

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 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	08/09/2022 16:01 (SGT)
Reported by	Both
Date of Accident	08/09/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUTTERWORTH LANE TOWARDS TANJONG KATONG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7338H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LING SING HWANG
NRIC No	S8386287D
Email Address	EVANLING.SH@GMAIL.COM
Mobile Phone No	(Phone) +65-93854954
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FS150
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	Income Insurance Limited
Policy Number / Cover Note Number	5116320305-02

DRIVER

Name of Driver	LING SING HWANG
NRIC No	S8386287D
Date Of Birth	05/03/1983
Occupation	Outdoor

Date Of Driving Pass	27/01/2014
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93854954
Alt. Phone Number	-
Email Address	EVANLING.SH@GMAIL.COM
Address	C24-06 PANGSAPURI DWI GALAKSI
Address complement	JALAN DATO ABDULLAH TAHIR
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 - 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?	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	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

REFER TO POLICE 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	SHD3020G
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT SIDE BODY ACHING LEFT PINKY FINGERS PAIN
Injured person in which vehicle?	FBN7338H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature / Date & Time

08/09/2022

Sketch Plan

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

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

<p>BUTTERWORTH LANE TOWARDS TANJONG KATONG RD</p>		<p>A - FBN7338H B - SHD3020G</p>

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



Policyholder's Signature / Date & Time

08/09/2022

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



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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2

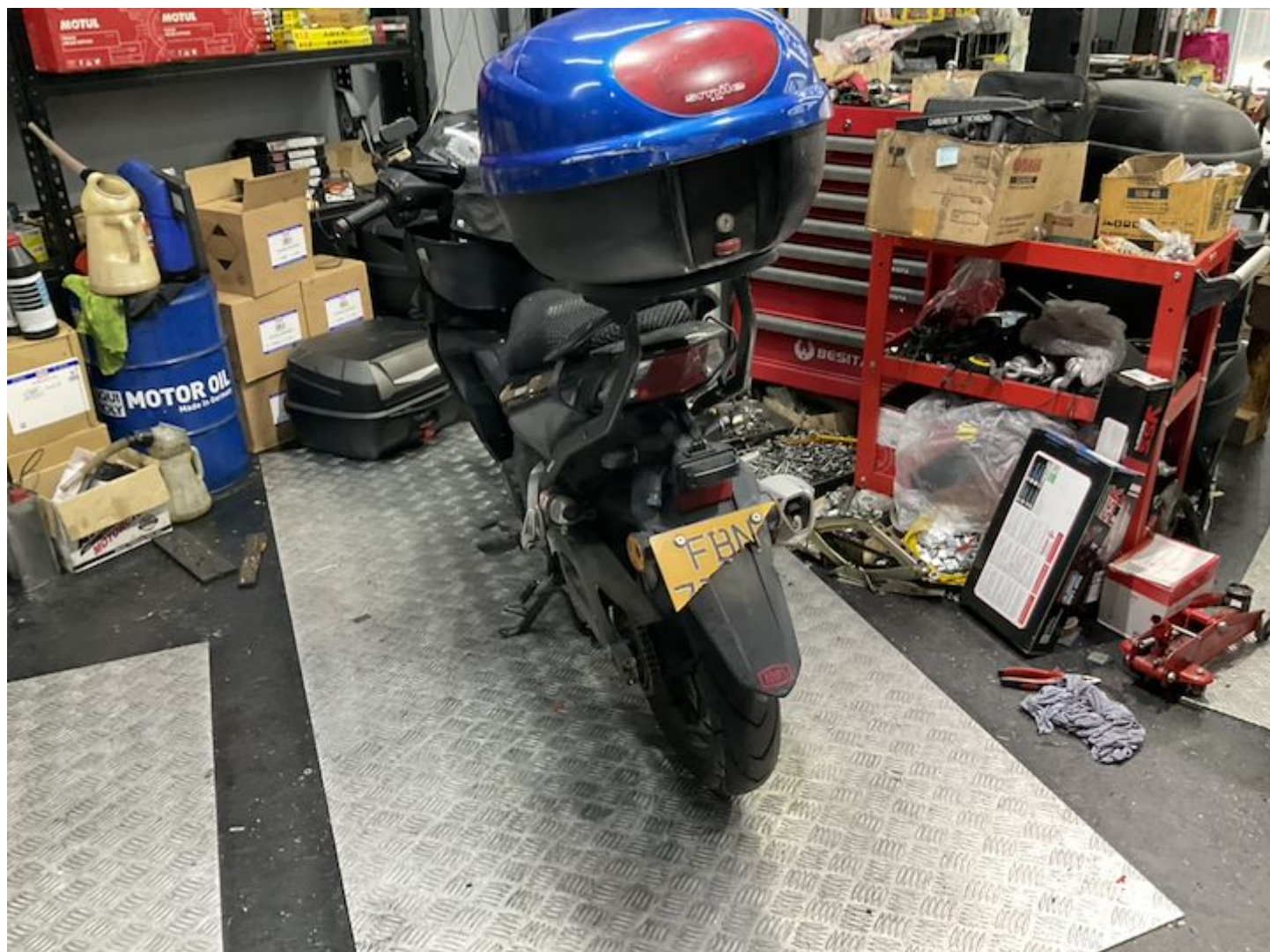













**SINGAPORE
POLICE FORCE**


T/20220908/2135

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Report No. T/20220908/2135

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: 08/09/2022 11:56		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: LING SING HWANG			Address: C24-06 PANGSAPURI DWI GALAKSI JALAN DATO ABDULLAH TAHIR		
ID Type / ID No.: NRIC NO / S8386287D			Contact No.: Home/Office:		Mobile: 93854954
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 05/03/1983	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Contractor			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/09/2022 09:30	Type of Location: Straight Road
Location: BUTTERWORTH LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN7338H	Motorcycle				Slightly Damaged	0
SHD3020G	TAXI				Slightly Damaged	1

Details of Person Involved

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


**SINGAPORE
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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220908/2135

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Report No. T/20220908/2135

CONTINUATION OF REPORT

Rider			
Name	LING SING HWANG		
Related Vehicle	NIL	ID No.	S8386287D
Hospital/Clinic	NIL	Contact No.	93854954
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On 08/09/2022 at about 0930hrs, I was travelling on my motorcycle bearing the plate number FBN7338H along Butterworth lane towards Tanjong Katong Rd which has 2 lanes. After i changed to the right lane from the left lane a blue ComfortDelgo Taxi bearing the plate number SHD3020G collided with me from the rear. I did check my blindspot before changing lane. After changing lane I felt an impact on my rear tyre and I fell onto my left. I sustained some injury on my left pinky finger. My motorcycle can still be used however my rear plate number and left side mirror suffered damages.

Taxi driver name Goh Teck Tiong.

No government properties damage, no traffic police at scene, no ambulance at scene.

I am lodging police report for insurance claim purposes.

**SINGAPORE
POLICE FORCE**

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



T/20220908/2135

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Report No. T/20220908/2135

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 2 LUQMAN HAKIM BIN
SHARIFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/09/2022 11:56

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168