

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	30/06/2022 15:24 (SGT)
Reported by	Driver
Date of Accident	28/06/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA ONE EAST TOWER CARPRAK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT1972J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRIBE CAR PTE LTD
Company Reg No	2XXXXX563H
Email Address	KHIERTHII@ROSETLIMO.COM
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMMFHQ21-000009

DRIVER

Name of Driver	ANG KAR YONG (HONG JIA YONG) @ AARON ANG
NRIC No	SXXXX721H
Date Of Birth	20/01/1988
Occupation	Outdoor

Date Of Driving Pass	09/04/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97736159
Alt. Phone Number	-
Email Address	KHIERTHII@ROSETLIMO.COM
Address	BLK 753 WOODLANDS CIRCLE #05-552
Address complement	-
Postcode	730753
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ2843B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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	ANG KAR YONG (HONG JIA YONG) @ AARON ANG
Gender	Male
Phone No	(Phone) +65-97736159
Address	BLK 753 WOODLANDS CIRCLE #05-552
Address Complement	-
Post Code	730753
Approximate Age Years Old	34
Injuries Sustained	LEFT ANKLE SPRAINED & LEFT LOWER BACK PAIN
Injured person in which vehicle?	FBT1972J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

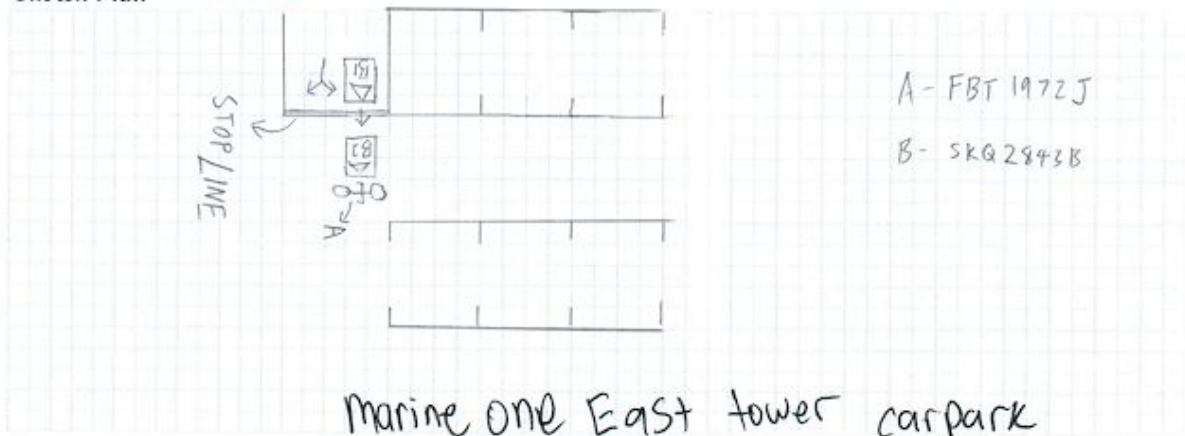
SKETCH PLAN**IMPORTANT NOTICE**

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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

 30/06/22




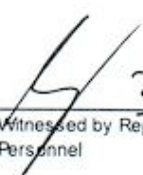
Sketch Plan

Describe Circumstances of the Accident

Refer to 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  30/06/22
Witnessed by Reporting Centre Personnel































**SINGAPORE
POLICE FORCE**



T/20220629/7017

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

1 of 3
Report No. T/20220629/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2022 12:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANG KAR YONG			Address: 753 WOODLANDS CIRCLE #05-552 SINGAPORE 730753		
ID Type / ID No.: NRIC NO / S8801721H			Contact No.: Home/Office: Mobile: 97736159		
Nationality: SINGAPORE CITIZEN			Email: AARONAKY@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 20/01/1988	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2022 20:30	Type of Location: Car Park
Location: STRAITS VIEW				
Weather: Indoor		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBT1972J	Motorcycle	YAMAHA	Aerox	Blue	Seriously Damaged	0
SKQ2843B	Car	VOLKSWAGO N	Golf	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220629/7017

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

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Report No. T/20220629/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG KAR YONG	ID No.	S8801721H
Related Vehicle	FBT1972J (Motorcycle)	Contact No.	97736159
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/06/2022	Date	29/06/2022
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	KEE SHWU PING	ID No.	S7625551B
Related Vehicle	SKQ2843B (Car)	Contact No.	98893973
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.

I was riding my rented motorcycle from Tribecar in the carpark of Marina One towards the East Tower motorcycle parking lots. Was doing food delivery at that time. Got hit by the car from my left when I was going straight towards the parking lot. Car failed to slow down and stop at the stop line to check for on coming vehicle before moving off resulting in the collision.

The impact caused the bike to be flunged few meters away and I landed on the car's bonnet before dropping down to the ground.

Motorcycle suffered damages to the left coverset whereas the car suffered some scratches on the front bumper.

I wish to state that as a result, I sprained my left ankle as well as left lower back pain.



**SINGAPORE
POLICE FORCE**



T/20220629/7017

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

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Report No. T/20220629/7017

CONTINUATION OF REPORTSketch 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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:
29/06/2022 12:36

Classification Of Case: