

## 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 .....	12/11/2024 17:03 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/10/2024 19:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBD4559J
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE CHIN LEONG
NRIC No .....	S0174308B
Email Address .....	sha_sha01@hotmail.com
Mobile Phone No .....	(Phone) +65-91026757
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	FZ150I
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Motorcycle
Transmission .....	Auto
CC .....	150
Vehicle Fuel .....	Petrol
First Registration Date .....	-
Chassis no .....	PMYKG025090004832
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5093865032-06

#### DRIVER

Name of Driver .....	LEE CHIN LEONG
NRIC No .....	S0174308B
Date Of Birth .....	03/10/1952
Occupation .....	Indoor
Driving Pass Date .....	01/01/1980
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	44 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91026757
Alt. Phone Number .....	-
Email Address .....	sha_sha01@hotmail.com
Address .....	771 YISHUN AVE 3 #08-245 (S) 760771
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 .....	Collision - Head to Rear
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	THAN SOW KIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### 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 ..... SLJ2151P  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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 ..... LEE CHIN LEONG  
Gender ..... Male  
Phone No ..... (Phone) +65-91026757  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... TAN TOCK SENG HOSPITAL  
Injured person in which vehicle? ..... FBD4559J  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

##### INJURED 2

Name of injured person ..... THAN SOW KIN  
Gender ..... Female  
Phone No ..... (Phone) +65-91048894  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SENGKANG GENERAL HOSPITAL PTE LTD  
Injured person in which vehicle? ..... FBD4559J  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

**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.

de  
Policyholder's Signature / Date & Time

de 12/11/2024 4:35  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

**Sketch Plan**

	<p>A. FBD 45597</p> <p>B. SLI 2151D</p>
--	---

Describe Circumstance of the Accident

*Ref to attached 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.

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Stamp]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20241020/2019

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

1 of 3

Report No. T/20241020/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/10/2024 12:40		Vide Report No.:		Station Diary No.: 30
<b>Informant's Particulars</b>				
Name of Informant: LEE CHIN LEONG		Address: 771 YISHUN AVENUE 3 #08-245 SINGAPORE 760771		
ID Type / ID No.: NRIC NO / S0174308B		Contact No.: Home/Office: 81000529      Mobile: 91026757		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 72	Date of Birth: 03/10/1952	Type of Informant: Rider	
Race: Chinese		Language: Mandarin		
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/10/2024 19:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBD4559J	Motor car	YAMAHA	FZ150I	Black	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20241020/2019

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

2 of 3

Report No. T/20241020/2019

**CONTINUATION OF REPORT**

<b>Pillion</b>			
Name	THAN SOW KIN	ID No.	S0130849A
Related Vehicle	FBD4559J (Motor car)	Contact No.	91048894
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	19/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
<b>Rider</b>			
Name	LEE CHIN LEONG	ID No.	S0174308B
Related Vehicle	FBD4559J (Motor car)	Contact No.	81000529
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date Treatment	19/10/2024	Date Discharge	20/10/2024
No. of Days granted Medical Leave	04	Degree of	Slight

**Brief Details.**

On the 19/10/2024 at about 1900hrs, I was riding my motorcycle of plate number FBD4559J with my wife(THAN SOW KIN, S0130849A, pillion) at along Central Expressway, near to Ang Mo Kio Avenue 1 exit. I was riding on lane 4. As I was riding, I suddenly felt an impact from the back. I lost control of my motorcycle, and shortly after my wife and I flung off the motorcycle. I then realized that it was a car who had hit me.

Later, Traffic Police and ambulance came to scene. I was conveyed to Tan Tock Seng General Hospital while my wife was conveyed to Sengkang General Hospital. I did not manage to record down the plate number of the car that had hit me.

I received 4 days MC (from the 19/10/2024-22/10/2024), while my wife is still in hospital and needed to go operation.



SINGAPORE  
POLICE FORCE



T/20241020/2019

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20241020/2019

## CONTINUATION OF REPORT

Signature of Officer Recording The  
F /  
SGT 3 ELLIE PRATIWI  
RAHMASARIYANTI BINTI  
MOHAMED YUSOF

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI FARHANA BINTE MOHAMED FAUZI  
ALKHATIB  
Contact No.: 63767000 *cell number*

Signature Of Informant:

Date/Time:  
20/10/2024 12:40

Classification Of Case:

NP168