

## 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 Authorised 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 Report	23/10/2019 14:33
Date Of Accident	22/10/2019 15:55
Exact Location Of Accident	SIMEI ST 1 TWDS EAST POINT MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD415S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEOH JUN WEI
NRIC No	S9317581F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98716133
Alternative Phone No	OFFICE-98716133

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400 SF
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2019-00001342
Cover Note Number	

### Driver

Name of Driver	YEOH JUN WEI
NRIC No	S9317581F
Date Of Birth	16/05/1993
Occupation	INDOOR
Date Of Driving Pass	21/05/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98716133
Fax Number	
Contact Number	OFFICE-98716133
Email Address	NOEMAIL

Address	BLK 32 TELOK BLANGAH RISE #03-265
Postcode	090032
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAINED
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191023/7001

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFS1664G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	YEOH JUN WEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD415S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

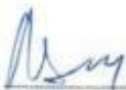
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#### **8. Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

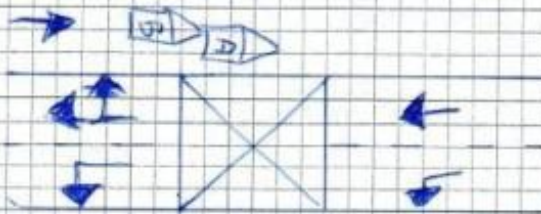
# Accident Sketch Plan

## SKETCH PLAN

Vehicle A: FBD4155

Vehicle B: SFS1664G

SIMEI ST 1 TWDS EASTPOINT MALL



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: T/20191023/7001

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 23/10/19 0100

PR401C (3-10-19) Form V3

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/10/19 0100

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191023/7001

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

1 of 3

Report No. T/20191023/7001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2019 00:43	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: YEOH JUN WEI			Address: APT BLK 32 TELOK BLANGAH RISE #03-265 SINGAPORE 090032		
ID Type / ID No.: NRIC NO / S9317581F			Contact No.: Home/Office: Mobile: 98716133		
Nationality: SINGAPORE CITIZEN			Email: m.yeohjunwei@gmail.com		
Sex: Male	Age: 26	Date of Birth: 16/05/1993	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT Executive			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2019 15:55	Type of Location: Straight Road
Location:  SIMEI STREET 1				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD415S	Motorcycle	HONDA	CB4008J M	Black		0
SFS1664G	Car	NISSAN	Sunny	Gold	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD415S	FWD Singapore Pte. Ltd	PNMC2019- 00001342	01/03/2019	29/02/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191023/7001

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

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Report No. T/20191023/7001

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YEOH JUN WEI	ID No.	S9317581F
Related Vehicle	FBD415S (Motorcycle)	Contact No.	98716133
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	22/10/2019	Date Discharge	22/10/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

### Brief Details.

I was riding my bike on Simei Street 1 towards Eastpoint Mall. I signal right because i intend to turn right into Metta Welfare Association, suddenly i felt a great impact from behind. The impact caused me flew out from my motor and I rolled twice on the road. My bike also fall on the left side. Police also attended and i never convey to hospital. After two hours, i felt pain on my body, i went to Changi General hospital and was given 7 days mc.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191023/7001

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

3 of 3

Report No. T/20191023/7001

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
CHONG GUAN FATT  
Contact No.: 65476083

Authentication Stamp

NP158

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

Date/Time:  
23/10/2019 00:43

Classification Of Case:



Changi  
General Hospital  
SingHealth

ORIGINAL

## MEDICAL CERTIFICATE

EMD2019210023

Name YEOW JUN WEI		NRIC No. S9317581F	
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>22-Oct-2019</u> to <u>28-Oct-2019</u>			
Type of medical leave granted:			
<input checked="" type="checkbox"/> Hospitalization Leave		<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____		Delivered on: _____	
Discharged on: _____		Operated on: _____	
<input type="checkbox"/> Maternity Leave		<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>NA</u> to <u>NA</u>			
Comments:			
The above-named patient attended my clinic at <u>NA</u> and left at <u>NA</u>			
No medical leave is necessary			
Hospital/Clinic	Ward No.	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.	
Emergency Medicine	CGH Accident & Emergency	 ALLISON TAN CHEK SWEE, 64051D	
Changi General Hospital	Date 22-Oct-2019		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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