

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 11:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/10/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN TOA PAYOH TOWARDS PIE(TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP6463A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO WEI AN LIONEL
NRIC No	S9742119F
Email Address	hogclionelho@gmail.com
Mobile Phone No	(Phone) +65-81124318
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fzn150
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	150
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	5143626863

DRIVER

Name of Driver	HO WEI AN LIONEL
NRIC No	S9742119F
Date Of Birth	29/11/1997
Occupation	Indoor
Driving Pass Date	02/04/2019
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81124318
Alt. Phone Number	-
Email Address	hogclionelho@gmail.com
Address	BLK 217 #19-617
Address complement	LORONG 8 TOA PAYOH
Postcode	310217
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN6289S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BEH JIAJUN, RONALD
NRIC No	S8132968J
Contact Number	(Phone) +65-88208300
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO WEI AN LIONEL
Gender	Male
Phone No	(Phone) +65-81124318
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBP6463A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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)

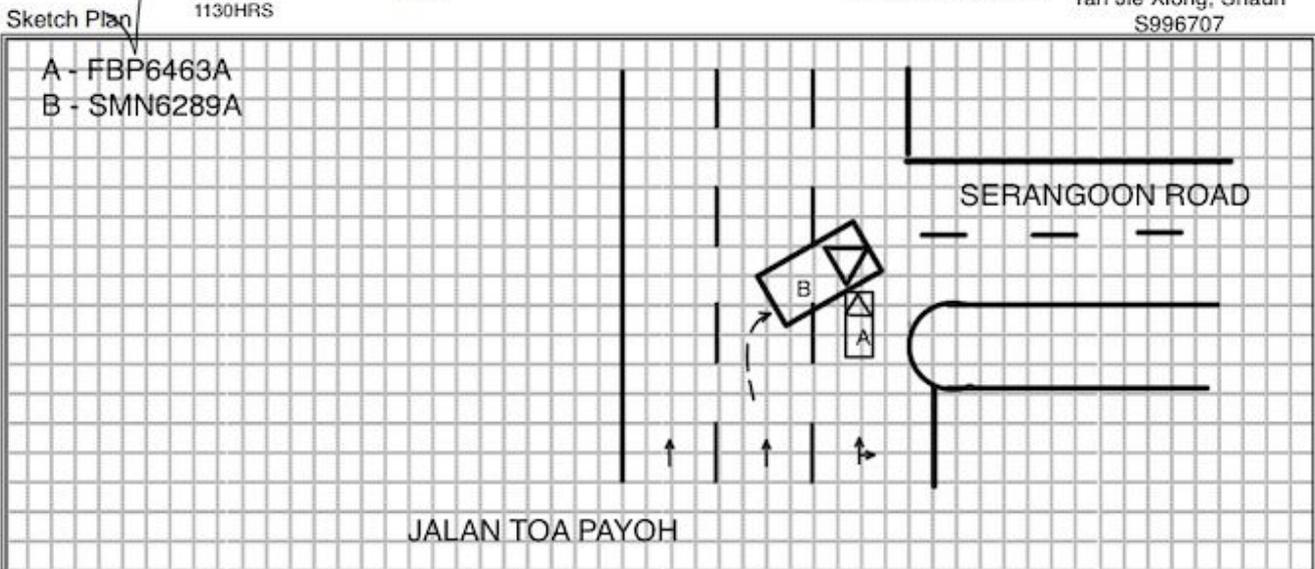
I understand, acknowledge, agree and consent that:

- (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
02/11/2024
1130HRS

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) Tan Jie Xiong, Shaun
S996707



Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

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


Policyholder's Signature / Date & Time
02/11/2024
1130HRS

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


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

Tan Jie Xiong, Shaun 2
S996707





























**SINGAPORE
POLICE FORCE**



T/20241023/7157

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

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Report No. T/20241023/7157

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HO WEI AN LIONEL	ID No.	S9742119F
Related Vehicle	FBP6463A (Motorcycle)	Contact No.	81124318
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	14	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was riding FBP6463A along Jalan Toa Payoh towards PIE(Tuas) direction.

I was travelling straight along the extreme right lane which could turn right or go straight at the junction Serangoon Road.

At the said junction, SMN6289S which was travelling along the lane on my left and could only go straight, abruptly swerved into my lane at a sharp angle.

I was caught by complete surprise as only vehicles along my lane could turn right.

I instinctively jammed on my brakes and swerved to my right in a bid to avoid the collision but to no avail.

I was flung a distance from my bike before landing hard on the ground. I remember losing consciousness for a brief moment before I woke up face down lying flat on the ground.

My helmet was fortunately still intact and I instantly felt a sharp pain in my chest.

I felt breathless and I was helped by another motorist to the side of the kerb where I tried to breathe.

It was then that the sharp pain in my left hand and left forearm kicked in.

Paramedics arrived and conveyed me to TTSH where I was diagnosed with fractures over my left ring finger and left forearm.

I was also treated for other injuries including:

Left ring finger dislocation and nail avulsion
Chest abrasions and contusion
Abrasions over left forearm, left elbow, left upper arm, left knee (multiple) and a deep one on my right palm
Rhabdomyolysis - levels rose to 3500 which hurt my kidneys

I was discharged on 23/10/24 with 14 days HL from 18/10/24 to 31/10/24.

After I was discharged, the muscle aches over my neck, left shoulder, chest, left arm, both flanks and lower back areas also became more prominent.



**SINGAPORE
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T/20241023/7157

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

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Report No. T/20241023/7157

CONTINUATION OF REPORT

I will be following up with my GP and specialist as I am scheduled to go for surgery at a later date for my left ring finger and left forearm fractures.

Furthermore, I would like to state that my belongings namely:

IPhone 11 Pro Max 256GB
Trax Helmet
Clothes
HP Work Laptop

were damaged due to the accident.



**SINGAPORE
POLICE FORCE**



T/20241023/7157

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

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Report No. T/20241023/7157

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / CHEN WEIXIANG, BEN Contact No.: 83823828

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 23/10/2024 22:38
Classification Of Case:

NP168