

## 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 ..... 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

Vehicle Registration Number ..... FBB3128L

#### INSURED/POLICYHOLDER

Is company? ..... No  
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

Manufacturer ..... Yamaha  
Model ..... T135  
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 ..... 130  
Vehicle Fuel ..... Petrol  
First Registration Date ..... -  
Chassis no ..... -  
Effective Date/Time of Ownership ..... -

#### 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 .....	S9371247A
Date Of Birth .....	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
Postcode .....	521605
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 - 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
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 POLICE REPORT NO :  
T/20241018/7098

#### 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 .....	YP9585P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	WEE PING LING
NRIC No .....	S6811333D
Contact Number .....	(Phone) +65-80731715
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	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? .....	FPB3128L
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

Policyholder's Signature / Date & Time

19/10/2024  
12:30

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

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

YUNOS S099951

Sketch Plan

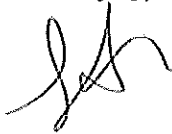
		<p>A - FBB3128L</p> <p>B - YP9585P</p>
<p><b>TAMPINES CENTRAL 7</b></p>		

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO :  
T/20241018/7098

**Declaration**

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



Policyholder's Signature / Date & Time

19102024 12:30

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

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

MOHAMMAD YUNUS  
S099951

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# SINGAPORE POLICE FORCE



T/20241018/7098

1 of 3

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

Report No. T/20241018/7098

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/10/2024 19:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Lin Fang Fang			Address: 605A Tampines Street 61 #10-314 SINGAPORE 732012		
ID Type / ID No.: NRIC NO / S9371247A			Contact No.: Home/Office: Mobile: 84446718		
Nationality: SINGAPORE CITIZEN			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			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: TAMPINES CENTRAL 7				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB3128L	Motorcycle	YAMAHA	T135	White		0
YP9585P	Lorry					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBB3128L	NTUC Income Insurance Co-Operative Limited	5104548937-05	23/02/2024	22/02/2025



**SINGAPORE  
POLICE FORCE**



T/20241018/7098

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

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Report No. T/20241018/7098

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
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 Discharge	NIL
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
<b>Driver</b>			
Name	WEE PING LING	ID No.	S6811333D
Related Vehicle	YP9585P (Lorry)	Contact No.	80731715
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**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.



**SINGAPORE  
POLICE FORCE**



T/20241018/7098

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

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Report No. T/20241018/7098

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
PHNG KAR SOON  
Contact No.: 65476439

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
18/10/2024 19:22

Classification Of Case: