SN0724AP000E / Income Insurance Limited ENTRY DATE & TIME: 25/10/2024 12:02 (SGT) SUBMITTED BY: Muhammad Fadly Bin Sukiman VERSION: 1 (25/10/2024 12:02 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 25/10/2024 12:02 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/10/2024 18:45 (SGT) Exact Location of Accident Singapore Additional Location Information LOYANG WAY TOWARDS UPPER CHANGI ROAD NORTH Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number FBN2066A

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN JING XIANG MARCUS NRIC No T0003212Z Fmail Address marcustan44@gmail.com Mobile Phone No (Phone) +65-91864885 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model

Cb150r 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 No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual CC 150 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

## INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5142472003

DRIVER

Name of Driver TAN JING XIANG MARCUS NRIC No T0003212Z Date Of Birth 13/01/2000 Occupation Indoor Driving Pass Date 20/12/2023 Driving License Pass Class 2B Driving License Validity Valid Driving experience 10 MONTHS Gender Mobile Number (Phone) +65-91864885 Alt. Phone Number Email Address marcustan44@gmail.com Address 32 UPPER SERANGOON VIEW Address complement #13-43 RIO VISTA Postcode 534209 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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/20241023/7072 ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

Was there any video captured by Car Camera?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBS7570B
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ZUL
Contact Number	(Phone) +65-83427440
Address	<u>-</u>
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	TAN JING XIANG MARCUS
Gender	Male
Phone No	(Phone) +65-91864885
Address	<del>-</del>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	1) ABRASIONS ON BOTH ARMS, KNEES & FINGERS 2) FRACTURED COLLARBONE 3) DEEP CUT ON LEFT ANKLE
	14 DAYS HL GIVEN
Injured person in which vehicle?	FBN2066A
, ,	
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

### 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.

- 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 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)

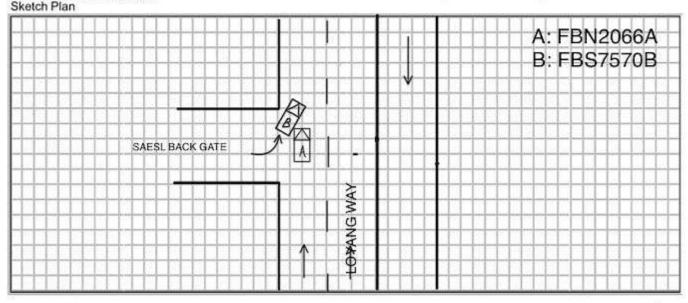
I understand, acknowledge, agree and consent that:

- (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.

MUHAMMAD FADLY SUKIMAN

25/10/24@1150HRS &

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



scribe Circumstance of the Accident	
REFER TO POLICE REP NO. T/20241023/7072	
eclaration  Ve declare the foregoing particulars are true in every respect.	
MIN.	MUHAMMAD FADLY SUKIMAN
Driver's Signature (if driver is not the policyholder) / Date  5/10/24@1150HBS	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

25/10/24@1150HRS





1 of 3 Report No. T/20241023/7072

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

REPORT OF A TRAFFIC ACCIDENT

	Pate/Time Report Made: 3/10/2024 14:26		Vide Report No.:	Station Diary No.:
Informan	t's Particular	8		
	Informant: 3 XIANG, M	ARCUS	Address: 32 UPPER SERANGOON VIEW	v #13-43 SINGAPORE 534209
	D Type / ID No.; NRIC NO / T0003212Z		Contact No.: Home/Office:	Mobile: 91864885
Nationali SINGAP	ty: ORE CITIZE	N	Email: marcustan44@gmail.com	
Sex:         Age:         Date of Birth:           Male         24         13/01/2000			Type of Informant: Rider	
Race: Chinese			Language: English	
Occupation: Logistics/production planner		olanner	Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Attended by Police		rink Drive: lo	Date/Time of Accident: 22/10/2024 18:45	Type of Location: Bend
CALSHOT ROAD  Weather: Clear		Road Sur	face:		
Traffic Flow: Two Way		Traffic Control: Not Controlled		11/2/200	affic Volume: oderate
Type of Collision:	ehicles - Side Swipe -	Same Direct	tion		yone conveyed by abulance:

Details of Ve	hicle Involved					Water Black
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN2066A	Motorcycle	HONDA	CB150R MANUAL	Green		0

Details of Vei	hicle Insurance		The same of the same	MILITARIO CONTRACTOR
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBN2066A	NTUC Income Insurance Co-Operative	5142472003	03/01/2024	06/02/2025



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



2 of 3 Report No. T/20241023/7072

### CONTINUATION OF REPORT

Details of Person	Involved				TOTAL STATE OF THE PARTY OF
Any Pedestrian In	volved: No				1000
No. of Pedestrians Injured: NIL Use of			f Pedestrian Crossing: NA		
Rider		- 0 8 0			
Name	TAN JING XIANG, MARCUS		ID No.		T0003212Z
Related Vehicle	FBN2066A (Motorcycle)			ct No.	91864885
Hospital/Clinic	NIL			of g ce & Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/10/2024 Date Di		harge	22/10	0/2024
No. of Days grant	nted Medical Leave (MC) 14 Degree		f Injury	Sligh	t

### Brief Details.

i was going straight on Loyang Way approaching the bend towards Upper Changi Road N, when there was another rider (FBS7570B) that was turning out from the left side from the back gate of SAESL without checking for oncoming traffic.

He did not check for oncoming traffic before turning out and just turned out without looking. I jammed braked and tried to swerve right, however did not managed to swerve far enough and side swiped him.

i have footage of what happened on my bike's camera, which i will need to go and retrieve once i can get my bike back from TP as they have towed it away temporarily.



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



T/20241023/7072

3 of 3 Report No. T/20241023/7072

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: 23/10/2024 14:26
Officer In Charge Of Case: TP / TPIB / NUR HAFIZAH BINTE HARUN Contact No.: 96334622	Classification Of Case:
NP168	