10		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH KENG TECK			Address: APT BLK 30 BALAM ROAD #02-34 BALAM GARDENS SINGAPORE 370030		
ID Type / ID No.: NRIC NO / S2705795J			Contact No.: Home/Office: Mobile: 88892065		
Nationality: MALAYSIAN			Email: GOH.KENG.TECK@HOTMAIL.COM		
Sex:	Age: 57	Date of Birth: 28/06/1965	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/11/2022 15:00	Type of Location: T-Junction
Location:  ALJUNIED AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR1104J	Motorcycle	HONDA	PCX 150 ABS AUTO	Black	Seriously Damaged	0
SLP945Y	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR1104J	NTUC Income Insurance Co-Operative Limited	5125476285	14/01/2022	25/02/2023




**SINGAPORE  
POLICE FORCE**


T/20221130/2066

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

2 of 3

Report No. T/20221130/2066

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	GOH KENG TECK	ID No.	S2705795J
Related Vehicle	FBR1104J (Motorcycle)	Contact No.	88892065
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/11/2022	Date Discharge	28/11/2022
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

ON THE FOLLOWING DATE, TIME AND LOCATION, I WAS INVOLVED IN AN ACCIDENT WITH A CAR (SLP945Y). I WAS RIDING ABOUT 30KM UPON APPROACHING THE T-JUNCTION BETWEEN ALJUNIED ROAD AVE 2 AND ALJUNIED CRESENT WHEN THE CAR FROM OPPOSITE DIRECTION CAME AT A HIGH SPEED AND SUDDENLY TURNED RIGHT INTO ALJUNIED AVE 2 AND HIT ONTO MY RIGHT SIDE OF THE BIKE IN THE MIDDLE OF THE T-JUNCTION. I FELL TO THE GROUND WHEN HE BANGED ONTO ME, HE TOLD ME THAT HE NEVER SEE ME AND START TO APPOLOGISE TO ME. I WAS CONVEYED TO THE HOSPITAL AFTER THAT. THAT'S ALL

**SINGAPORE  
POLICE FORCE**

T/20221130/2066

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

3 of 3

Report No. T/20221130/2066

**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:

TP /

TSC NOORDEEN SEENI APPAS

*Seen*

Signature Of Informant:

*G*

Signature Of Interpreter:

Not applicable

Date/Time:

30/11/2022 15:10

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No.: 65476232

Classification Of Case:

NP168




**SINGAPORE  
POLICE FORCE**


G/20221130/7029

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20221130/7029

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 30/11/2022 11:15	Vide Report No.	Station Diary No.
Name Of Informant GOH KENG TECK	Address 30 BALAM ROAD #02-34 SINGAPORE 370030	
ID Type / ID No. NRIC NO / S2705795J	Contact No. Home/Office:	Mobile: 88892065
Nationality MALAYSIAN	Email Address GOH.KENG.TECK@HOTMAIL.COM	
Occupation Delivery man using motorised personal mobility aids/devices	Sex Male	Age 57
Institution/School Name	Date of Birth 28/06/1965	Race Chinese
Date/Time Of Incident 26/11/2022 15:00 - 26/11/2022 15:30	Location Of Incident 119 ALJUNIED AVENUE 2 SINGAPORE 380119	

**Brief details.**

Traffic accident of me(motorcycle) FBR1104J and a car SLP945Y.

I was working on shift for Foodpanda at the time of the incident, after I collected an order from McDonalds at 113 Aljunied Ave2, I rode my motorcycle from the carpark behind 113 Aljunied Ave 2 onto Aljunied Cres towards Geylang East Central, I was going about 30kmh upon approaching the T-Junction between Aljunied Ave 2 and Aljunied Crescent, the other party's car was travelling on the opposite direction on Aljunied Cres at a very high speed and suddenly turned right into Aljunied Ave 2 and hit on to the right side of me in the middle of the T-junction, throwing me on to the car's bonnet then on the ground

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2022 11:15
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20221130/7029

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221130/7029

afterwards.

The driver got off the car and said that he is sorry as he did not see me at all.

I was then conveyed to the Raffles hospital via ambulance and was admitted for 2 days. I was discharged with 7 days MC.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	GOH KENG TECK		
ID Type	NRIC NO	ID No	S2705795J
Gender	Male	Age	57
Race	Chinese	Language	English
Occupation	Delivery man using motorised personal mobility aids/devices	Address	30 BALAM ROAD #02-34 SINGAPORE 370030
Mobile No	88892065	Is Informant A Victim?	Yes
<b>Person Name</b> GOH KENG TECK (Informant)			

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
30/11/2022 11:15

Classification Of Case: