SK0N2285000I-02 / KAN FOOK SING MOTOR WORKSHOP [539147]
ENTRY DATE & TIME: 05/08/2022 15:56 (SGT)
SUBMITTED BY: Lee Nai Vien
VERSION: 3 (11/08/2022 12:27 (SGT))

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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	05/08/2022 15:56 (SGT)
Reported by	Both
Date of Accident	04/08/2022 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOA PAYOH LOR 4 & LOR 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ9256G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IYOR LI SHAN
NRIC No	S7735182E
Email Address	IYORLISHAN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90092718
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CB190SS
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	Auto
CC	200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5115587459-02

DRIVER

Name of Driver	IYOR LI SHAN
NRIC No	S7735182E
Date Of Birth	26/11/1977
Occupation	Outdoor

Date Of Driving Pass	04/02/1999
Driving experience	23 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90092718
Alt. Phone Number	-
Email Address	IYORLISHAN@YAHOO.COM.SG
Address	165 SIMEI RD #04-380 S520165
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 - 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?	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
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REF TO ATTACHED POLICE REPORT (BIKE STILL AT POLICE COMPOUND)

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	SHA7019B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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	IYOR LI SHAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ9256G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

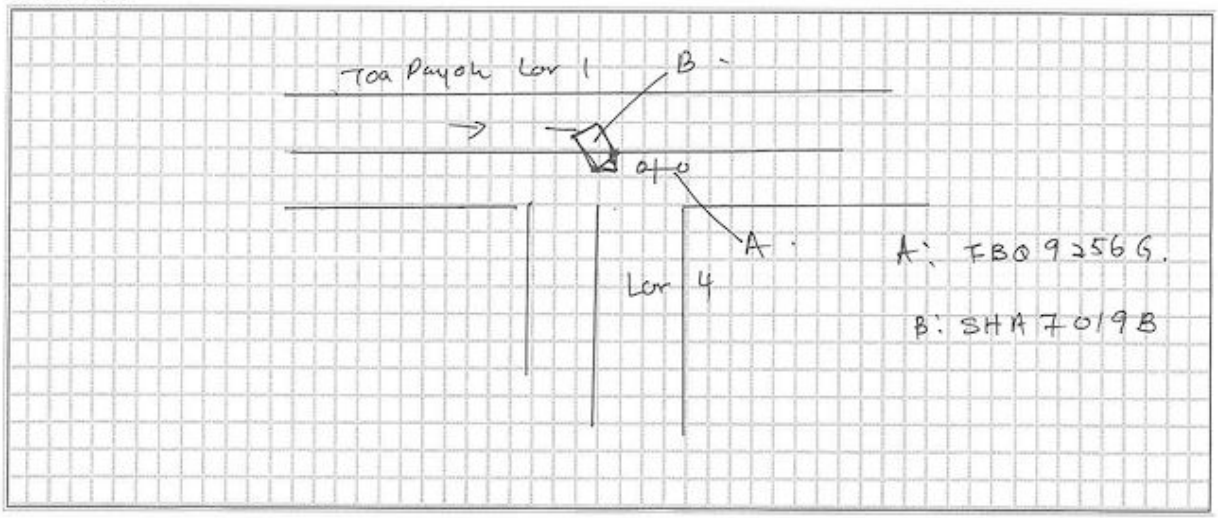
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Yeow 5/8/22 3pm — Policyholder's Signature / Date & Time

Yeow — Driver's Signature (if driver is not the policyholder) / Date & Time

KAN FOOK SING MOTOR WORKSHOP — Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

Describe Circumstance of the Accident

please refer to attached police report

Declaration

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

3pm

Yauj 5/8/22 Yauj

Policyholder's Signature / Date & Time

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

KAN FOOK SING MOTOR WORKSHOP

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

T/20220805/2052

Report No. T/20220805/2052

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/08/2022 13:22	E/20220804/0036	35

Informant's Particulars

Name of Informant: IYOR LI SHAN			Address: APT BLK 165 SIMEI ROAD #04-380 SINGAPORE 520165	
ID Type / ID No.: NRIC NO / S7735182E			Contact No.: Home/Office:	Mobile: 90092718
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 44	Date of Birth: 26/11/1977	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ENGINEER			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: 04/08/2022 08:10	Type of Location: T-Junction
Location: LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ9256G	Motorcycle	HONDA	CB190SS ABS MANUAL	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ9256G	NTUC Income Insurance Co-Operative Limited	5115587459-02	14/01/2022	13/01/2023

SINGAPORE POLICE FORCE

T/20220805/2052

Report No. T/20220805/2052

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	IYOR LI SHAN	ID No.	S7735182E
Related Vehicle	FBQ9256G (Motorcycle)	Contact No.	90092718
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/08/2022	Date Discharge	05/08/2022
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 04/08/2022 at about 0810hrs, I was riding along Toa Payoh Lor 4 at the first lane. While riding, I saw the traffic light was green and proceeded. Subsequently, a blue taxi wanted to turn right and had hit me. I suffered a deep cut on my right knee and subsequently got conveyed by the ambulance. I would like to inform that the Police has attended the accident (E/20220804/0036). I am lodging this report as instructed by the Police.

SINGAPORE POLICE FORCE

T/20220805/2052

Report No. T/20220805/2052

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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 1 MUHAMMAD IRHAM BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2022 13:22
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN. 56555002OG / GST Reg. No.. M400017?1S

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK0N22850001 Vehicle Registration No: FBQ 9256G

Name(as shown in NRIC) : IYORLI SHAN NRIC/FIN/Passport No : SXXXX182E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 90092718

Email Address : IYORLISHAN@YAHOO.COM

Date of Accident : 4/8/2022 Time of Accident : ~~0856~~ 0810

Place of Accident : TOA PAYOH LOR 4 & LOR 1

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend email address to IYORLISHAN@yahoo.com.sg

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: LEK SUI ENG
NRIC/FIN No.: S0100052G
Date: 11/8/2022
Kongsook Sng on behalf