

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 11/10/2021 13:44 (SGT)
Date of Accident 05/10/2021 09:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information OPHIR RD X BEACH RD LP 43
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS1028R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM WEN YE
NRIC No T0131240A
Email Address WENYEAAHH@GMAIL.COM
Mobile Phone No (Phone) +65-97114678
Alternative Phone No +65-97114678

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb150r
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 -
Cover Note Number -

DRIVER

Name of Driver LIM WEN YE
NRIC No T0131240A

Date Of Birth 15/10/2001
 Occupation Indoor
 Date Of Driving Pass 23/12/2020
 Driving experience 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97114678
 Alt. Phone Number +65-97114678
 Email Address WENYEAHH@GMAIL.COM
 Address BLK 640 ROWELL RD
 Address complement #03-58
 Postcode 200640
 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 to Rear
 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 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 SKETCH PLAN

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 GBK8055H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle

Driver -
 Number -
 Address complement -
 Code -
 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 LIM WEN YE
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBS1028R
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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)

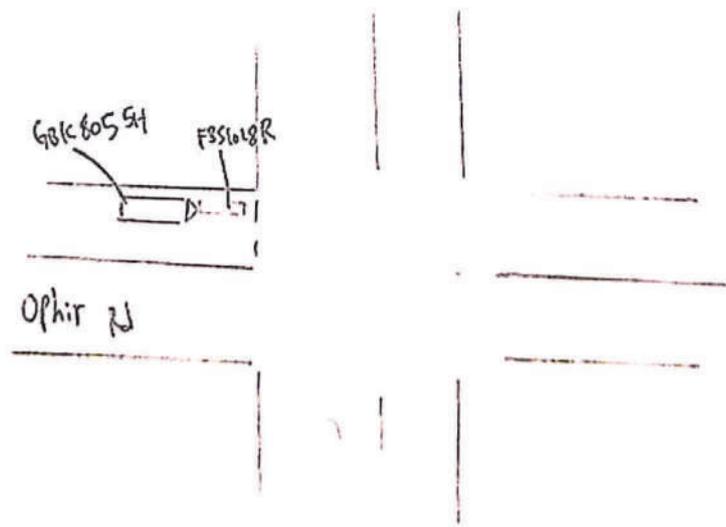
I understand, acknowledge, agree and consent that:

- (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' 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.
- (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.


 Policyholder's Signature / Date & Time
 Sketch Plan

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


 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

LICENSE PLATE: FBS 1028R ACCIDENT DATE & TIME: 5/10/2021 9:10am
CONTACT NUMBER: 9711 4678 E-MAIL ADDRESS: leen.wenyeath@gmail.com
LOCATION: Ophir Rd X Beach Rd LP 93

Refer to police report

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

Claim Own Policy Claim Third Party Claim O&TP at other workshop Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/202110077021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/202110077021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2021 17:03		Vide Report No.: A/20211005/0030	Station Diary No.:
Informant's Particulars			
Name of Informant: LIM WEN YE		Address: 640 ROWELL ROAD #03-58 SINGAPORE 200640	
ID Type / ID No.: NRIC NO / T0131240A		Contact No.:	Mobile: 97114678
Nationality: SINGAPORE CITIZEN		Email: WENYEAHH@GMAIL.COM	
Sex: Male	Age: 19	Date of Birth: 15/10/2001	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/10/2021 09:10	Type of Location: X-Junction
Location: OPHIR ROAD				
Weather: Sunny		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBS1028R	Motorcycle	HONDA	CB150R MANUAL	Red		0
GBK8055H	Lorry	TOYOTA	Dyna	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE
POLICE FORCE



T/20211007/7021

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

Report No. T/20211007/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS1028R	NTUC Income Insurance Co-Operative Limited	5120753974	23/01/2021	22/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	LIM WEN YE	ID No.	T0131240A	
Related Vehicle	FBS1028R (Motorcycle)	Contact No.	97114678	
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	05/10/2021	Date	07/10/2021	
No. of Days granted Medical Leave	10	Degree of	Serious	
Driver				
Name	Unknown Driver	ID No.	NIL	
Related Vehicle	GBK8055H (Lorry)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On the morning of 5th October 2021, a little after 9am, I was travelling on the second lane of Ophir Road, had my left signal on, as i needed to turn left onto beach road. As i was nearing the traffic light, i have noticed that the traffic light have turned Amber. Hence, slowing down to a stop. However, a few seconds later, I was rear ended by a vehicle. It was such a huge impact on my motorcycle that i lost balance, fell to my right and my right ankle got trapped in between my motorcycle mirror and the ground. That was when i saw that the vehicle that rear-ended me was a lorry (GBK8055H). The passer-bys that witnessed the accident, came forward to help me and proceeded to call the ambulance and police.



**SINGAPORE
POLICE FORCE**

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



T/20211007/7021

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Report No. T/20211007/7021

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 / TPHQ /
AU JING QI, ALEX
Contact No.: 68965893

NP168

Signature Of Informant:

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

Date/Time:

07/10/2021 17:03

Classification Of Case: