# 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 witholding 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 aforesald.

### **ACCIDENT STATEMENT**

Date of First Submission 19/10/2024 12:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/10/2024 12:20 (SGT) Exact Location of Accident Singapore Additional Location Information **TAMPINES CENTRAL 7** Country/State of Loss ..... Singapore

### **DETAILS OF OWN VEHICLE**

Yamaha

Vehicle Registration Number ...... FBB3128L INSURED/POLICYHOLDER

Is company? ..... Name Of Registered Owner LIN FANG FANG NRIC No S9371247A Email Address LIN, FANGFANG@OUTLOOK.COM Mobile Phone No ..... (Phone) +65-84446718 Alternative Phone No .....

# VEHICLE PARTICULARS

Model ..... T135 Variant ..... Exact purpose for which vehicle was being used at time of Private use accident ..... Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? ..... Vehicle Category ..... Motorcycle

Transmission ..... Manual CC ...... Vehicle Fuel ..... Petrol First Regisration Date

Chassis no ..... Effective Date/Time of Ownership

Manufacturer

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited Policy Number / Cover Note Number ..... 5104548937-05

DRIVER

Name of Driver	LIN FANG FANG
NRIC No  Date Of Birth	S9371247A 04/06/1993
Occupation	Indoor
Driving Pass Date	05/04/2017
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	7 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84446718
Alt. Phone Number	-
Email Address	LIN.FANGFANG@OUTLOOK.COM
Address	BLK 605A TAMPINES STREET 61
Address complement	#10-314
Is the driver the policyholder?	521605 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	
varanaanaanaanaanaanaanaanaanaanaanaa	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT  Type of Accident	Collision - Change/cross lane
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 V
Was any other vehicle or property damaged?  Number of Passengers (Including Driver)	Yes 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 NO: T/20241018/7098	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes No

# DETAILS OF OTHER VEHICLE PROPERTY 1

YP9585P
-
-
-
<del>-</del>
Commercial vehicle
WEE PING LING
S6811333D
(Phone) +65-80731715
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<u>.</u>
-
-
<del>-</del>
<u>.</u>
2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIN FANG FANG
Gender	Female
Phone No	(Phone) +65-80731715
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	ABRASIONS ON LEFT AND RIGHT ARM, RIGHT KNEE, LEFT
	PALM, LEFT SHIN AND LEFT TOE.
Injured person in which vehicle?	FBB3128L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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.
- By the todgoment 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, involces, 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")

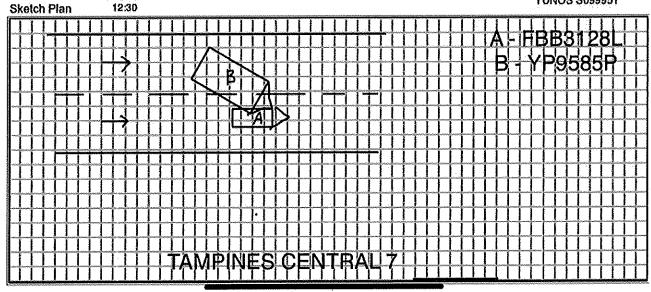
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 19/10/2024

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

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

YUNOS S099951



REFER TO POLICE REPORT NO: T/20241018/7098				
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) he foregoing particulars	are true in every respect.			
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Driver's Signature (if driver is not the policyholder) / Date

& Time



Policyholder's Signature / Date & Time

19102024 12:30

2

Witnessed by Reporting Centre Personnel

MOHAMMAD YUNOS SO99951

(Name as in NRIC/iD card)





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20241018/7098

REPORT O	F A TRAFFI	CACCIDENT			
Date/Time Report Made: 18/10/2024 19:22		de:	Vide Report No.:	Station Diary No.:	
Informant'	s Particular				
Name of I			Address: 605A Tampines Street 61 #10-314 SINGAPORE 732012		
ID Type / I	D No.: / S9371247	'A	Contact No.: Home/Office: Mobile: 84446718		
Nationality: SINGAPORE CITIZEN		N	Email: lin.fangfang@outlook.com		
Sex: Female	Age: 31	Date of Birth: 04/06/1993	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Registered nurse and other nursing professionals		l other nursing	Driving Licence Information: Class: 2B	Date of Expiry:	

General Information	of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/10/2024 12:20	Type of Location: Straight Road
Location:			1	
TAMPINES CENT	RAL 7			
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way	·	Traffic Control:	Traf	fic Volume:
Type of Collision:	ehicles - Side Sw	ipe - Same Direction		one conveyed by oulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBB3128L	Motorcycle	YAMAHA	T135	White		0
YP9585P	Lorry			-	<del> </del>	0

Details of Veh	Icle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date	NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.
FBB3128L	NTUC Income Insurance Co-Operative	5104548937-05	23/02/2024	22/02/2025
	Limited			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241018/7098

### CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians	Injured: NIL		Use of Ped	estrian (	Crossin	ig: NA
Rider						
Name	LIN FANG FANG			ID No.		S9371247A
Related Vehicle	FBB3128L (Motorcycle)			Contact No.		84446718
Hospital/Clinic	SINGHEALTH POLYCLINICS - TAMPINES		Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL	
Date Treatment	18/10/2024		Date Disch	arge	NIL	I
# 51 t = 1 t t	d Medical Leave (MC)	04	Degree of I	njury	Slight	
Driver						
Name	WEE PING LING			ID No.		S6811333D
Related Vehicle	YP9585P (Lorry)			Contac	et No.	80731715
Hospital/Clinic	NIL			Class of Driving Licence Expiry	) e &	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days grante	d Medical Leave (MC)	NIL	Degree of l	njury	NIL	CONTRACTOR OF THE CONTRACTOR O

### **Brief Details.**

I was travelling on my rightful lane and the lorry abruptly cut into my lane without signalling and hit me causing me to fall and suffered injuries.





/20241018/7098

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

NP168

3 of 3 Report No. T/20241018/7098

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: 18/10/2024 19:22
Officer In Charge Of Case: TP / AEIT / PHNG KAR SOON Contact No.: 65476439	Classification Of Case: