

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 | 04/05/2021 21:43 (SGT) |
| Date of Accident | 21/04/2021 14:05 (SGT) |
| Exact Location of Accident | Sims Ave, Singapore |
| Additional Location Information | SIMS AVENUE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBS4263H |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LOW PEI HUA |
| NRIC No | SXXXX438F |
| Email Address | jacklow1588@gmail.com |
| Mobile Phone No | (Phone) +65-81013601 |
| Alternative Phone No | (Home) +65-81013601 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Yamaha |
| Model | Aerox |
| 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 |
| Transmission | Auto |
| CC | 1000 |

INSURANCE COMPANY

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | ThirdPartyF reTheft |
| Fleet Policy | No |
| Policy Number | 5121807408 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | LOW PEI HUA |
| NRIC No | SXXXX438F |

| | |
|--------------------------------------------------------------|---------------------------------|
| Date Of Birth | 15/08/1988 |
| Occupation | Outdoor |
| Date Of Driving Pass | 23/12/2010 |
| Driving experience | 10 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81013601 |
| Alt. Phone Number | (Home) +65-81013601 |
| Email Address | jacklow1588@gmail.com |
| Address | BLK 99 OLD AIRPORT ROAD #03-189 |
| Address complement | - |
| Postcode | S 370099 |
| 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 | 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 material 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 |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------|-------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Geylang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008486999 |
| Alt. Police Station Phone No | (Fax) +65-68486799 |
| Police Station Address | 1 Cassia Link Singapore 397618 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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 | GBG3865R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|-----------------------------------------------|---|
| 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 | LOW PEI HUA |
| Address | BLK 99 OLD AIR PORT ROAD #03-189 |
| Address Complement | - |
| Post Code | S 390099 |
| Approximate Age Years Old | 32 |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBS4263H |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

Describe Circumstances of the Accident

Refer to Police Report No: T/2021 0428/2021 2012
JWS

Declaration

We declare the foregoing particulars are true in every respect.



JWS
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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:

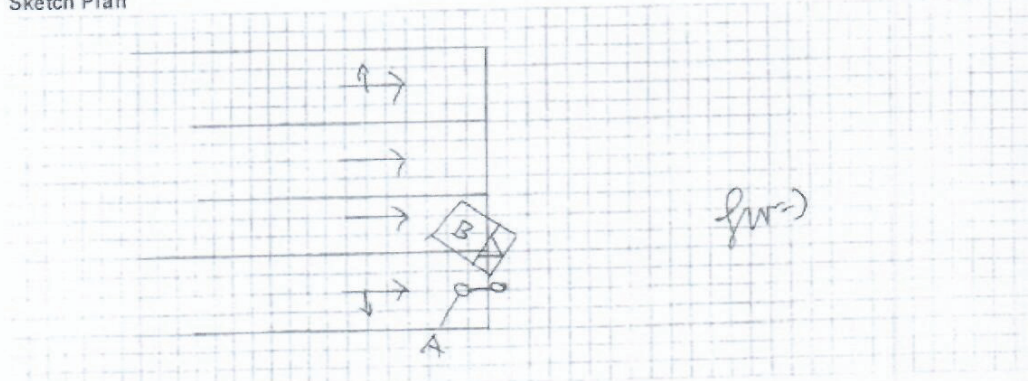
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

fw-
Policyholder's Signature / Date & Time

fw-
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



A = FBS 4263H
B = 984 3865R

4/5/21



**SINGAPORE
POLICE FORCE**



T/20210428/2012

1 of 3

Report No. T/20210428/2012

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
28/04/2021 07:22

Vide Report No.:

Station Diary No.:
27

Informant's Particulars

Name of Informant:
LOW PEI HUA

Address:
APT BLK 99 OLD AIRPORT ROAD #03-189 SINGAPORE
390099

ID Type / ID No.:
NRIC NO / S8829438F

Contact No.:
Home/Office: Mobile: 81013601

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 32 15/08/1988

Type of Informant:
Rider

Race:
Chinese

Language:

Institution / School Name:

Occupation:
DISPATCH RIDER

Driving Licence Information:
Class: 2B,2A

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
21/04/2021 14:05

Type of Location:
Straight Road

Location:

SIMS AVENUE

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-----------------------------|-------|---------------------|-----------------|
| FBS4263H | Motorcycle | YAMAHA | AEROX GDR155A CVT ABS | Black | Slightly Damaged | 0 |
| GBG3865R | Lorry | | | | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
| | | | | |



**SINGAPORE
POLICE FORCE**



T/20210428/2012

2 of 3

Report No. T/20210428/2012

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBS4263H | NTUC Income Insurance Co-Operative Limited | 5121807408 | 15/04/2021 | 14/04/2022 |

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|----------------------------------------|-------------------------------------|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | | |
| Rider | | ID No. | S8829438F |
| Name | LOW PEI HUA | Contact No. | 81013601 |
| Related Vehicle | FBS4263H (Motorcycle) | Class of Driving Licence & Expiry Date | Class: 2B,2A Date of Expiry: NIL |
| Hospital/Clinic | RAFFLES HOSPITAL | Date Discharge | 22/04/2021 |
| Date Treatment | 21/04/2021 | Degree of Injury | Slight |
| No. of Days granted Medical Leave | 10 | | |

Brief Details.

On the above-mentioned date and time, I was travelling along Sims Ave on Lane 1, Nearing Lor 27A Geylang, my lane markings indicated go straight and turn right. I continued going straight.

However, at the same time, a lorry GBG3865R which was travelling on the second lane made an abrupt right turn and collided into me. His lane was a go straight only lane.

I was flung out of my motorcycle and sustained injuries. The Police and Ambulance were called and arrived at scene. I did not manage to remember much as I was being conveyed to the hospital for my injuries.



**SINGAPORE
POLICE FORCE**



T/20210428/2012

3 of 3

Report No. T/20210428/2012

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 FUN YIK CHUEN, ELDON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No: 65472077

Authentication Stamp
NP168



SIGNATURE

Signature Of Informant:

Date/Time:
28/04/2021 07:22

Classification Of Case: