

# 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 ..... 29/07/2024 18:30 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 27/07/2024 22:45 (SGT)  
Exact Location of Accident ..... 687A Choa Chu Kang Dr, Block 687A, Singapore 681687  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBE2409S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA DING XUAN  
NRIC No ..... S9739290J  
Email Address ..... TCW58@LIVE.COM  
Mobile Phone No ..... (Phone) +65-88870309  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Wave  
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 ..... 125

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5146591607

### DRIVER

Name of Driver ..... CHUA YI HENG  
NRIC No ..... T0325214G  
Date Of Birth ..... 03/09/2003  
Occupation ..... Outdoor

Driving Pass Date .....	01/07/2024
Driving experience .....	0 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91708548
Alt. Phone Number .....	-
Email Address .....	TCW58@LIVE.COM
Address .....	BLK 687B CHOA CHU KANG DRIVE
Address complement .....	#15-388
Postcode .....	682687
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 on collision
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 ATTACH

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 .....	SHB4483H
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 .....	CHUA YI HENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	7 DAYS MC
Injured person in which vehicle? .....	FBE2409S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

Describe Circumstance of the Accident

Refer to Police Report : 7/20240728/7042

Declaration

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

x *[Signature]*

Policyholder's Signature / Date & Time

x *[Signature]*

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**

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



T/20240728/7042

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Report No. T/20240728/7042

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: 28/07/2024 16:24
Officer In Charge Of Case: TP / FAIT / KAMALIAH BINTE KAMIS Contact No.: 65476433	Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20240728/7042

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

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Report No. T/20240728/7042

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2024 16:24		Vide Report No.: J/20240727/0159		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: chua yi heng		Address: 687B choa chu kang drive #15-388 SINGAPORE 682687		
ID Type / ID No.: NRIC NO / T0325214G		Contact No.: Home/Office: Mobile: 91708548		
Nationality: SINGAPORE CITIZEN		Email: chuayiheng24@gmail.com		
Sex: Male	Age: 20	Date of Birth: 03/09/2003	Type of Informant: Rider	
Race: Chinese		Language: English		
Occupation: National Service Full Time		Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/07/2024 22:45	Type of Location: Straight Road
Location: CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBE2409S	Motorcycle					0
SHB4483H	Motor car					0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240728/7042

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

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Report No. T/20240728/7042

## CONTINUATION OF REPORT

Rider			
Name	CHUA YI HENG		ID No. T0325214G
Related Vehicle	FBE2409S (Motorcycle)		Contact No. 91708548
Hospital/Clinic	WOODLANDS MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	27/07/2024	Date Discharge	28/07/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious
Rider			
Name	CHUA YI HENG		ID No. T0325214G
Related Vehicle	FBE2409S (Motorcycle)		Contact No. 91708548
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)	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/07/2024 at about 10.45pm i was coming home from outside.when i was reaching my car park ,veh B SHA 4483H Suddenly make a u turn at the drop of point and hit me and i fly a few meter away. At the point of time when accident happen. There is also a witness phone number 91457365. Then i was convey to woodland health hospital

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	290J
<b>Vehicle Details</b>	
Vehicle No.:	FBE2409S
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jul 2024
Vehicle Make:	HONDA
Vehicle Model:	WAVE 125X SMT
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	NF125STE0029328
Chassis No.:	NF125ST0029328
Maximum Power Output:	-
Open Market Value:	\$1,781.00
Original Registration Date:	21 Jan 2010
First Registration Date:	21 Jan 2010
Transfer Count:	3
Actual ARF Paid:	\$268.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	20 Jan 2025
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$1,930.00
COE Rebate Amount:	\$183.00
<b>Total Rebate Amount:</b>	<b>\$183.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 29 Jul 2024

OK