

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 25/11/2021 15:06 (SGT)
Date of Accident 24/11/2021 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BAYFRONT AVE MBS TOWER 3 DROP OFF POINT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG1047Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHYE HEE
NRIC No SXXXX230H
Email Address hupsoon238@yahoo.com
Mobile Phone No (Phone) +65-91545424
Alternative Phone No +65-91545424

VEHICLE PARTICULARS

Manufacturer Honda
Model CBR150
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 FWD Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number PNMC2021-00003625
Cover Note Number -

DRIVER

Name of Driver LEE SI MIN
NRIC No SXXXX939B

Date Of Birth	05/08/1998
Occupation	Indoor
Date Of Driving Pass	29/12/2020
Driving experience	11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90016624
Alt. Phone Number	-
Email Address	hupsoon238@yahoo.com
Address	BLK 209 SERANGOON CENTRAL
Address complement	#09-274
Postcode	550209
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Opening Door of Vehicle
Weather Conditions	Raining
Road Surface	Wet

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	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

PLS REFER TO THE POLICE REPORT:T/20211124/2073 & T/20211121/2095

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	HAVEN'T RETRIEVE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB435Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	LOON WAI CHUNG
NRIC No	SXXXXX229B
Contact Number	(Phone) +65-90552997
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	LEE SI MIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBG1047Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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6. 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.
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 :

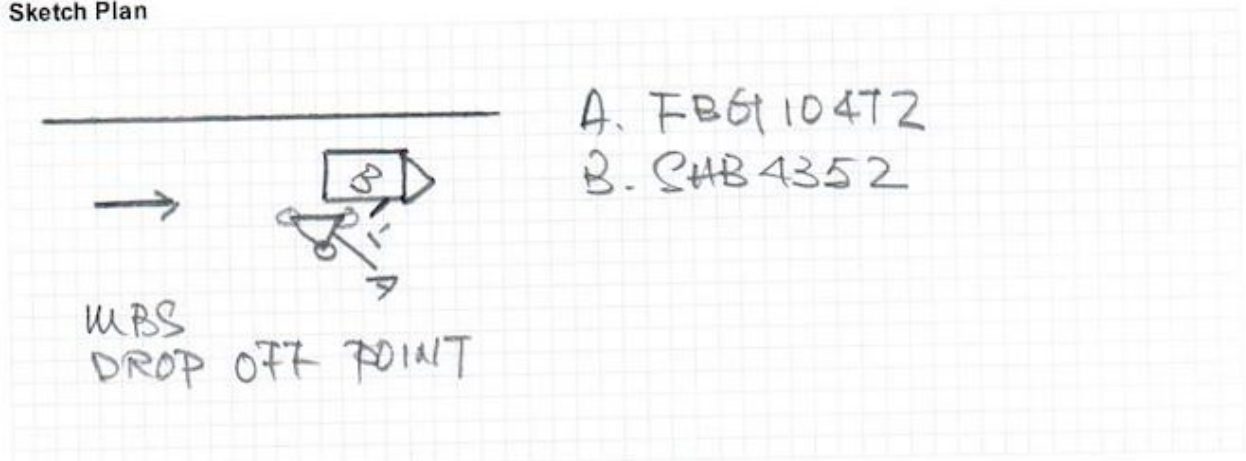
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT: T/2021/124/2073 & T/2021/124/2095

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
TimeDriver's Signature (if driver is not the policyholder) / Date
& TimeWitnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211124/2073

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

2 of 3

Report No. T/20211124/2073

CONTINUATION OF REPORT

Rider			
Name	LEE SI MIN		ID No. S9825939B
Related Vehicle	FBG1047Z (Motorcycle)		Contact No. 90016624
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOON WAI CHUNG		ID No. S0105229B
Related Vehicle	SHB435Z (Car)		Contact No. 90552997
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/11/2021/ at around 1220hrs, I was riding my Honda motorcycle (FBG1047Z) pass the sheltered pick up point at MBS Tower 3. A Toyota SMRT taxi (SHB435Z) was stopped at the pick up point, as such I continued to ride pass it on the right side of the taxi at a slow speed. As I was riding pass the taxi, the driver suddenly swung the driver's door open, and the door hit onto the left side of my motorcycle near the handlebar area and caused me to fall on the right side. As a result, the right side frame/panel and exhaust of my motorcycle had scratches and part of the cover set was cracked. My camera mount also fell off. I had camera installed on my motorcycle, but I am unsure if it was recording at the time of the incident. I am currently feeling some pain on my lower back, knee and thigh area, and also some numbness on my right palm, but I have yet to see a doctor for my injuries as of now.



T/20211124/2095

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Report No. T/20211124/2095

Continuation of CSF For NP168

Rider			
Name	Lee Si Min	ID No.	S9825939B
Related Vehicle	NIL	Contact No.	90016624
Hospital/Clinic	KALLANG MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/11/2021	Date Discharge	24/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Facts.

Reference to T/20211124/2073 - complt came back to Geylang NPC at 1800hrs and informed she had seen doctor for outpatient treatment after lodging the report and was given 3 days MC from 24/11/2021 to 26/11/2021.






















**SINGAPORE
POLICE FORCE**


T/20211124/2073

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Report No. T/20211124/2073

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: 24/11/2021 16:22		Vide Report No.: A/20211124/0053		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: LEE SI MIN			Address: APT BLK 209 SERANGOON CENTRAL #09-274 SINGAPORE 550209		
ID Type / ID No.: NRIC NO / S9825939B			Contact No.: Home/Office:		Mobile: 90016624
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 23	Date of Birth: 05/08/1998	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2021 12:20	Type of Location: Sheltered Pick Up Point
Location: BAYFRONT AVENUE				
Weather: Raining		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1047Z	Motorcycle	HONDA	CBR150R M	White	Slightly Damaged	0
SHB435Z	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20211124/2073

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

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Report No. T/20211124/2073

CONTINUATION OF REPORT

Rider			
Name	LEE SI MIN	ID No.	S9825939B
Related Vehicle	FBG1047Z (Motorcycle)	Contact No.	90016624
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOON WAI CHUNG	ID No.	S0105229B
Related Vehicle	SHB435Z (Car)	Contact No.	90552997
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/11/2021/ at around 1220hrs, I was riding my Honda motorcycle (FBG1047Z) pass the sheltered pick up point at MBS Tower 3. A Toyota SMRT taxi (SHB435Z) was stopped at the pick up point, as such I continued to ride pass it on the right side of the taxi at a slow speed. As I was riding pass the taxi, the driver suddenly swung the driver's door open, and the door hit onto the left side of my motorcycle near the handlebar area and caused me to fall on the right side. As a result, the right side frame/panel and exhaust of my motorcycle had scratches and part of the cover set was cracked. My camera mount also fell off. I had camera installed on my motorcycle, but I am unsure if it was recording at the time of the incident. I am currently feeling some pain on my lower back, knee and thigh area, and also some numbness on my right palm, but I have yet to see a doctor for my injuries as of now.



**SINGAPORE
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T/20211124/2073

3 of 3

Report No. T/20211124/2073

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 MUHAMMAD ZUHAIR BIN
MIOR ABDUL AZIZ

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature Of Informant:

Date/Time:
24/11/2021 16:22

Classification Of Case:

SIGNATURE



T/20211124/2095

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Report No. T/20211124/2095

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20211124/2095

Vide Report Number T/20211124/2073

Date/Time of Report Made 24/11/2021 18:07

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant Lee Si Min

ID Type / ID No. NRIC NO / S9825939B

Home/Office

Mobile 90016624

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 24/11/2021 12:20

Accident Location BAYFRONT AVENUE

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



T/20211124/2095

2 of 3

Report No. T/20211124/2095

Continuation of CSF For NP168

Rider			
Name	Lee Si Min	ID No.	S9825939B
Related Vehicle	NIL	Contact No.	90016624
Hospital/Clinic	KALLANG MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/11/2021	Date Discharge	24/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Facts.

Reference to T/20211124/2073 - complt came back to Geylang NPC at 1800hrs and informed she had seen doctor for outpatient treatment after lodging the report and was given 3 days MC from 24/11/2021 to 26/11/2021.



T/20211124/2095

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Report No. T/20211124/2095

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / TAN JUN YAN
Classification of Case	1) INJURY / ATTENDED BY POLICE