# **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 witholding 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**

Honda

Vehicle Registration Number	FBI 7869C

#### 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

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 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 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) 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** 

SLP5661H

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG BENG KIONG
NRIC No	SXXXX735I
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

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Wee WOON WAYNE

MULTIPLE ABRASION

FBL7869C

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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- 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.
- The 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.
- 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)

Lunderstand, 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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date 8. Time		Witnessed by Reporting Centre Personnel	
Sketch Plan		THE HOLL		
A-FBL7869C 3-5CP566HY	SHELFORD Y			
			JEARN R.	

P/s 1860 to 3	the police report. 5/202103	15/7018
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claration		
e declare the foregoing particulars	are true in every respect	
e declare the foregoing particulars	sale line in every respect.	
		Alyn 17/03/2
17/3		2/you 17/03/21
icyholder's Signature / Date &	Driver's Signature (# driver is not the policyholder) / Date	Witnessed by Reporting Centre
ie :	& Time	Personnel





1 of 2

POLICE REPORT (NP299)

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

Report No. D/20210315/7018

Date/Time Report Made	Vide Re	port No.		Station Diary No.	
15/03/2021 13:14					
Name Of Informant	Address				
WEE WOON WAYNE	2 TOH Y	2 TOH YI DRIVE #06-165 SINGAPORE 590002			
ID Type / ID No. NRIC NO / S9426201A	Contact Home/C		Mobile: 92200074		
Nationality SINGAPORE CITIZEN	Email Address wwayne.wee@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Student	Male	26	23/07/1994	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.					

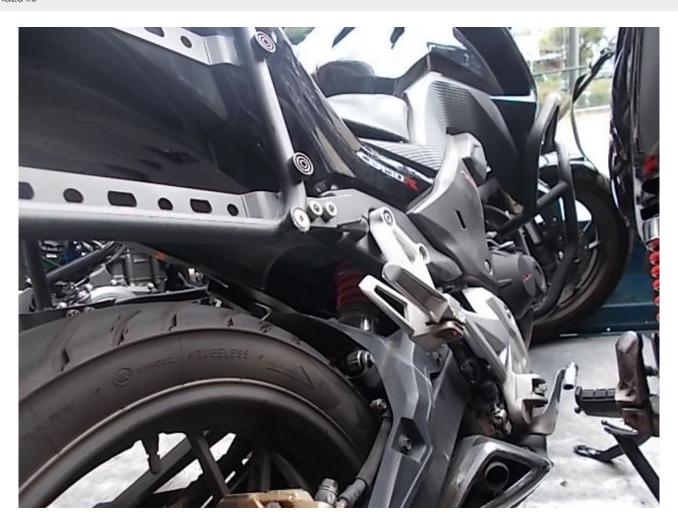
I was travelling along Dunearn road on a motorcycle with my girlfriend riding pillon. We were hit by a left turning car SLP5561H from our right. I suffered multiple abrasions and my girlfriend's knee had a large open wound requiring surgery. The witness name was a cyclist riding behind us and his name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

Victim	
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







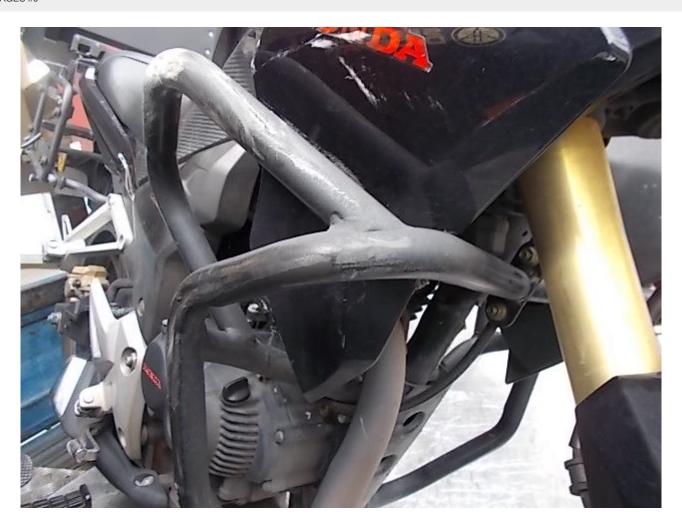






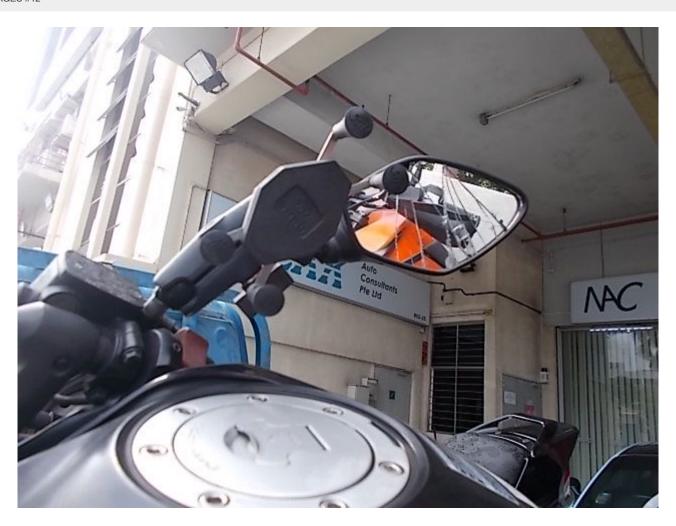




















1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000 Report No. D/20210315/7018

Date/Time Report Made 15/03/2021 13:14	Vide Re	port 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 Home/C		Mobile: 92200074	
Nationality SINGAPORE CITIZEN	Email Address wwayne.wee@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Student	Male	26	23/07/1994	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 pillon. 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.

Victim		
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.  Date/Time: 15/03/2021 13:14	
Signature Of Interpreter: Not applicable		
Officer In-Charge Of Case:	Classification Of Case:	

Authentication Stamp





2 of 2

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	S9825491I
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	Girlfriend

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	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		