

## 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 .....	26/07/2024 21:38 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/07/2024 17:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	12 TUAS SOUTH DRIVE SINGAPORE 637047
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBV3294J
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KHOO WOEI JYE
NRIC No .....	[REDACTED]
Email Address .....	[REDACTED]
Mobile Phone No .....	[REDACTED]
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	NMAX 155 ABS CVT
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 .....	155

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5138080033

#### DRIVER

Name of Driver .....	KHOO WOEI JYE
NRIC No .....	[REDACTED]
Date Of Birth .....	02/11/1986
Occupation .....	Indoor

Driving Pass Date ..... 08/07/2023  
 Driving experience ..... 1 YEAR  
 Gender ..... Male  
 Mobile Number .....  
 Alt. Phone Number ..... -  
 Email Address .....  
 Address .....  
 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) ..... 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 ..... YAP GEK LIAN  
 Gender ..... Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Jurong Division Headquarters  
 Police Station Phone No ..... (Phone) +65-18007910000  
 Alt. Police Station Phone No ..... (Fax) +65-68965647  
 Police Station Address ..... No. 2 Jurong West Avenue 5 Singapore 649482  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT J/20240726/7059

#### 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 .....	SHB3084H
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KHOO WOEI JYE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBV3294J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	YAP GEK LIAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBV3294J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.
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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.

*[Signature]*

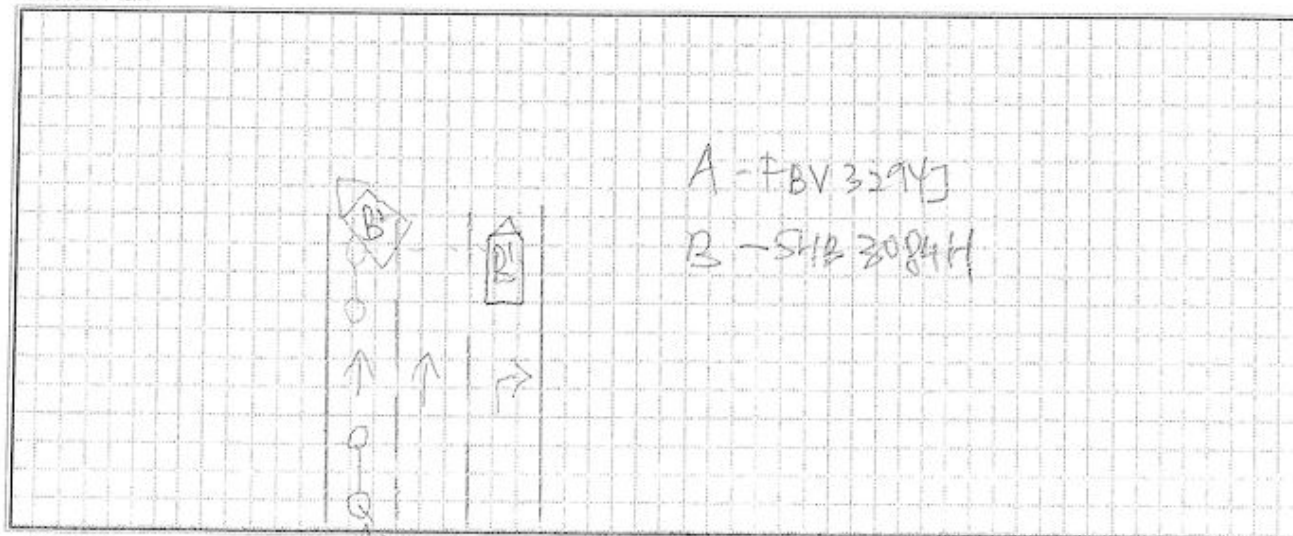
Policyholder's Signature / Date & Time

*[Signature]*

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

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

**Sketch Plan**



vJun2022

1

Describe Circumstance of the Accident

Refer to Police Report J/20240726/7059.

Declaration

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



Policyholder's Signature / Date & Time



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

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





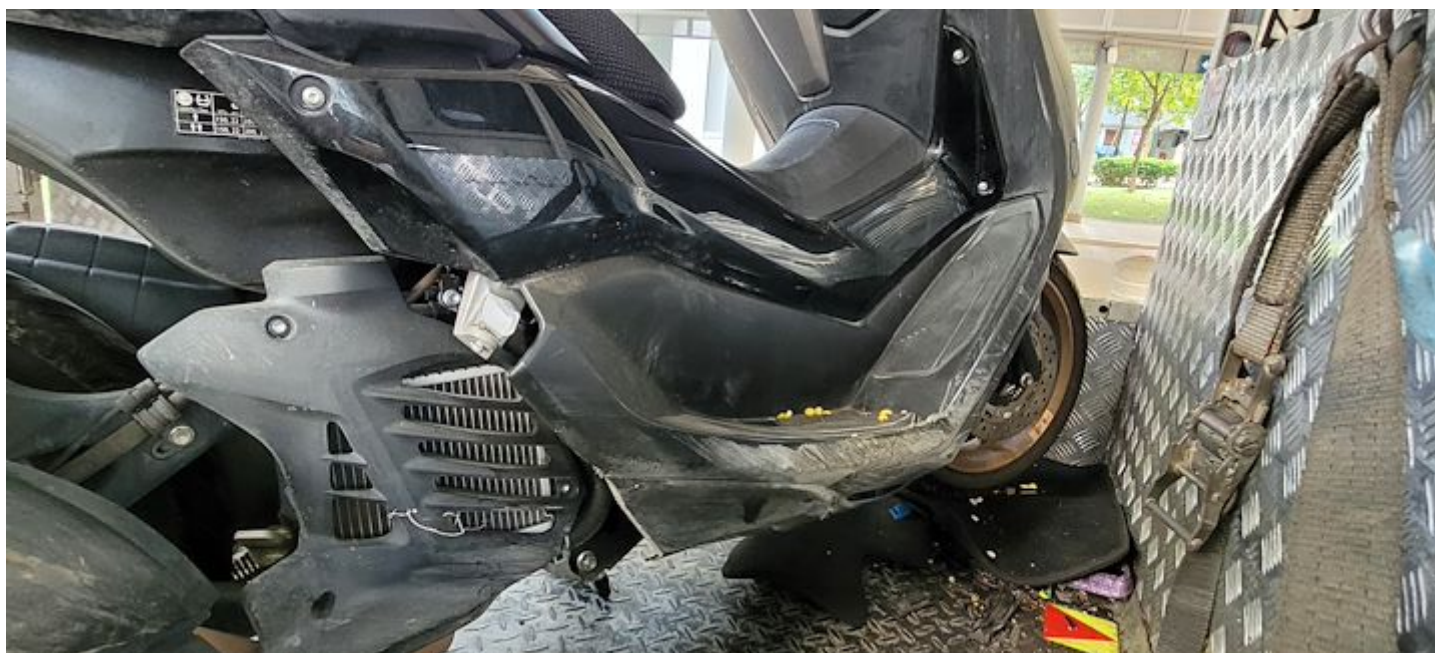
















**SINGAPORE  
POLICE FORCE**

J/20240726/7059

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**POLICE REPORT (NP299)**

Report No. J/20240726/7059

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 26/07/2024 15:46		Vide Report No.		Station Diary No.	
Name Of Informant KHOO WOEI JYE		Address [REDACTED]			
ID Type / ID No.		Contact No.			
NRIC NO / [REDACTED]		Home/Office:		Mobile: [REDACTED]	
Nationality SINGAPORE CITIZEN		Email Address khoo6772@gmail.com			
Occupation Supply and distribution/Logistics/Warehousing manager		Sex Male	Age 37	Date of Birth 02/11/1986	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 25/07/2024 17:10 - 25/07/2024 17:15		Location Of Incident 12 TUAS SOUTH DRIVE SINGAPORE 637047			
<b>Brief details.</b>					

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: 26/07/2024 15:46
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20240726/7059

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20240726/7059

At the mentioned date and time above, I was travelling on my motorcycle (FBB3294J) back home after work, my wife (YAP GEK LIAN) was a pillion of my motorcycle. I was travelling straight on Tuas South BLVD.

Upon reaching the junction between Tuas South Avenue 12, I briefly slowed down to keep a look out for pedestrians even though the light was green.

I was on the 3rd lane (Go straight only lane), there was a Comfort Delgro Taxi (SHB3084H) preparing to make a right turn on lane 1 (Right turn only lane).

Suddenly, the Taxi suddenly swerved into lane 3 wanting to go straight instead, I jammed on my brakes, but was too late to do so, I collided into the left side of his car, in between the front and rear doors.

My motorcycle skid 45 degrees away from the Taxi, I rolled on the gravel for quite a few distance, my wife rolled on the floor as well.

Subsequently, the traffic police and ambulance arrived, me and my wife were conveyed to the Ng Teng Fong hospital via Ambulance.

I was given 7 days MC, and am still undergoing treatment.

My wife was given 14 days Hospitalisation Leave, and had to undergo surgery, and is still undergoing treatment.

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: 26/07/2024 15:46
Officer In-Charge Of Case:	Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS4B247Q000G Vehicle Registration No: FBV 3294J  
 Name (as shown in NRIC): Kho Wei Jye NRIC/FIN/Passport No: XXXX 488B  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 25/7/24 Time of Accident: 17:10  
 Place of Accident: 12 Tans South Drive Singapore 637047  
 Insurance Company: Income Insurance Limited

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

\_\_\_\_\_

\_\_\_\_\_

Add Photos

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

A -  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: