

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 16/07/2021 17:07 (SGT)
Date of Accident 15/07/2021 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG PAYA LEBAR ROAD BESIDE SHELL STATION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FX8383U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LUA WEI MING
NRIC No S8504758B
Email Address AH_EN1990@HOTMAIL.COM
Mobile Phone No (Phone) +65-92706267
Alternative Phone No +65-92706267

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16
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 Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5055449990-08
Cover Note Number -

DRIVER

Name of Driver LUA WEI EN
NRIC No S9050935G

| | |
|--|-----------------------------|
| Date Of Birth | 19/12/1990 |
| Occupation | Indoor |
| Date Of Driving Pass | 08/10/2009 |
| Driving experience | 11 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91255466 |
| Alt. Phone Number | - |
| Email Address | AH_EN1990@HOTMAIL.COM |
| Address | 117B RIVERVALE DRIVE #14-72 |
| Address complement | - |
| Postcode | 542117 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Sibling |
| 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 - Major/Minor Rd |
| 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? | No |
| Was any other vehicle 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

| | |
|---|---|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | ADVISED THE RIDER TO SEND TO MOTORVIDEO@INCOME.COM.SG |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMA8991C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SIM SOO WEI |
| NRIC No | S8014678G |
| Contact Number | (Phone) +65-91067922 |
| 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 | LUA WEI EN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | 31 |
| Injuries Sustained | LEFT LEG BELOW KNEE SWOLLEN , PAIN ON WRISTS AND BACK, ABRASION AND CUTS OVER LEFT ANLKE, SHIN AND SIDE CALF. |
| Injured person in which vehicle? | FX8383U |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

WITNESS DETAILS

WITNESS 1

| | |
|-------------|----------------------|
| Name | SHANE TAN |
| Phone | (Phone) +65-91771277 |
| Email | - |

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment 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)**

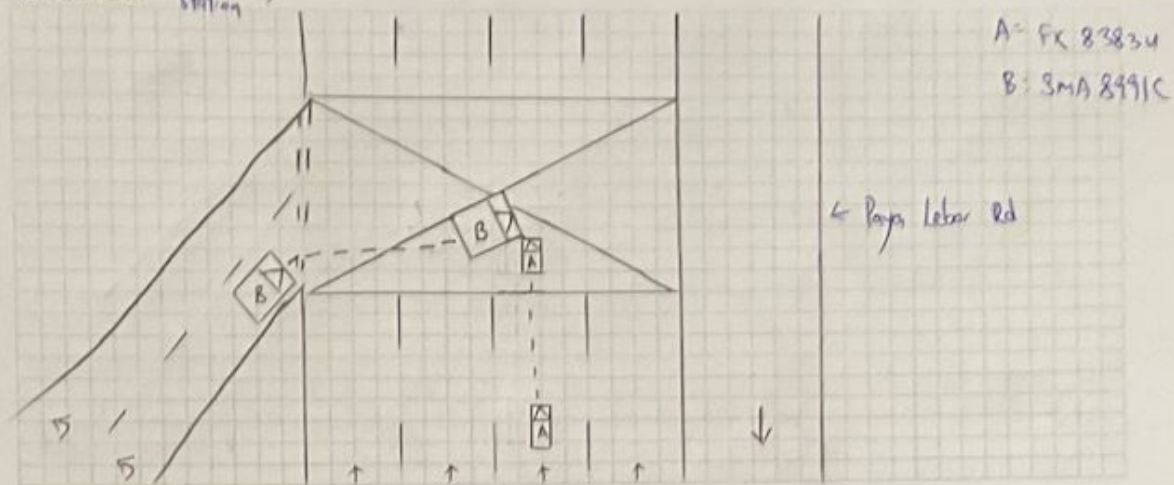
I understand, acknowledge, agree and consent that:

- (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' 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: 16/7/2021
1530hrs

Reporting Centre Personnel's Signature
Name: Louis Lim
NRIC/FIN No.: 8994220



Refer to police report T/20210716/7018

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/7/2021
1530hrs

Reporting Centre Personnel's Signature
Name: Louis Lin
NRIC/FIN No.: S994220



















SINGAPORE POLICE FORCE



T/20210716/7018

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

1 of 3

Report No. T/20210716/7018

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 16/07/2021 14:14 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | |
|--|------------|---|-----------------------------|
| Name of Informant: LUA WEI EN | | Address: 117B RIVERVALE DRIVE #14-72 SINGAPORE 542117 | |
| ID Type / ID No.: NRIC NO / S9050935G | | Contact No.: Home/Office: Mobile: 91255466 | |
| Nationality: SINGAPORE CITIZEN | | Email: ah_en1990@hotmail.com | |
| Sex: Male | Age: 30 | Date of Birth: 19/12/1990 | Type of Informant: Rider |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: Personal trainer | | Driving Licence Information: Class: 2B Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------|---|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 15/07/2021 13:30 | Type of Location: Straight Road |
| Location: PAYA LEBAR ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|------|-------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FX8383U | Motorcycle | | | | | 0 |
| SMA8991C | Car | | | | | 1 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |



**SINGAPORE
POLICE FORCE**



T/20210716/7018

2 of 3

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

Report No. T/20210716/7018

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|-----------------------------------|----------------------------------|
| Rider | | | |
| Name | LUA WEI EN | ID No. | S9050935G |
| Related Vehicle | FX8383U (Motorcycle) | Contact No. | 91255466 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B Date of Expiry: NIL |
| Date | 16/07/2021 | Date | 16/07/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

On the mention date time and location. I was travelling straight on my vehicle(A). The traffic light was green hence I then continue going straight. Vehicle(B) dash out abruptly from my left without checking her blind spot hence collided onto my vehicle(A) causing damage to my vehicle(A) I felt pain after the accident so I went Phoenix medical group seek consultation and was given 3days mc
Vehicle(a) fx8383u
Vehicle(b) sma8991c



**SINGAPORE
POLICE FORCE**



T/20210716/7018

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

3 of 3

Report No. T/20210716/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

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

Date/Time:
16/07/2021 14:14

Classification Of Case: