

## 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	29/08/2024 17:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/08/2024 21:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(SLE) BEFORE ANG MO KIO AVE 3 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6168C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANG WEI CHAO
NRIC No	TXXXX288A
Email Address	P.WEICHAO24@GMAIL.COM
Mobile Phone No	(Phone) +65-97701838
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Wave
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	Auto
CC	125
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	5147934866

#### DRIVER

Name of Driver .....	PANG WEI CHAO
NRIC No .....	TXXXX288A
Date Of Birth .....	24/02/2000
Occupation .....	Indoor
Driving Pass Date .....	11/02/2019
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97701838
Alt. Phone Number .....	-
Email Address .....	P.WEICHAO24@GMAIL.COM
Address .....	726 WOODLANDS CIRCLE
Address complement .....	#10-146
Postcode .....	730726
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	FBN1717L
Insurance Company of Other Vehicle Owned by Driver .....	Income Insurance Limited

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
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 ATTACH

#### 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 .....	GBM2523C
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	PANG WEI CHAO
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	14 DAYS MC
Injured person in which vehicle? .....	FZ6168C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## WITNESS DETAILS




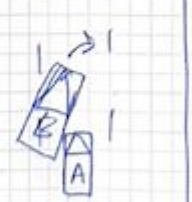
### WITNESS 1

Name .....	RAJESH
Phone .....	(Phone) +65-96402877
Email .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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
Sketch Plan	L4	L3	L2	L1
				
CTE(SLE) before AMKAUE3 EXIT			Vehicle A - FZ6168C Vehicle B - GBM 25 23C	

## Describe Circumstances of the Accident

On the stated date and time, I was riding my bike at the stated location, I was going straight and was fully within my lane. (Lane 2).

Suddenly, a van bearing plate number GBM 2523C swerved into my lane from Lane 3.

His vehicle rear right portion hit me on my left and I was thrown off my motorcycle and my bike and myself skidded into lane 1 before coming to a stop there.

## Declaration

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

























**SINGAPORE  
POLICE FORCE**

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



T/20240827/7051

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Report No. T/20240827/7051

CONTINUATION OF REPORT

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: 27/08/2024 13:34
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NORSIDDIQ BIN IBRAHIM Contact No.: 65476138	Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20240827/7051

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

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Report No. T/20240827/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2024 13:34		Vide Report No.: F/20240825/0236		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PANG WEI CHAO			Address: 726 WOODLANDS CIRCLE #10-146 SINGAPORE 730726		
ID Type / ID No.: NRIC NO / T0007288A			Contact No.: Home/Office:                      Mobile: 97701838		
Nationality: SINGAPORE CITIZEN			Email: P.WEICHAO24@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 24/02/2000	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Other cybersecurity professionals			Driving Licence Information: Class: 2B,2A,2                      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2024 21:00	Type of Location: Straight Road
Location:  ANG MO KIO STREET 44				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ6168C	Motorcycle	HONDA	WAVE 125R A	Purple	Seriously Damaged	0
GBM2523C	Motor van	GOLDEN DRAGON		Blue	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FZ6168C	NTUC Income Insurance Co-Operative Limited	5147934866	30/07/2024	26/04/2025



**SINGAPORE  
POLICE FORCE**



T/20240827/7051

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

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Report No. T/20240827/7051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PANG WEI CHAO	ID No.	T0007288A
Related Vehicle	FZ6168C (Motorcycle)	Contact No.	97701838
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	25/08/2024	Date Discharge	26/08/2024
No. of Days granted Medical Leave (MC)	14	Degree of Injury	Serious

**Brief Details.**

On the stated date and time I was riding my motorcycle bearing plate number FZ6168C, along CTE towards SLE, before Ang Mo Kio Avenue 3 exit on LANE 2.  
I was riding straight and Was fully within my lane.  
Suddenly a van bearing plate number GBM2523C served into my lane and his vehicle rear right portion hit my bike from my left side.  
This impact caused me to be thrown off my motorcycle and my bike and person skidded into Lane 1 before coming to a stop there.

Traffic police and Ambulance attended the scene of accident and there Was a witness named Rajesh driving a car bearing plate number SLA1992H. His contact number is: 9640 2877.

I was conveyed to Tan Tock Seng Hospital(TTSH), where I was warded overnight and discharged with 14 days of hospitalization leave and medication for my injuries sustained in this accident.

Due to this accident my bike also suffered severe damages.