

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 27/12/2021 15:10 (SGT)
Date of Accident 25/12/2021 23:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN AVENUE 3 AND SEMBAWANG ROAD JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE4082L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH BOON SIONG
NRIC No S7023370C
Email Address GOHBOONSIONG280@GMAIL.COM
Mobile Phone No (Phone) +65-98554912
Alternative Phone No +65-98554912

VEHICLE PARTICULARS

Manufacturer Yamaha
Model 135lc
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 Manual
CC 130

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5117725359-01
Cover Note Number -

DRIVER

Name of Driver GOH BOON SIONG
NRIC No S7023370C

Date Of Birth	12/07/1970
Occupation	Outdoor
Date Of Driving Pass	22/05/1992
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98554912
Alt. Phone Number	+65-98554912
Email Address	GOHBOONSIONG280@GMAIL.COM
Address	BLK 775 YISHUN RING ROAD #08-3596
Address complement	-
Postcode	760775
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?	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

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 POLICE REPORT

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	SH6866L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	NEO KIM KANG
NRIC No	S0203904D
Contact Number	(Phone) +65-92308344
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH BOON SIONG
Gender	Male
Phone No	(Phone) +65-98554912
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASIONS TO BOTH LEGS
Injured person in which vehicle?	FBE4082L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no:
T/2021/226/2055

DECLARATION

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

Policyholder's Signature

Date & Time:

27/12/2021
15:00hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Mohd Yusoff
5099951

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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

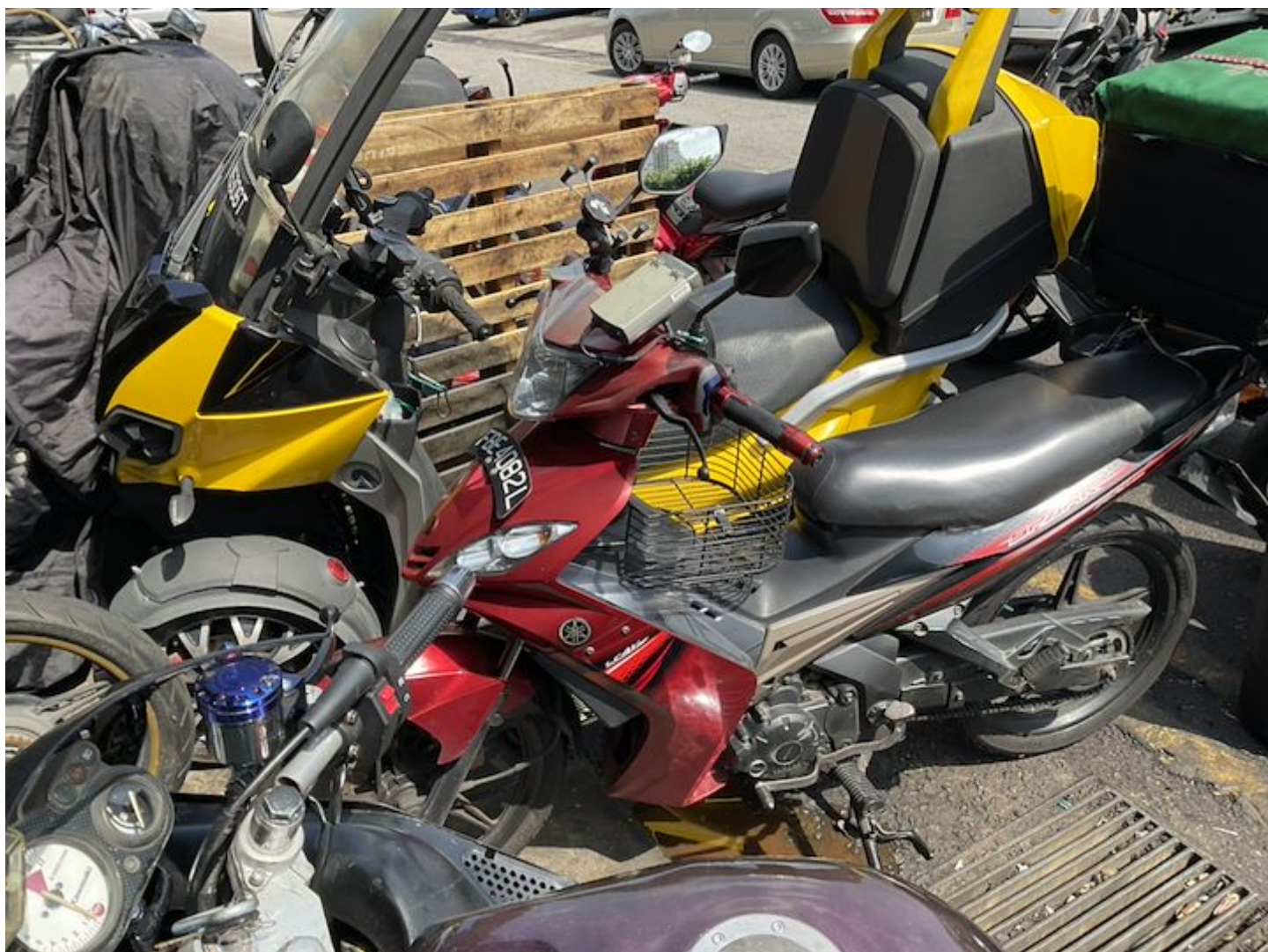
Date & Time: 27/12/2021
15:00hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Mohd Yusoff
NRIC/FIN No.: 8099951





