

## 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 ..... 15/09/2022 14:54 (SGT)  
Reported by ..... Both  
Date of Accident ..... 21/08/2022 22:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along Jurong west Ave 2  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS8681H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TOH CHIN HUAT  
NRIC No ..... S1416157J  
Email Address ..... lrandomboi@hotmail.com  
Mobile Phone No ..... (Phone) +65-88115734  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Forza 300  
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 ..... 330

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5123447884

#### DRIVER

Name of Driver ..... TOH CHIN HUAT  
NRIC No ..... S1416157J  
Date Of Birth ..... 10/05/1960  
Occupation ..... Outdoor

Date Of Driving Pass .....	28/01/1978
Driving experience .....	44 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88115734
Alt. Phone Number .....	-
Email Address .....	lrandomboi@hotmail.com
Address .....	Blk 632A SENJA ROAD #05-187
Address complement .....	-
Postcode .....	671632
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? .....	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 .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
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? .....	Yes
Reasons for not uploading a video of the accident .....	Adv to upload onto motorvideo@income.com.sg

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC5189B
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	Ye xianyou
Passport No/FIN .....	G7001305W
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 .....	TOH CHIN HUAT
Gender .....	Male
Phone No .....	(Phone) +65-88115734
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS8681H
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**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.

*[Signature]*

Policyholder's Signature / Date & Time  
15/9/2022 1430  
Sketch Plan

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

*[Signature]*

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) Tee Hong da  
S992334

<p>Along Jurong west Ave 2</p> <p>A:FBS8681H B:PC5189B</p>	
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Describe Circumstance of the Accident

