

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	02/11/2024 10:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/10/2024 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES STREET 83
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3508P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHEAH WEN HUI
NRIC No	S9322951G
Email Address	WENHUIBABYROCKS@GMAIL.COM
Mobile Phone No	(Phone) +65-82884366
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	CZD300A / XMAX300
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	292
Vehicle Fuel	Petrol
First Registration Date	13/05/2020
Chassis no	MH3SH0846LK010017
Effective Date/Time of Ownership	16/05/2020 04:05 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122020852-03

DRIVER

Name of Driver	PHEAH WEN HUI
NRIC No	S9322951G
Date Of Birth	04/07/1993
Occupation	Indoor
Driving Pass Date	16/11/2015
Driving License Pass Class	2A
Driving License Validity	Valid
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82884366
Alt. Phone Number	-
Email Address	WENHUIBABYROCKS@GMAIL.COM
Address	BLK 845 TAMPINES STREET 83 05-158 SINGAPORE 520845
Address complement	-
Postcode	-
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	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 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	VIDEO WTH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8654E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	PHEAH WEN HUI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR3508P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 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.


1640
01/11/2024

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



Tampes Street 83

1


Describe Circumstance of the Accident

Refer to Police report

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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

 1640
01/11/2024
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/20241101/7096

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

1 of 3

Report No. T/20241101/7096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2024 17:26		Vide Report No.: T/20241030/7040		Station Diary No.:
Informant's Particulars				
Name of Informant: PHEAH WEN HUI		Address: 845 TAMPINES STREET 83 #05-158 SINGAPORE 520845		
ID Type / ID No.: NRIC NO / S9322951G		Contact No.: Home/Office: Mobile: 82884366		
Nationality: SINGAPORE CITIZEN		Email: wenhuibabyrocks@gmail.com		
Sex: Male	Age: 31	Date of Birth: 04/07/1993	Type of Informant: Rider	
Race: Chinese		Language: English		
Occupation: Other civil engineering and related technicians		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/10/2024 13:45	Type of Location: Straight Road
Location: TAMPINES STREET 83				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR3508P	Motorcycle	YAMAHA	CZD300A / XMAX300	Blue		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
FBR3508P	NTUC Income Insurance Co-Operative Limited	5122020852-03	13/05/2024	12/05/2025	



**SINGAPORE
POLICE FORCE**



T/20241101/7096

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

2 of 3

Report No. T/20241101/7096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PHEAH WEN HUI	ID No.	S9322951G
Related Vehicle	FBR3508P (Motorcycle)	Contact No.	82884366
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/10/2024	Date Discharge	29/10/2024
No. of Days granted Medical Leave (MC)	21	Degree of Injury	Serious

Brief Details.

Was traveling towards my house which is blk 845 outside the road of Tampines street 83. Incident happened outside of the cheers area further down abit at around 1.45pm. The omni bus plate number (PC8654E) with kids onboard was traveling in front of me and I was directly behind the bus. Saw the bus slowing down and completely coming to a near stop towards the left side of the kurb, so I signal right approaching slowly going to overtake it. Suddenly he make a full right turn and bang onto me. I have try to avoid him by turning slightly to the right more before the collision but he still insist making the impossible right turn (which is no where other then utum). I suspect the driver of the bus is going to make an illegal u-turn because he has already pass the yellow box which is turning in to the Tampines central community complex carpark. I have the contact and video of proof from the driver behind me of the incident that happen. But I do not have a picture of the bike lying down beside the mini bus as the things had happened and a lot of passerby was coming to assist me and shifted my bike away to avoid the traffic from being jammed.



SINGAPORE
POLICE FORCE

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



T/20241101/7096

3 of 3

Report No. T/20241101/7096

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
CHEN WEIXIANG, BEN
Contact No.: 94575539

NP168

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

Date/Time:
01/11/2024 17:26

Classification Of Case: