

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	09/09/2024 16:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/09/2024 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PENJURU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBV7774P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEAH WEI SIONG
NRIC No	S8158372B
Email Address	WEISINGCHEAH@GMAIL.COM
Mobile Phone No	(Phone) +65-90037630
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XSR155
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	155
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5141672170

DRIVER

Name of Driver	CHEAH WEI SIONG
NRIC No	S8158372B
Date Of Birth	13/06/1981
Occupation	Indoor
Driving Pass Date	24/06/2016
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90037630
Alt. Phone Number	-
Email Address	WEISINGCHEAH@GMAIL.COM
Address	75 jalan loyang besar
Address complement	#05-09
Postcode	506930
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 - Major/Minor Rd
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)	2
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	-

PASSENGER 1

Name	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
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	WITH INSURED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE8303M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBV7774P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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:

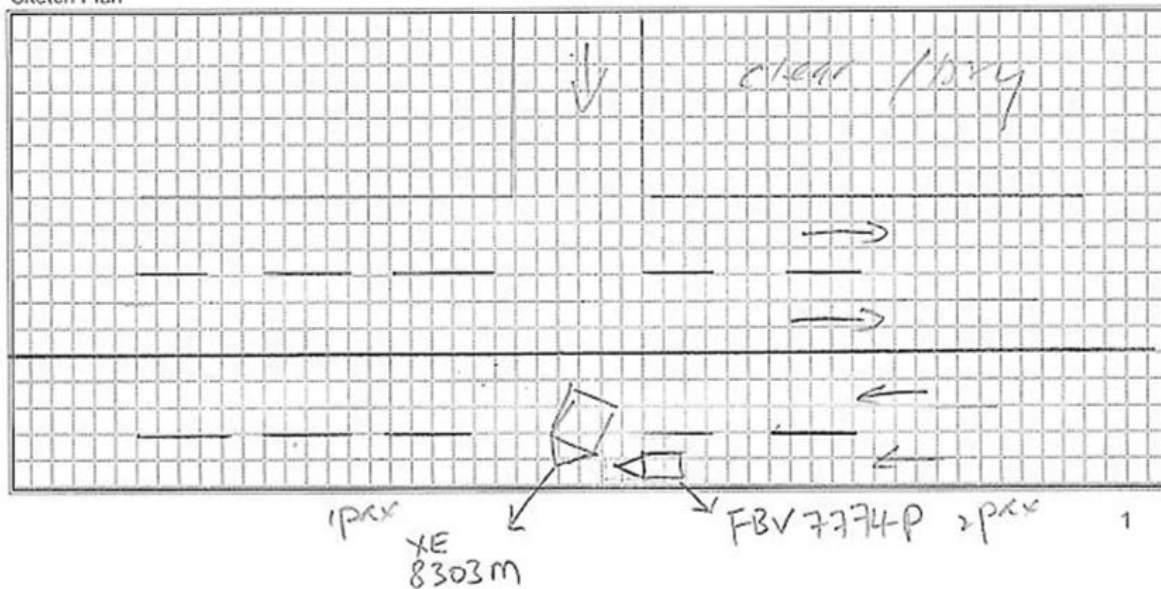
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Describe Circumstance of the Accident

VEHICLE NO: FBV 7774P ACCIDENT DATE & TIME: 09/09/24 0730

CONTACT NUMBER: 90037630 E-MAIL: weisingChesh@gmail.com

LOCATION: Penjuru Road

Refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ CLAIM CTP AT OTHER WORKSHOP ☐ REPORTING ONLY

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
(Name as in NRIC/ID card)









**SINGAPORE
POLICE FORCE**



T/20240909/2034

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20240909/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2024 13:55		Vide Report No.:		Station Diary No.: 71
Informant's Particulars				
Name of Informant: CHEAH WEI SIONG		Address: 75 JALAN LOYANG BESAR #05-09 SINGAPORE 506930		
ID Type / ID No.: NRIC NO / S8158372B		Contact No.: Home/Office: Mobile: 90037630		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 43	Date of Birth: 13/06/1981	Type of Informant: Rider	
Race: Chinese		Language:		
Occupation: Logistics/production planner		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2024 07:30	Type of Location: Straight Road
Location: PENJURU ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBV7774P	Motorcycle	YAMAHA	XSR155 MANUAL	Blue	Slightly Damaged	1
XE8303M	Lorry	VOLVO	FM420 42T NSC E6E 80T	Red	No Damage	0

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



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Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20240909/2034

CONTINUATION OF REPORT

Rider			
Name	CHEAH WEI SIONG	ID No.	S8158372B
Related Vehicle	FBV7774P (Motorcycle)	Contact No.	90037630
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/09/2024	Date Discharge	09/09/2024
No. of Days granted Medical Leave	05	Degree of	Slight
Pillion			
Name	SIM CHIN NEE	ID No.	S8386138Z
Related Vehicle	FBV7774P (Motorcycle)	Contact No.	91188864
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	09/09/2024	Date Discharge	09/09/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	-	ID No.	-
Related Vehicle	XE8303M (Lorry)	Contact No.	0
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 09/09/2024 at about 0730hrs, I was riding my motorcycle (FBV7774P) Penjuru Road towards Penjuru Crescent. Subsequently after bus stop Sanmina-SCI Stop, a heavy vehicle (XE8303M) from a container yard at Penjuru Street, proceed without checking as the view is blocking to a Lorry with container. As such, he collided to my motorcycle. I wish to state that the impact brought me to the sidewalk and collided with the Electrical box. We exchanged particulars on scene.

I am lodging this Police report for my insurance company purposes.



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T/20240909/2034

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20240909/2034

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 1 ROSANDIKA BIN ROSLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:

Date/Time:
09/09/2024 13:55

Classification Of Case:

NP168