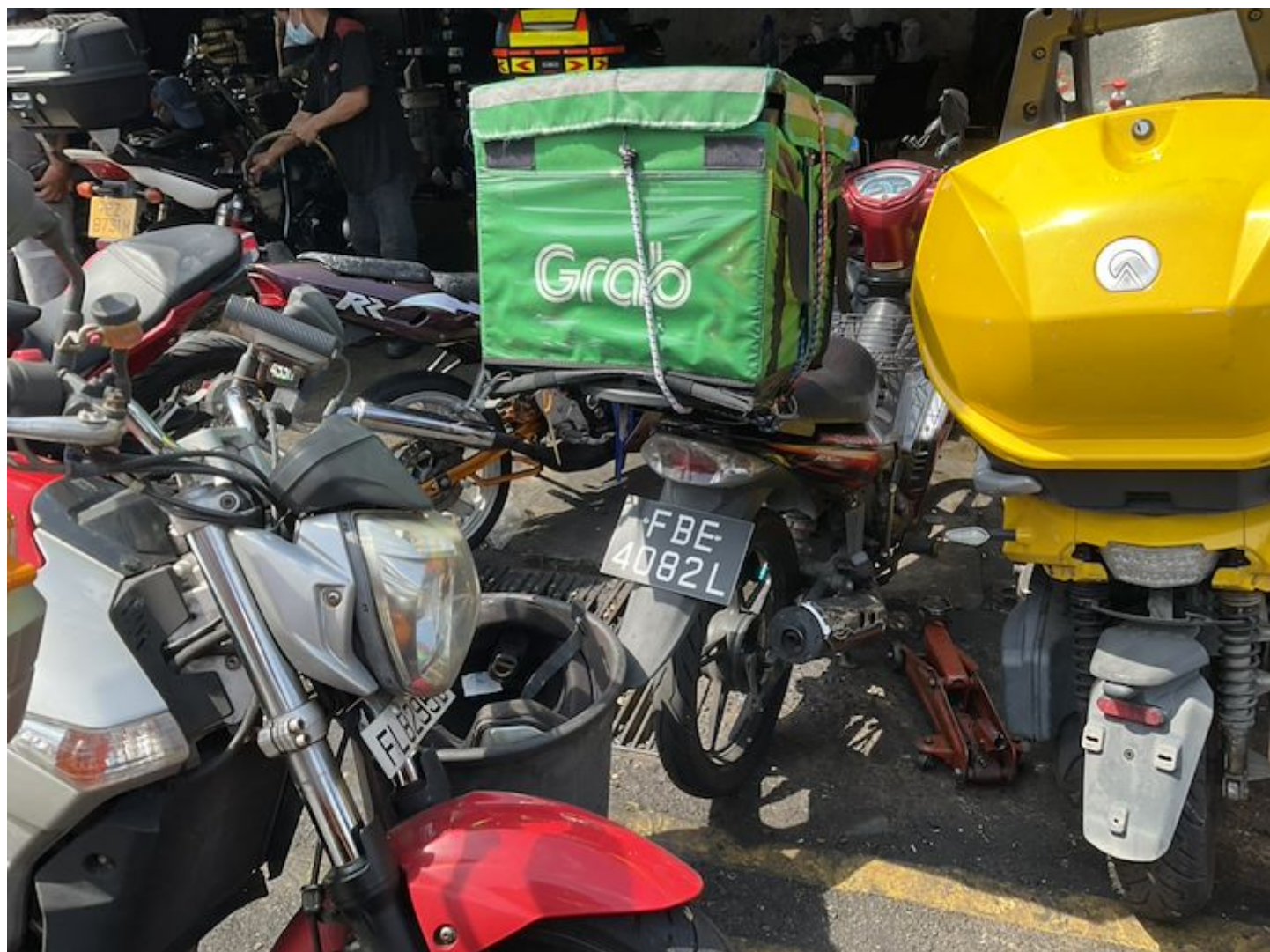













**SINGAPORE
POLICE FORCE**


T/20211226/2055

1 of 3

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

Report No. T/20211226/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2021 18:23	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars

Name of Informant: GOH BOON SIONG			Address: APT BLK 775 YISHUN RING ROAD #08-3596 SINGAPORE 760775	
ID Type / ID No.: NRIC NO / S7023370C			Contact No.:	Mobile: 98554912
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 51	Date of Birth: 12/07/1970	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DELIVERY			Driving Licence Information: Class: 2B,2A,3	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: 25/12/2021 23:30	Type of Location: T-Junction
Location: YISHUN AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4082L	Motorcycle	YAMAHA	T135	Red	Seriously Damaged	0
SH6866L	Car					2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE4082L	NTUC Income Insurance Co-Operative Limited	5117725359-01	23/09/2021	22/09/2022


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T/20211226/2055

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Report No. T/20211226/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	GOH BOON SIONG	ID No.	S7023370C
Related Vehicle	FBE4082L (Motorcycle)	Contact No.	98554912
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/12/2021	Date Discharge	26/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NEO	ID No.	S0203904D
Related Vehicle	SH6866L (Car)	Contact No.	92308344
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 25/12/21 at about 2330hrs, I was riding my bike along Yishun Ave 3. As I was turning right into Sembawang Rd, I slowed down as there was a e-bike dashed through the pedestrian crossing. As I was slowing down, I felt a big impact at my rear as such I fell of my bike. That is when I discovered a taxi/SH6866L had collided head to rear. Ambulance and Traffic police came. I was not conveyed and not given case card. We took pictures of scene and exchanged particulars.

On that night when I am home, I felt some pains on my leg. As such on 26/12/21 today at about 1240hrs, I seek medical treatment at Khoo Tech Puat Hospital and was issued 3 days MC/KHANE212132287.



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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20211226/2055

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Report No. T/20211226/2055

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 /

Sgt 2 MUHAMMAD RAIHAN BIN
ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/12/2021 18:23

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force