

# 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 Submission ..... 17/03/2021 16:44 (SGT)  
Date of Accident ..... 14/03/2021 08:45 (SGT)  
Exact Location of Accident ..... Dunearn Rd, Singapore  
Additional Location Information ..... B4 SHELFORD RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBL7869C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WEE WOON WAYNE  
NRIC No ..... SXXXX201A  
Email Address ..... WWAYNE.WEE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92200074  
Alternative Phone No ..... +65-92200074

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cbf190wh  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5115659129  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WEE WOON WAYNE  
NRIC No ..... SXXXX201A  
Date Of Birth ..... 23/07/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	26/07/2016
Driving experience .....	4 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92200074
Alt. Phone Number .....	+65-92200074
Email Address .....	WWAYNE.WEE@GMAIL.COM
Address .....	BLK 2 TOH YI DRIVE
Address complement .....	#06-165
Postcode .....	590002
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 material 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

#### PASSENGER 1

Name .....	NEMALY SUKUMARAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:D/20210315/7018

#### 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 .....	SLP5661H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG BENG KIONG
NRIC No .....	SXXXXX735I
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 .....	WEE WOON WAYNE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MULTIPLE ABRASION
Injured person in which vehicle? .....	FBL7869C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	NEMALY SUKUMARAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	KNEE HAD OPEN WOUND NEED SURGERY
Injured person in which vehicle? .....	FBL7869C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

#### WITNESS DETAILS

##### WITNESS 1

Name .....	ROZAINI NORDIN
Phone .....	(Phone) +65-97586344
Email .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p><i>[Signature]</i> 17/3</p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i> 17/03/21</p> <p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i> 17/03/21</p> <p>Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**

A - FBL7869C  
B - SLP5661H

SHELFORD ROAD

DUNEARN RD



Pls refer to the police report. D/20210315/7018

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



D/20210315/7018

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**POLICE REPORT (NP299)**

Report No. D/20210315/7018

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-7740000

Date/Time Report Made 15/03/2021 13:14	Vide Report No.	Station Diary No.		
Name Of Informant WEE WOON WAYNE	Address 2 TOH YI DRIVE #06-165 SINGAPORE 590002			
ID Type / ID No. NRIC NO / S9426201A	Contact No. Home/Office:	Mobile: 92200074		
Nationality SINGAPORE CITIZEN	Email Address wwayne.wee@gmail.com			
Occupation Student	Sex Male	Age 26	Date of Birth 23/07/1994	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 14/03/2021 08:45 - 14/03/2021 09:00	Location Of Incident 2 TOH YI DRIVE #06-165 SINGAPORE 590002			

**Brief details.**

I was travelling along Dunearn road on a motorcycle with my girlfriend riding pillion. We were hit by a left turning car SLP5561H from our right. I suffered multiple abrasions and my girlfriend's knee had a large open wound requiring surgery. The witness name was a cyclist riding behind us and his name is Rozaini Nordin and his mobile is 97586344.

<b>Subjects Involved</b>	
<b>Victim</b>	
Person Name	WEE WOON WAYNE
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: 15/03/2021 13:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	















































**SINGAPORE  
POLICE FORCE**



D/20210315/7018

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ID Type / ID No. NRIC NO / S9426201A	Contact No. Home/Office:	Mobile: 92200074
Nationality SINGAPORE CITIZEN	Email Address wwayne.wee@gmail.com	
Occupation Student	Sex Male	Age 26
Institution/School Name	Date of Birth 23/07/1994	Race Chinese
Date/Time Of Incident 14/03/2021 08:45 - 14/03/2021 09:00	Location Of Incident 2 TOH YI DRIVE #06-165 SINGAPORE 590002	

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<b>Subjects Involved</b>	
<b>Victim</b>	
Person Name	WEE WOON WAYNE
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: 15/03/2021 13:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



D/20210315/7018

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210315/7018

ID Type	NRIC NO	ID No	S9426201A
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	Student	Address	2 TOH YI DRIVE #06-165 SINGAPORE 590002
Mobile No	92200074	Is Informant A Victim?	Yes
Person Name Nemaly Sukumaran			
ID Type	NRIC NO	ID No	S98254911
Gender	Female	Age	22
Race	Tamil	Language	English
Occupation	Student	Address	542 Bukit Batok Street 52 #04- 557 SINGAPORE 650542
Mobile No	92240207	Relation To Informant	Girlfriend
Person Name WEE WOON WAYNE (Informant)			

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: 15/03/2021 13:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	