SN0722AB0008 / Income Insurance Limited ENTRY DATE & TIME: 12/10/2022 14:29 (SGT) SUBMITTED BY: Indra Aziz VERSION: 1 (12/10/2022 14:29 (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.

- 4. The issue and acceptance 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 12/10/2022 14:29 (SGT) Reported by Date of Accident 11/10/2022 11:15 (SGT) Exact Location of Accident Singapore Additional Location Information BRAS BASAH ROAD JUNCTION OF NORTH BRIDGE ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **FBT7414P** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TEH WEE PENG** NRIC No S7588868F Email Address WEEPENG10@HOTMAIL.COM Mobile Phone No (Phone) +65-96516236 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model **ADV 150** 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

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Auto CC 150

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5127443828

DRIVER

Name of Driver **TEH WEE PENG** NRIC No S7588868F Date Of Birth 01/01/1975 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	22/10/2021 1 YEAR Male (Phone) +65-96516236 - WEEPENG10@HOTMAIL.COM BLK 171 #06-413 BEDOK SOUTH ROAD - 460171 Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 Yes No Yes 1 No	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bedok North Neighbourhood Police Centre (Phone) +65-18002449999 (Fax) +65-62447258 30 Bedok North Road Singapore 469676 No	
CIRCUMSTANCES OF ACCIDENT		
REFER TO POLICE REPORT T/20221011/2096		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number Vehicle Manufacturer	SFP9999D -	

Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category	- Private car
Name of Driver	KHO CHUAN THYE PATRICK
NRIC No	S1817993H
Contact Number	(Phone) +65-91913683
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	TEH WEE PENG
Gender	Male
Phone No	(Phone) +65-96516236
Address	BLK 171 #06-413 BEDOK SOUTH ROAD
Address Complement	-
Post Code	460171
Approximate Age Years Old	47
Injuries Sustained	RIGHT LEG ABRASIONS.3 DAYS MC.
Injured person in which vehicle?	FBT7414P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No





































