

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	25/11/2024 18:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/11/2024 22:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GREENWICH DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3377A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIEW KAM WAH
NRIC No	S7535250F
Email Address	SIEWKAMWAH@GMAIL.COM
Mobile Phone No	(Phone) +65-87880827
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T150
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	27/04/2020
Chassis no	MH3UG131000001415
Effective Date/Time of Ownership	29/04/2020 03:04 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117321637-04

DRIVER

Name of Driver	SIEW KAM WAH
NRIC No	S7535250F
Date Of Birth	30/11/1975
Occupation	Outdoor
Driving Pass Date	26/04/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87880827
Alt. Phone Number	-
Email Address	SIEWKAMWAH@GMAIL.COM
Address	BLK 658C PUNGGOL EAST 13-725 SINGAPORE 823658
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	Raining
Road Surface	Wet

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 THE 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	SHB8450B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

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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

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

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

Sketch Plan

Describe Circumstance of the Accident

refer to the police report.

Note: Please note that your insurer may have 14 days 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.

Policyholder's Signature / Date & Time

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

3. Time 25.11.2024 @ 13:26 hr

Witnessed by Reporting Centre Personnel
(Name as in NRICID card)

(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20241123/7109

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

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Report No. T/20241123/7109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2024 22:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: siew kam wah		Address: 658C Punggol East #13-725 Waterway Sunray SINGAPORE 823658			
ID Type / ID No.: NRIC NO / S7535250F		Contact No.: Home/Office: Mobile: 87880827			
Nationality: SINGAPORE CITIZEN		Email: siewkamwah@gmail.com			
Sex: Male	Age: 48	Date of Birth: 30/11/1975	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2024 22:05	Type of Location: KPE After Merging Lane before Exit 9C, lamp post 81, 10.5km sign
Location: GREENWICH DRIVE				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: moving vehicle- head to rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR3377A	Motorcycle	YAMAHA	T150	Blue		0
SHB8450B	Taxi	HYUNDAI		Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20241123/7109

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000

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Report No. T/20241123/7109

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
FBR3377A	NTUC Income Insurance Co-Operative Limited	5117321637-04	27/04/2024	26/04/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	siew kam wah		ID No.	S7635250F
Related Vehicle	FBR3377A (Motorcycle)		Contact No.	87880827
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	23/11/2024		Date Discharge	23/11/2024
No. of Days granted Medical Leave (MC)		03	Degree of Injury	Slight
Driver				
Name	CHEW SIEW CHUAN		ID No.	S1122564J
Related Vehicle	SHB8450B (Taxi)		Contact No.	96483448
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 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 riding my motorcycle on the KPE lane 3 after merging lane from old tampines road towards Exit 9C at around Lamp post 81, 10.5km sign board. I was maintaining a safe speed (60 to 70kmh) and far distance from the vehicle in front of me. At approximately 2205hr, a taxi, license plate number SHB8450B, struck my motorcycle from the rear with significant force.

The impact caused me to be thrown off my motorcycle. My motorcycle flew up and flipped over, landing heavily on the road. As a result, the front fork and handle suffered severe damage and the right side and rear side also suffered damages too. Petrol stain was seen too.

I landed on the road, sustaining injuries to my right buttock, right kneecap and right foot.

After the collision, I noticed that some of my personal valuables were missing from the scene.

The items included

- 1) 1pc Samsung S24 handphone -\$1000
- 2) 2pc Rare stones bracelets -\$300 each
- 3) Miscellaneous accessories (Power bank, earpiece and loose tools kit)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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T/20241123/7109

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Report No. T/20241123/7109

CONTINUATION OF REPORT

I am very certain that they were lost during the accident as the traffic warden on scene tries to help me but due to traffic, environment and weather situation, we have to give up searching.

I noticed that the driver involved, his condition was very tiring whereby I have inform the officers and Medics on scene.

I rejected the medics offer to be sent to hospital as they are sending me to Changi Hospital (11km away) instead of SengKang Hospital (5.6km away) and also reason I feel my condition can withstand till I go to Hospital the next day.



**SINGAPORE
POLICE FORCE**

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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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T/20241123/7109

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Report No. T/20241123/7109

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPiB /
MUHAMMAD RAIMIE BIN ABDUL KARIM
Contact No.: 65476246

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

Date/Time:
23/11/2024 22:44

Classification Of Case:

NP168