Refer to Police report

Declaration

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



Policyholder's Signature / Date & Time

15/9/2022 1430

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



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

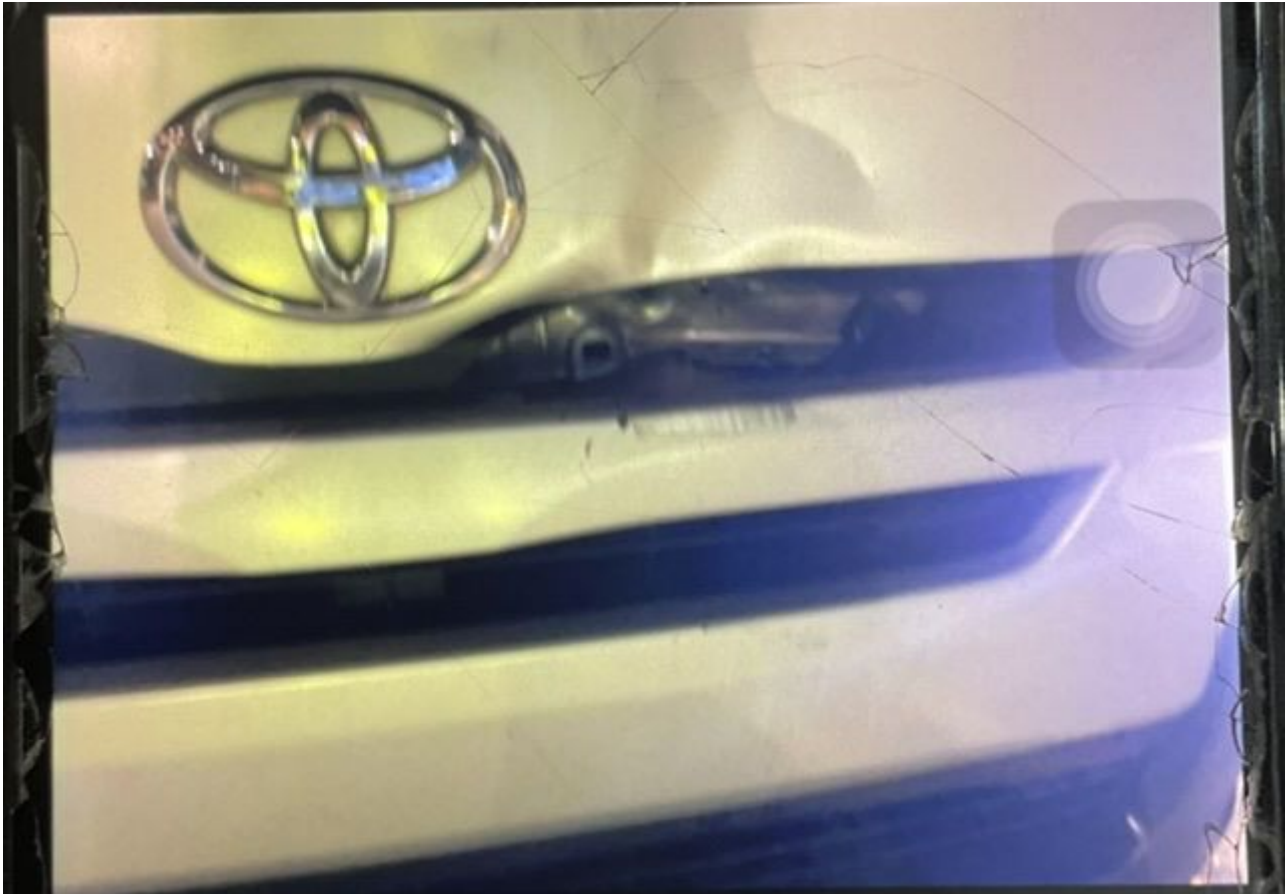
Tee Hong da S992334

2

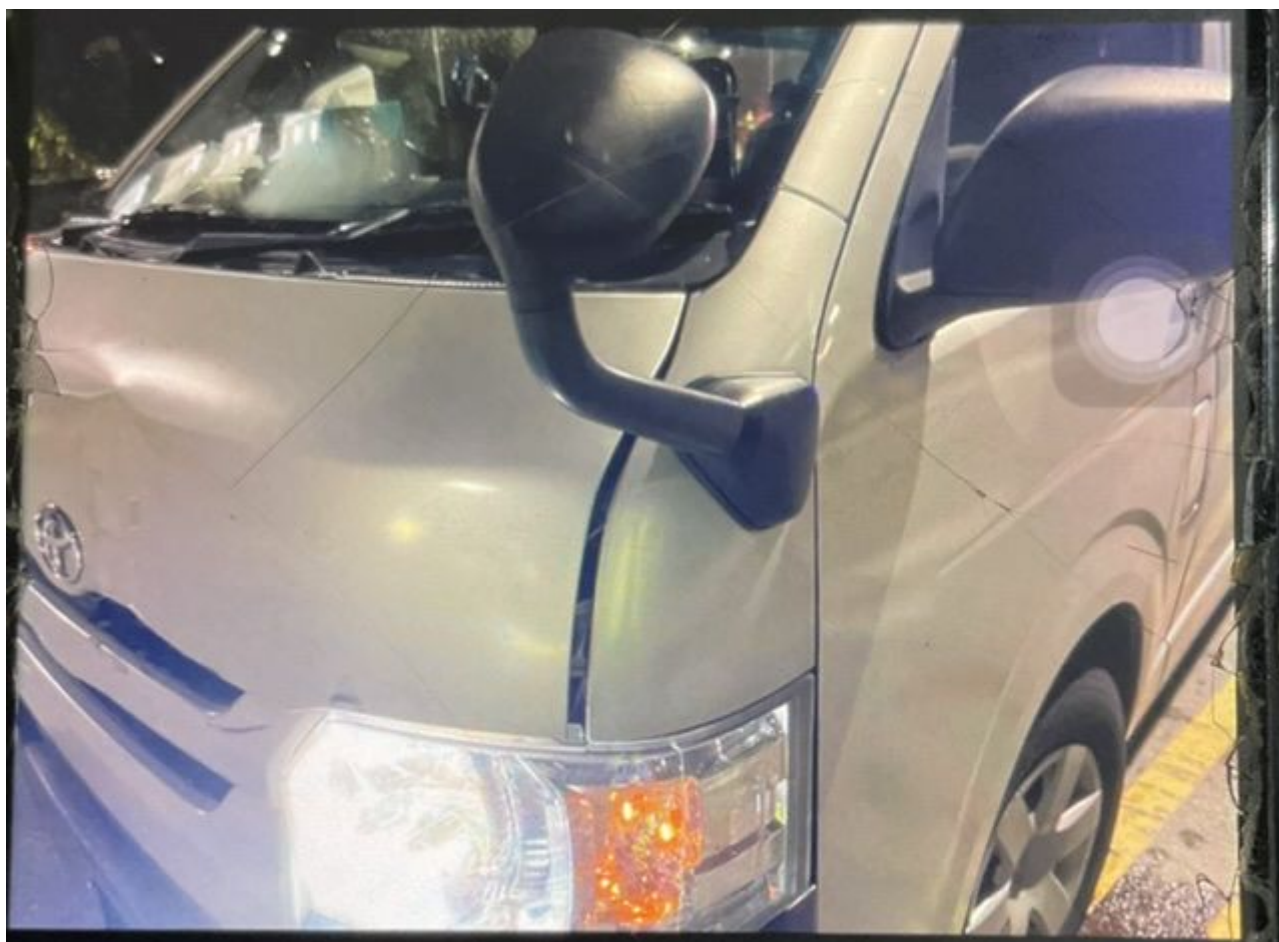

























**SINGAPORE  
POLICE FORCE**


T/20220906/2070

1 of 3

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20220906/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/09/2022 16:44	Vide Report No.: E/20220821/0155	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: TOH CHIN HUAT			Address: APT BLK 632A SENJA ROAD #05-187 SINGAPORE 671632		
ID Type / ID No.: NRIC NO / S1416157J			Contact No.: Home/Office: Mobile: 88115734		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 10/05/1960	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Grab Rider			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2022 22:30	Type of Location: Gradient
Location:  JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS8681H	Motorcycle	HONDA	FORZA 350 ABS CVT	Red	Seriously Damaged	0
PC5189B	Van				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS8681H	NTUC Income Insurance Co-Operative Limited	5123447884-01	23/08/2022	22/08/2023


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999



T/20220906/2070

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Report No. T/20220906/2070

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	TOH CHIN HUAT	ID No.	S1416157J
Related Vehicle	FBS8681H (Motorcycle)	Contact No.	88115734
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	21/08/2022	Date Discharge	29/08/2022
No. of Days granted Medical Leave	62	Degree of Injury	Serious
<b>Driver</b>			
Name	YE XIANYOU	ID No.	G7001305W
Related Vehicle	PC5189B (Van)	Contact No.	NIL
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 21/08/22 at about 2230hrs, I was riding my motorbike (FBS8681H) along Jurong West Ave 2 doing grab food delivery. As I was riding, a van (PC5189B) suddenly hit me from behind, and I flew forward. I was conveyed to NUH by an ambulance. I suffered back pain, abrasions behind my right leg, right elbow, left elbow and pain at the front of my right shoulder. I was hospitalised on 21/08/22 and discharged on 29/08/22 and I was given 62 days medical certificate from 21/08/22 to 21/10/22. The front left mirror of my motorbike was broken, scratches at the front and some damages to the back wheel. The front of the van was dented and the front car plate had fallen off. The driver of the van namely, Ye Xianyou (FIN: G7001305W), was not injured. I am lodging this report now as TP IO Zickie (Hp: 9815 2587) informed me to lodge the report once I was feeling better.

**SINGAPORE  
POLICE FORCE**

T/20220906/2070

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20220906/2070

**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:  
J/  
SCCPL TAY CHUAN RUI,  
HOUSTON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT SYED MUHAMMAD ISA BIN  
OMAR ALHABSHEE  
Contact No.: 65476187

Signature Of Informant:

Date/Time:  
06/09/2022 16:44

Classification Of Case:

NP168





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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN07229F000N Vehicle Registration No: FBS8681H

Name (as shown in NRIC): Toh chin Huat NRIC/FIN/Passport No: S1416157J

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

Address: Blk 632A SENJA ROAD #05-187 Singapore 671632

Contact (Tel): \_\_\_\_\_ Mobile No.: 81862572

Email Address: lrandoiboi@hotmail.com

Date of Accident: 21/8/2022 Time of Accident: 22:30

Place of Accident: Along Jurong west Ave 2

Insurance Company: INCOME INSURANCE

**(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:

1)correction policy number 5123447884

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 15/9/2022

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: TEE HONG DA  
NRIC/FIN No.: S992334  
Date: 15/9/2022