SN0722AC0011 / Income Insurance Limited ENTRY DATE & TIME: 12/10/2022 18:30 (SGT) SUBMITTED BY: Muhammad Nizam bin Alias VERSION: 1 (12/10/2022 18:30 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 12/10/2022 18:30 (SGT)

Reported by

Date of Accident 10/10/2022 09:10 (SGT)

Exact Location of Accident Singapore

Additional Location Information PIE TOWARDS CHANGI.

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS6833A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NA CHENG AIK NRIC No S7366145E **Email Address** Alikana@gmail.com Mobile Phone No (Phone) +65-81000353

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha Model **Xmax** Variant

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5122778960-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NA CHENG AIK S7366145E 11/06/1973 Indoor

No - Claiming third party

Motorcycle

Auto

250



Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

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

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?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

GBJ6960M

11/08/2009

Male

310053

Yes

No

Clear

Dry

No

Yes

Yes

Yes

1

No

Yes

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

2

13 YEARS AND 2 MONTHS

Collision - Change/cross lane

BLK 53 #12-10 LORONG 5 TOA PAYOH

(Phone) +65-81000353

Alikana@gmail.com

Accident report SN0722AC0011

Page 2 of 12

Vehicle Colour Vehicle Category

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)

Commercial vehicle

-

-

-

-

-

-

-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender Phone No Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NA CHENG AIK

Male

(Phone) +65-8100053

-

-

FBS6833A

No

Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver
- Information provided must be as truthful and accurate as possible. Any wilful minrapresentation or withholding of material facts may allow insurance companies to regudiate policy liability
- 4. The risue 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.
- 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)

f 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, handing 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

12/10/2022 Policyhoide's Signature / Date & Time

@ 1950hrs e (if gover is not the policyholder). Date Driver's Sq & Time

12/10/2022

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

Muhamad Nisan

Sketch Plan





Report No. T/20221018/2037

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2022 12:49			Vide Report No.: T/20221011/2014	Station Diary No.	o.: 		
Informant's	s Particula	ars					
Name of Informant:			Address:				
NA CHENG AIK			APT BLK 53 LORONG 5 TOA PAYOH #12-10 SINGAPORE				
			310053				
ID Type / ID No.:			Contact No.:				
NRIC NO / S7366145E			Home/Office:		Mobile: 81000353		
Nationality:			Email:				
SINGAPORE CITIZEN							
Sex: Age: Date of Birth:			Type of Informant:				
Male	49	11/06/1973	Rider				
Race:			Language:	4	Institution / School Name:		
Chinese							
Occupation:			Driving Licence Information:				
Customer service officer/clerk			Class: 2B,2A,3		Date of Expiry:		

General Inform	nation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2022 09:10)	Type of Location: Straight Road
Location:					
PAN-ISLAND	EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Wet			
Traffic Flow:		Traffic Control:		Traffic Volume:	
One Way		Not Controlled		Light	
Type of Collis	sion: ving Vehicles - Side Swipe	e - Same Direction			one conveyed by ulance:

	ehicle Involve	Make	Model	Color	Condition	No of Passenge
FBS6833A	Motorcycle	YAMAHA	XMAX ABS	Grey	Slightly Damaged	0
GBJ6960M	Lorry					0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS6833A	NTUC Income Insurance Co-Operative	5122778960-01	01/07/2022	30/06/2023

10-17





1/20221018/2037

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Report No. T/20221018/2037

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Perso	n Involved			Parties.	
Any Pedestrian Ir	volved: No				
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing: NA			
Rider			1.33,750		
Name	NA CHENG'AIK		ID No.		S7366145E
Related Vehicle	FBS6833A (Motorcycle)		Conta	ct No.	81000353
Hospital/Clinic	RAFFLES HOSPITAL		Class Driving Licent Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	10/10/2022	Date Dis	charge		0/2022
No. of Days gran	Degree	Degree of Injury Slight		t	

Brief Details.

I am lodging this report because there are some error in the previous report vide T/20221011/2014 dated on 11/10/2022.

On 10/10/2022 at about 0910hrs, I was riding my motorcycle(FBS6833A) along PIE near to KPE(exit) at the right most lane after which, one lorry(GBJ6960M) on my left(second right most lane) skidded and merge into my lane and collided into my motorcycle. Due to the impact, I collided into the railing on my right side.

I called for ambulance and was later conveyed to Raffles hospital for medical attention. I was also given 4 days of MC. I recalled there was traffic police at scene after I called for ambulance. I am not able to provide the incident number because I was conveyed.

I am lodging this report as advised by TP for insurance claims.





3 of 3 Report No. T/20221018/2037

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

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: E / SGT 2 CHUA JIN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2022 12:49
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / SGT 2 PHUA TIAK YEE Contact No.: 65476200	,
NP168	