

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 21/10/2021 14:21 (SGT)
Date of Accident 21/10/2021 06:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information MARSILING DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR6831K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE WENG FOOK
NRIC No S7515891B
Email Address luckierwheat@yahoo.com
Mobile Phone No (Phone) +65-83289551
Alternative Phone No +65-83289551

VEHICLE PARTICULARS

Manufacturer Yamaha
Model AEROX GDR155A CVT ABS
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5119117462-01
Cover Note Number 17/09/2021 TO 16/09/2022

DRIVER

Name of Driver LEE WENG FOOK
NRIC No S7515891B

| | |
|--|---|
| Date Of Birth | 25/05/1975 |
| Occupation | Outdoor |
| Date Of Driving Pass | 05/09/2000 |
| Driving experience | 21 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-83289551 |
| Alt. Phone Number | +65-83289551 |
| Email Address | luckierwheat@yahoo.com |
| Address | APT BLK 208B COMPASSVALE LANE #12-78 (S) 542208 |
| Address complement | - |
| Postcode | - |
| 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 - U-Turn |
| 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 WITH ATTACHED.

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 | SHC8909R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |

| | |
|---|----------------------|
| Name of Driver | LIM TECK YAM |
| Contact Number | (Phone) +65-94881133 |
| 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 WENG FOOK |
| Gender | Male |
| Phone No | (Phone) +65-83289551 |
| Address | APT BLK 208B COMPASSVALE LANE #12-78 (S) 542208 |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NATIONAL HEALTHCARE GROUP POLYCLINICS - 3DAYS MC |
| Injured person in which vehicle? | FBR6831K |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

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' 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

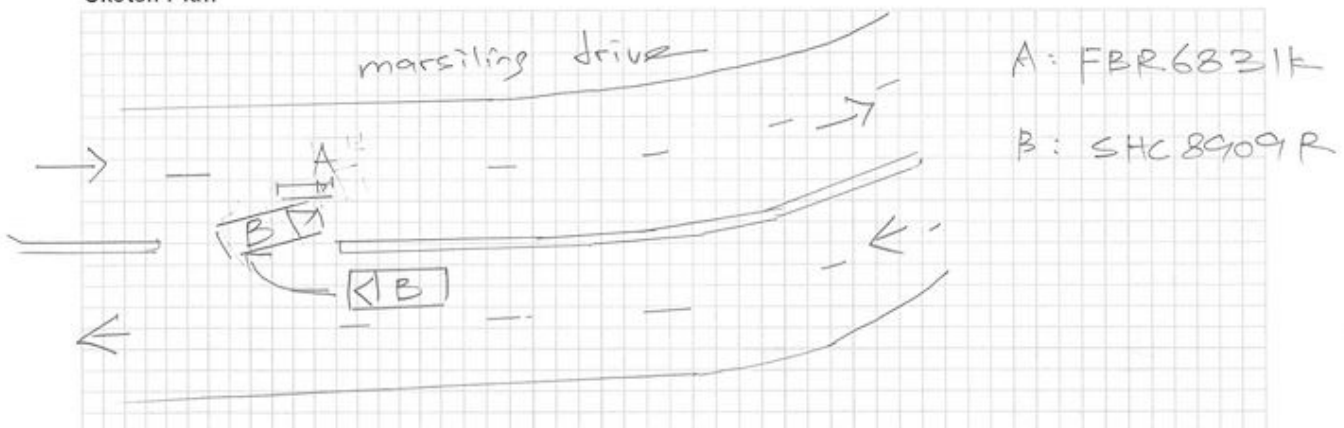
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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 attached police report.

Declaration

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


 Witnessed by Reporting Centre Personnel





















































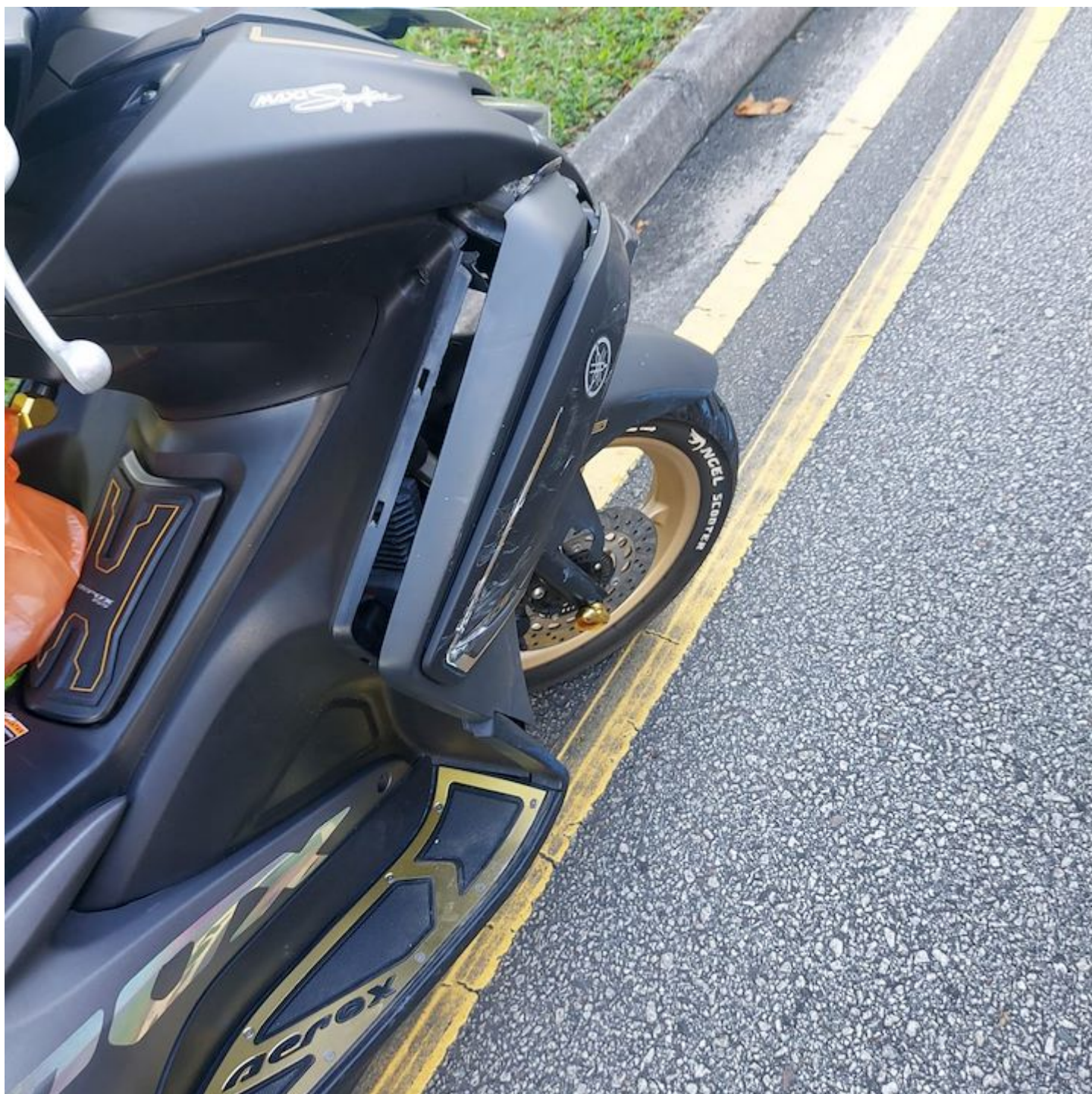














**SINGAPORE
POLICE FORCE**



T/20211021/7018

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

1 of 3

Report No. T/20211021/7018

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 21/10/2021 13:55 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE WENG FOOK | | | Address: 208B COMPASSVALE LANE #12-78 SINGAPORE 542208 | | |
| ID Type / ID No.: NRIC NO / S7515891B | | | Contact No.: Home/Office: Mobile: 83289551 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: LUCKIERWHEAT@YAHOO.COM | | |
| Sex: Male | Age: 46 | Date of Birth: 25/05/1975 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Auxiliary police officer | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|----------------------------------|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 21/10/2021 06:45 | Type of Location: Straight Road |
| Location: MARSILING DRIVE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: U-TURN | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------------|--------|-----------------------------|-------|----------|-------|
| FBR6831K | Motorcycle | YAMAHA | AEROX GDR155A CVT ABS | Black | | 0 |
| SHC8909R | TAXI | | | | | 0 |

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20211021/7018

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

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Report No. T/20211021/7018

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBR6831K | NTUC Income Insurance Co-Operative Limited | 5119117462-01 | 17/09/2021 | 16/09/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Rider | | | | |
| Name | LEE WENG FOOK | | ID No. | S7515891B |
| Related Vehicle | FBR6831K (Motorcycle) | | Contact No. | 83289551 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | Slight |
| Driver | | | | |
| Name | LIM TECK YAM | | ID No. | S1223882G |
| Related Vehicle | SHC8909R (TAXI) | | Contact No. | 94881133 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |

Brief Details.

On 21/10/2021 at around 0645hrs, i ride my motorbike FBR6831K on the way to work along marsiling drive. While i was moving straight on the right lane, suddenly a taxi SHC8909R made an illegal u-turn without checking on coming traffic and hit against my motorbike. After the accident, i fell down together with my motorbike to the left. Soon after, traffic police and ambulance arrived at scene. I was not conveyed to hospital by ambulance and they only cover my injury wound.



**SINGAPORE
POLICE FORCE**

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



T/20211021/7018

3 of 3

Report No. T/20211021/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

| | |
|--|--|
| 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: 21/10/2021 13:55 |
| Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171 | Classification Of Case: |

NP168