

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 First Submission	22/08/2024 15:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/08/2024 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT BUKIT BATOK WEST AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4247X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHEE MENG
NRIC No	S7986429C
Email Address	LEECHHEEMENG5788@GMAIL.COM
Mobile Phone No	(Phone) +65-82282180
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	150
Vehicle Fuel	Petrol
First Registration Date	30/03/2019
Chassis no	MH3UG0740K0152414
Effective Date/Time of Ownership	10/03/2021 11:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121314382-03

DRIVER

Name of Driver	LEE CHEE MENG
NRIC No	S7986429C
Date Of Birth	14/12/1979
Occupation	Outdoor
Driving Pass Date	18/12/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82282180
Alt. Phone Number	-
Email Address	LEECHHEEMENG5788@GMAIL.COM
Address	BLK 363 BUKIT BATOK STREET 31 11-293 S 650363
Address complement	-
Postcode	-
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?	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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT 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	SLS6094Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	LEE CHEE MENG
Gender	Male
Phone No	(Phone) +65-82882180
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP4247X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

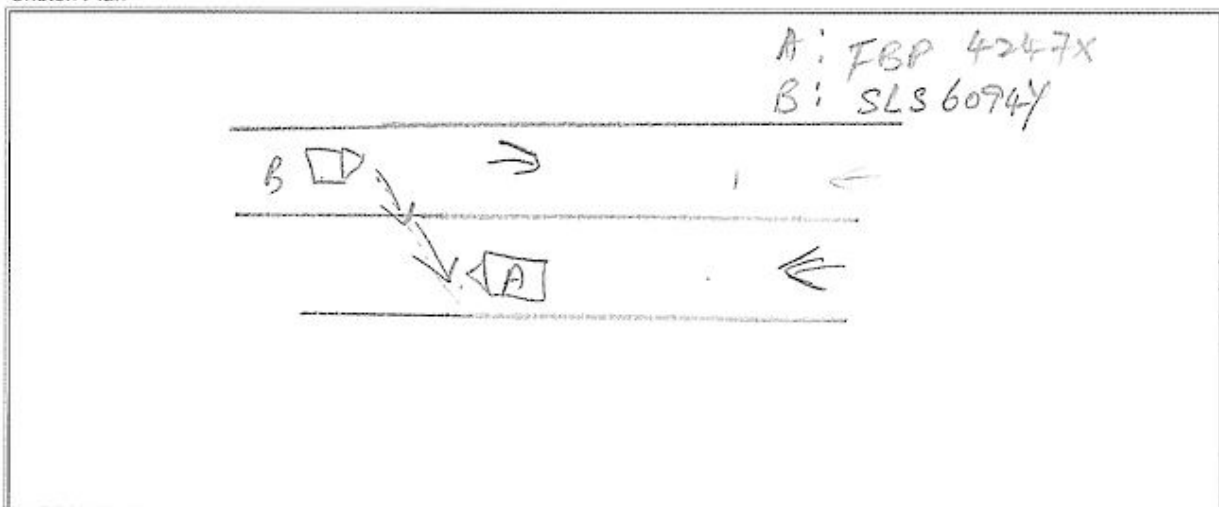
Driver's Signature (if driver is not the policyholder) / Date & Time

22-8-24
2:57pm



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

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report-

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

102

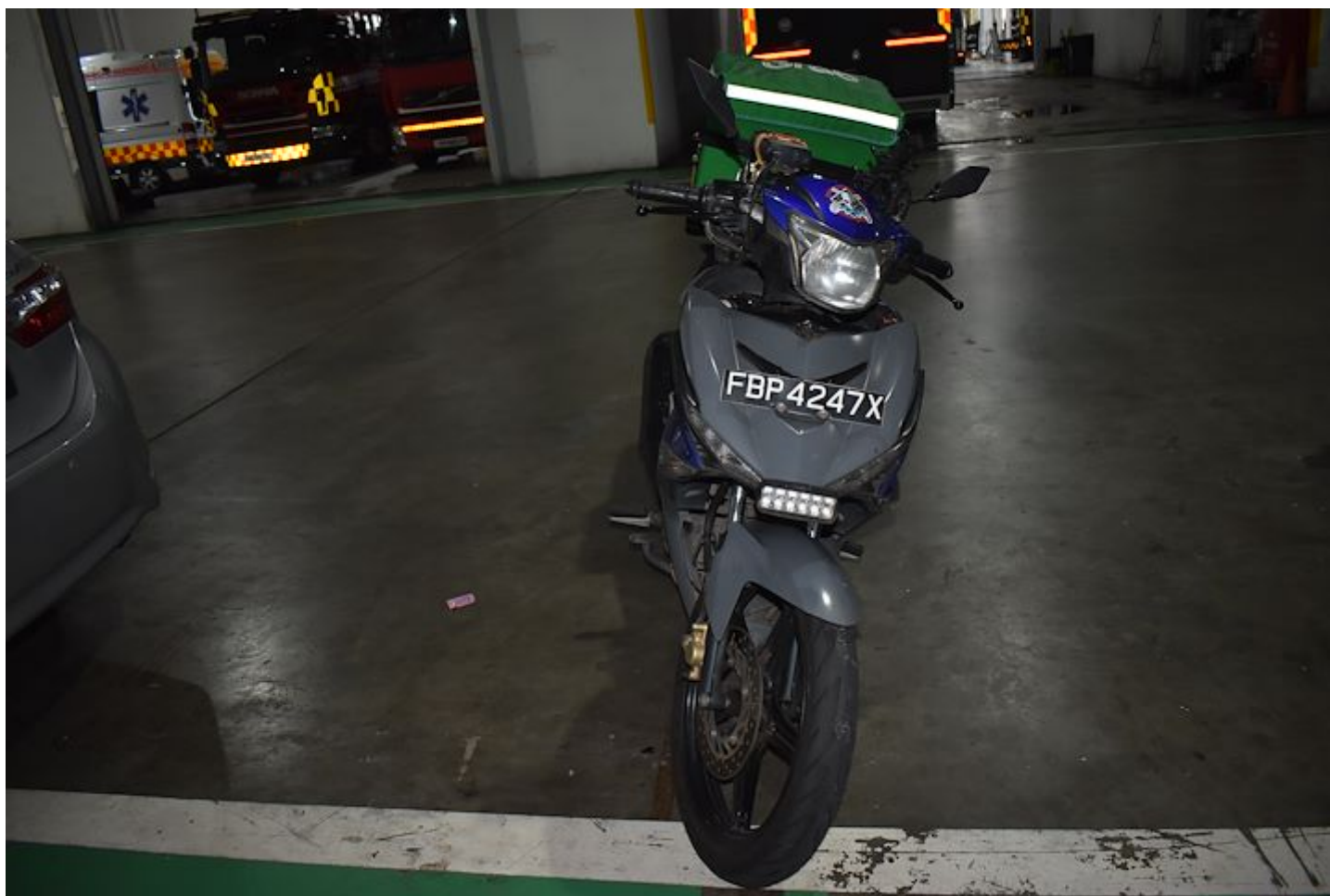
Driver's Signature (if driver is not the policyholder) / Date & Time

22-8-24
2:37 PM



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






































**SINGAPORE
POLICE FORCE**


T/20240821/2012

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20240821/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2024 09:04		Vide Report No.: J/20240820/0101		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: LEE CHEE MENG			Address: 363 BUKIT BATOK STREET 31 #11-293 SINGAPORE 650363		
ID Type / ID No.: NRIC NO / S7986429C			Contact No.: Home/Office: Mobile: 82282180		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 14/12/1979	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: GRAB DELIVERY RIDER			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: 20/08/2024 18:20	Type of Location: Car Park
Location: BUKIT BATOK WEST AVENUE 6				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4247X	Motorcycle					0
SLS6094Y	Motor car					0

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



**SINGAPORE
POLICE FORCE**



T/20240821/2012

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20240821/2012

CONTINUATION OF REPORT

Rider			
Name	LEE CHEE MENG	ID No.	S7986429C
Related Vehicle	FBP4247X (Motorcycle)	Contact No.	82282180
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 20/08/2024 at about 1920hrs, I had just finished a GrabFood Delivery around the vicinity of the incident location when I was met with an accident.

I was proceeding to make another GrabFood Delivery and was in the open space carpark near Block 102 Bukit Batok West Avenue 6. I was riding with my motorcycle (FBP4247X) on the left lane and there was a car (SLS6094Y) in front of me on the opposite lane. Suddenly, the car collided on to the front right side of my motorcycle, to which I then fell down. Initially I had declined for medical assistance when the ambulance arrived, however at the time of this report making, I am feeling soreness over my body and I would be proceeding to a clinic.

I wish to state that the incident was also attended to by the Police (J/20240820/0101) and I was instructed by the Police to lodge a traffic accident report.

I would also be using this report for insurance claims purposes.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20240821/2012

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Report No. T/20240821/2012

CONTINUATION OF REPORT

Signature of Officer Recording The
J/
SGT 2 MERVIN LIAW

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:

Date/Time:
21/08/2024 09:04

Classification Of Case:

NP168

4/14



THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between Income Insurance Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: S121314382-03
The Policyholder	: LEE CHEE MENG BLK 220 #12-274 CHOA CHU KANG CENTRAL SINGAPORE 680220
Period of Insurance	: 10 Mar 2024 To 09 Mar 2025
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$284.32
Interest Insured	
Cover Type	: Comprehensive
Named Driver (1)	: LEE CHEE MENG
Named Driver (2)	: LIM CHEEN HIAN
Make/Model	: YAMAHA/SNIPE T150
Capacity	: 150cc
Registration Number	: FBP4247X
Chassis Number	: MH3UG0740K0152414
Excess (Section 1)	: S\$300
Excess (Section 2)	: N/A
Hire Purchase Company	: N/A
Number of Seater	: 2
Registration Year	: 2019
Insure with COE	: YES
NCD Entitlement	: 20%
Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operative : N/A

Agency : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 28 Feb 2024 23:12 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive