SY0422AI0001 / YEW TEE AUTOMOBILE TECH PTE LTD [678006] ENTRY DATE & TIME: 18/10/2022 20:34 (SGT)

SUBMITTED BY: TOH TZE CHANG VERSION: 1 (18/10/2022 20:34 (SGT))



#### 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 18/10/2022 20:34 (SGT)
Reported by Both
Date of Accident 04/09/2022 18:00 (SGT)
Exact Location of Accident Hougang Ave 4, Singapore
Additional Location Information Country/State of Loss Singapore

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

Honda

Vehicle Registration Number FY1841E

Manufacturer

.....

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

NICHOLAS TAN WEI ZHANG

NICHOLAS TAN WEI ZHANG

S9408598E

94NTWZ@GMAIL.COM

(Phone) +65-90463892

# VEHICLE PARTICULARS

# **INSURANCE COMPANY**

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNMC2021-00004645

# DRIVER

Name of Driver

NRIC No

S9408598E

Date Of Birth

Occupation

NICHOLAS TAN WEI ZHANG

S9408598E

Indoor

Date Of Driving Pass 16/12/2015 Driving experience 6 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-90463892 Alt. Phone Number Email Address 94NTWZ@GMAIL.COM Address 7D JALAN KECHUBONG Address complement Postcode 799421 Is the driver the policyholder? Yes 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 -Original language used in the statement \_\_\_\_\_\_\_\_ DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address ............ 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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 SFJ96A Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
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	NICHOLAS TAN WEI ZHANG
Gender	
Phone No	-
Address	_
Address Complement	
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	FY1841E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

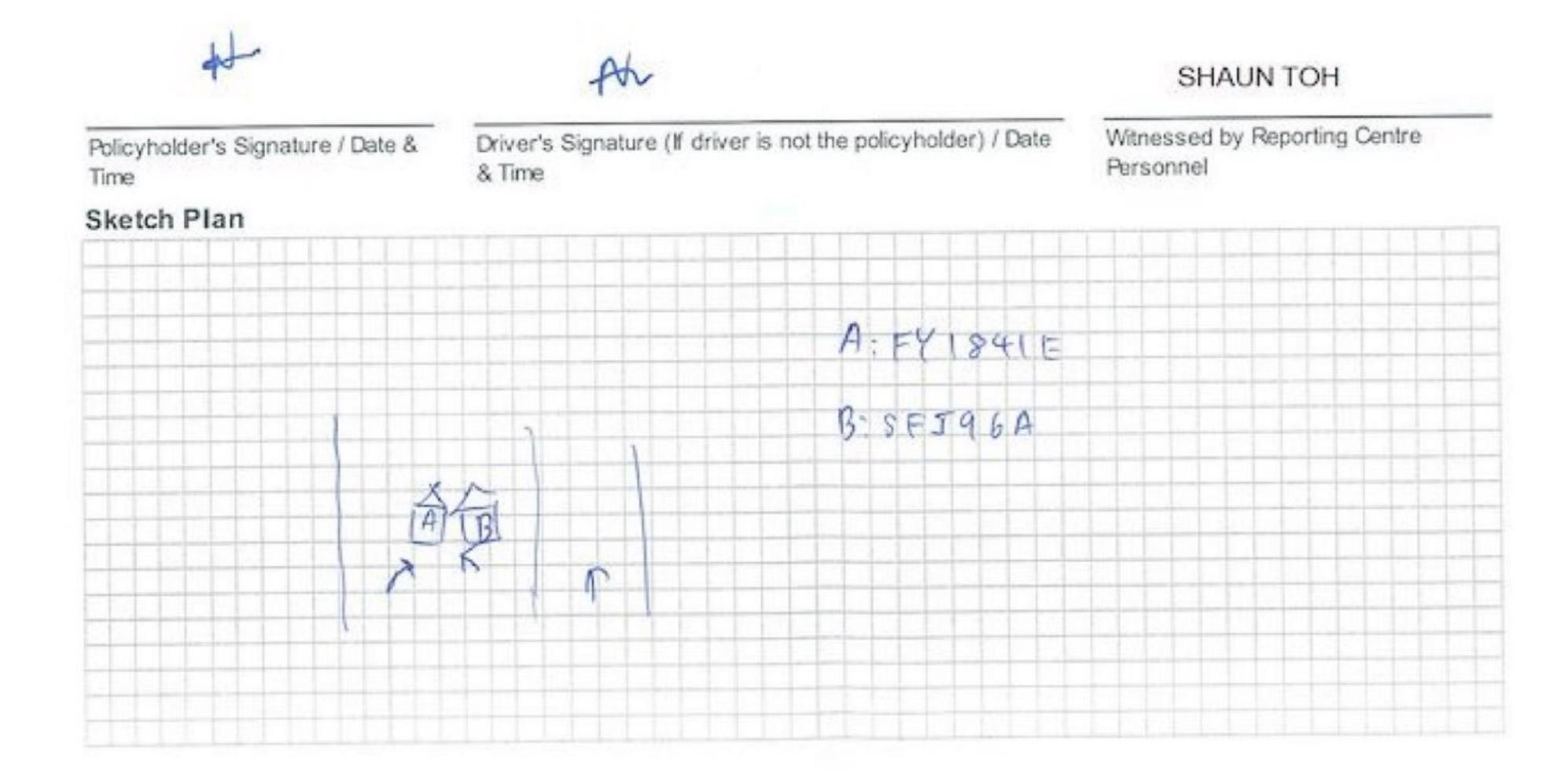
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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. The 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.
- 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' law yers/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.

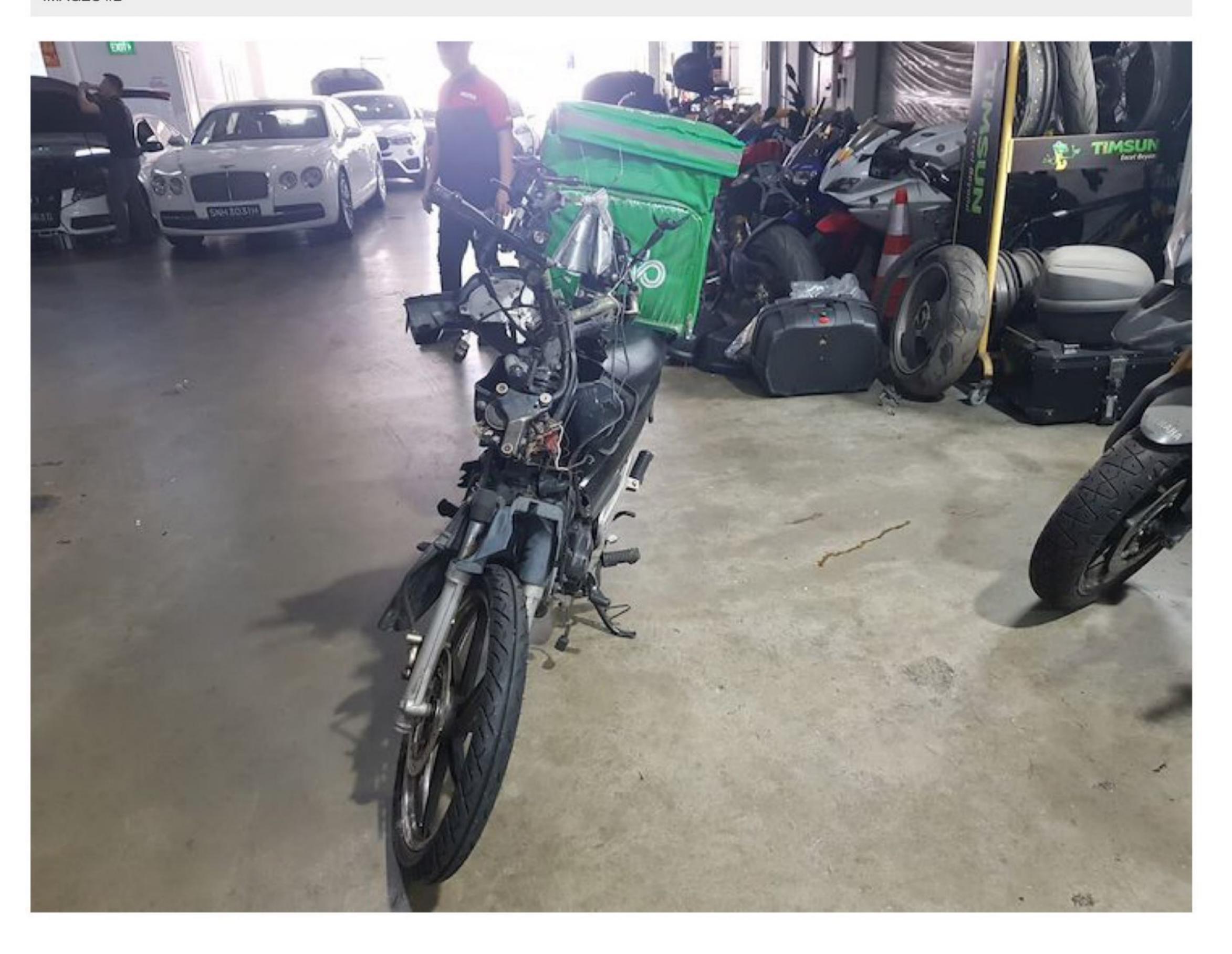
(collectively the "Purposes")

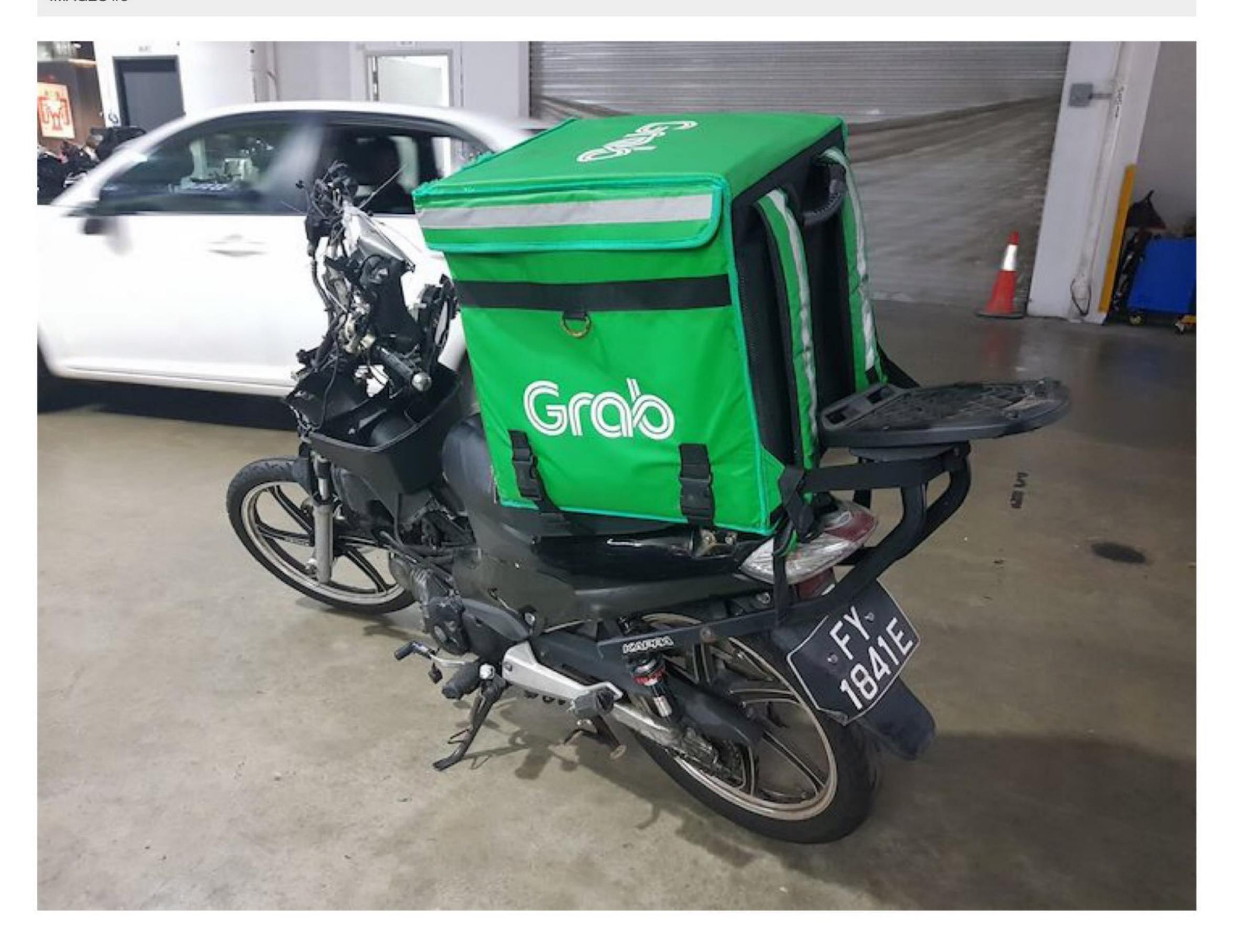
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

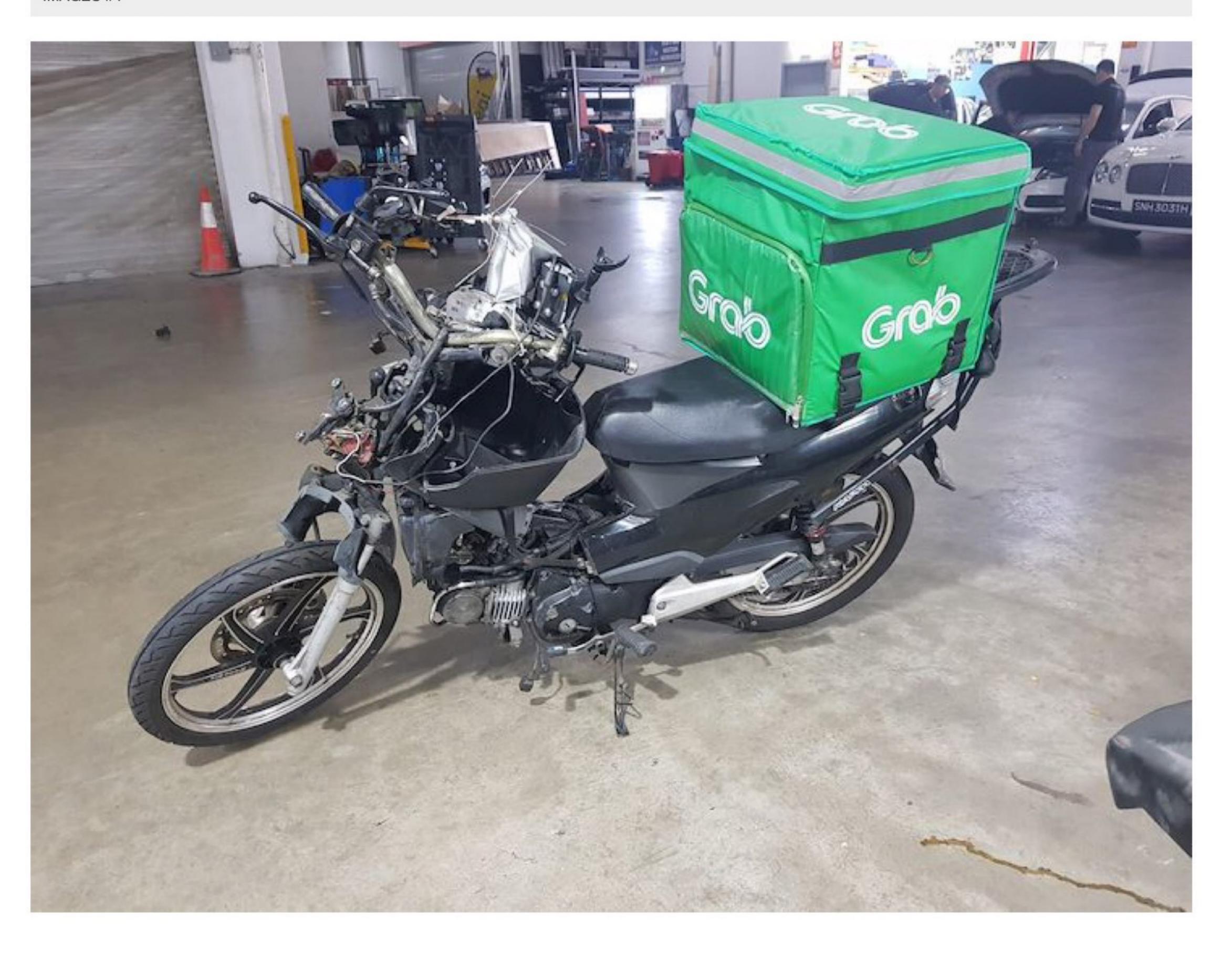


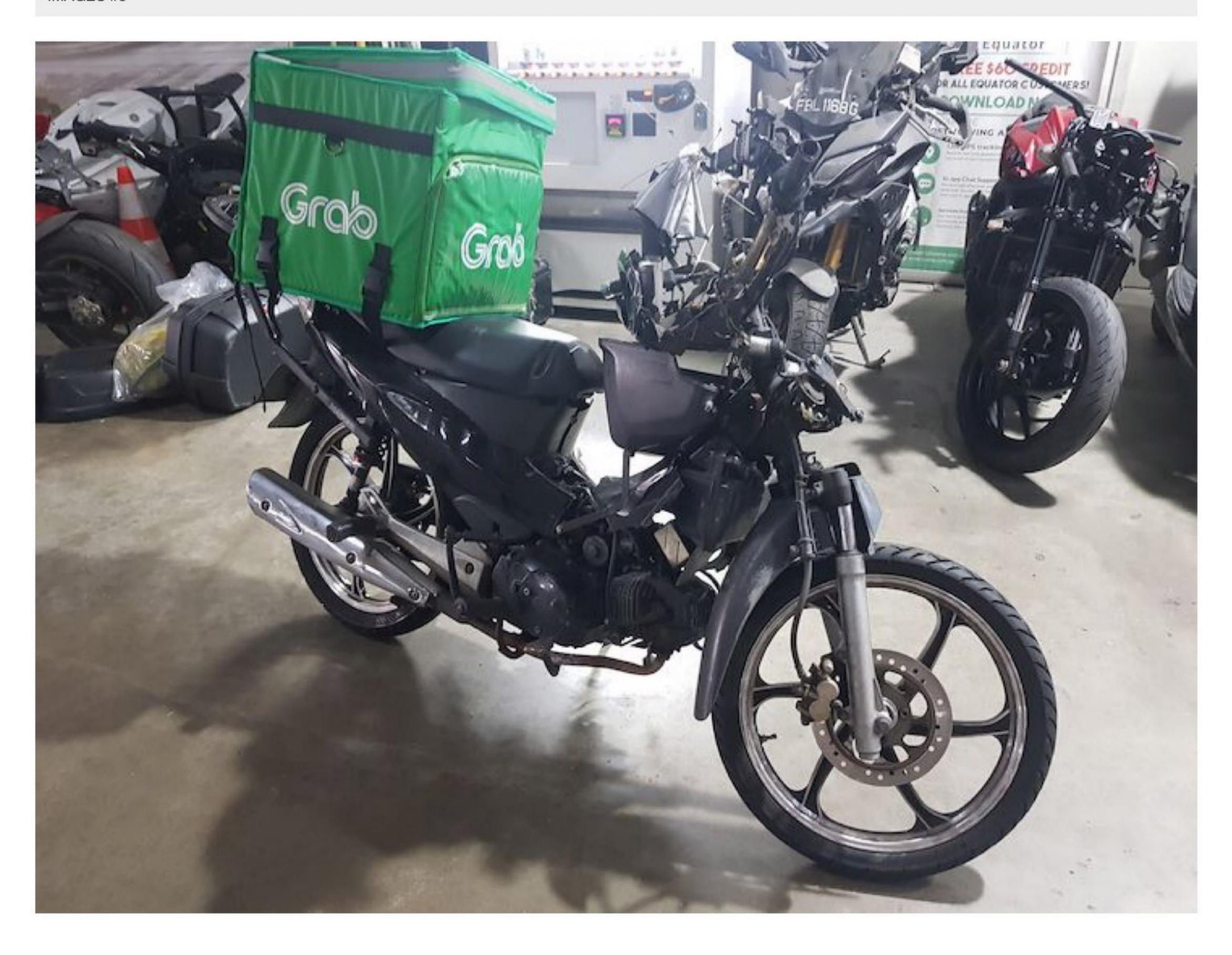
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eclare the foregoing particulars are tru	ie in every respect.	
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10	the state of the s	SHAUN TOH
holder's Signature / Date & Driver	's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre



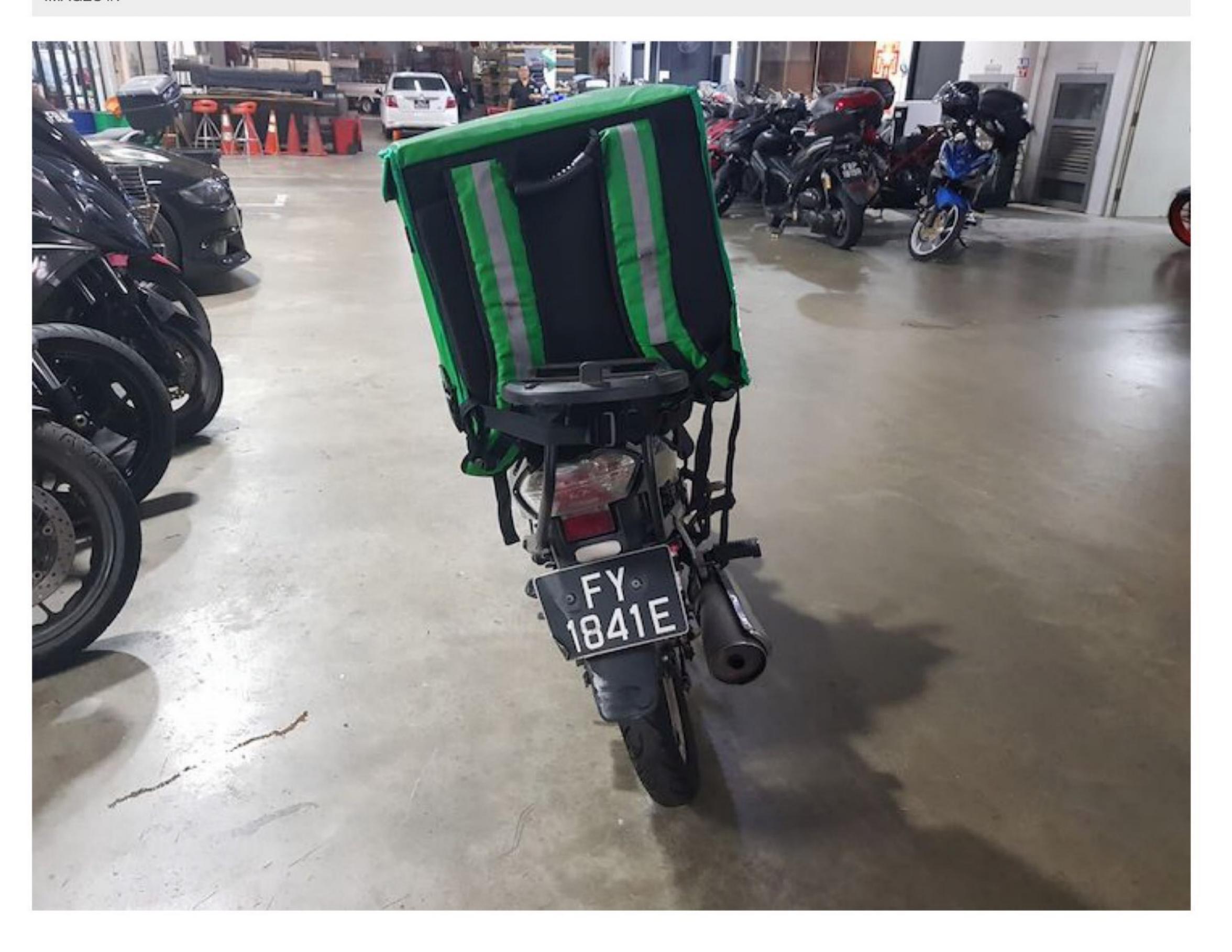


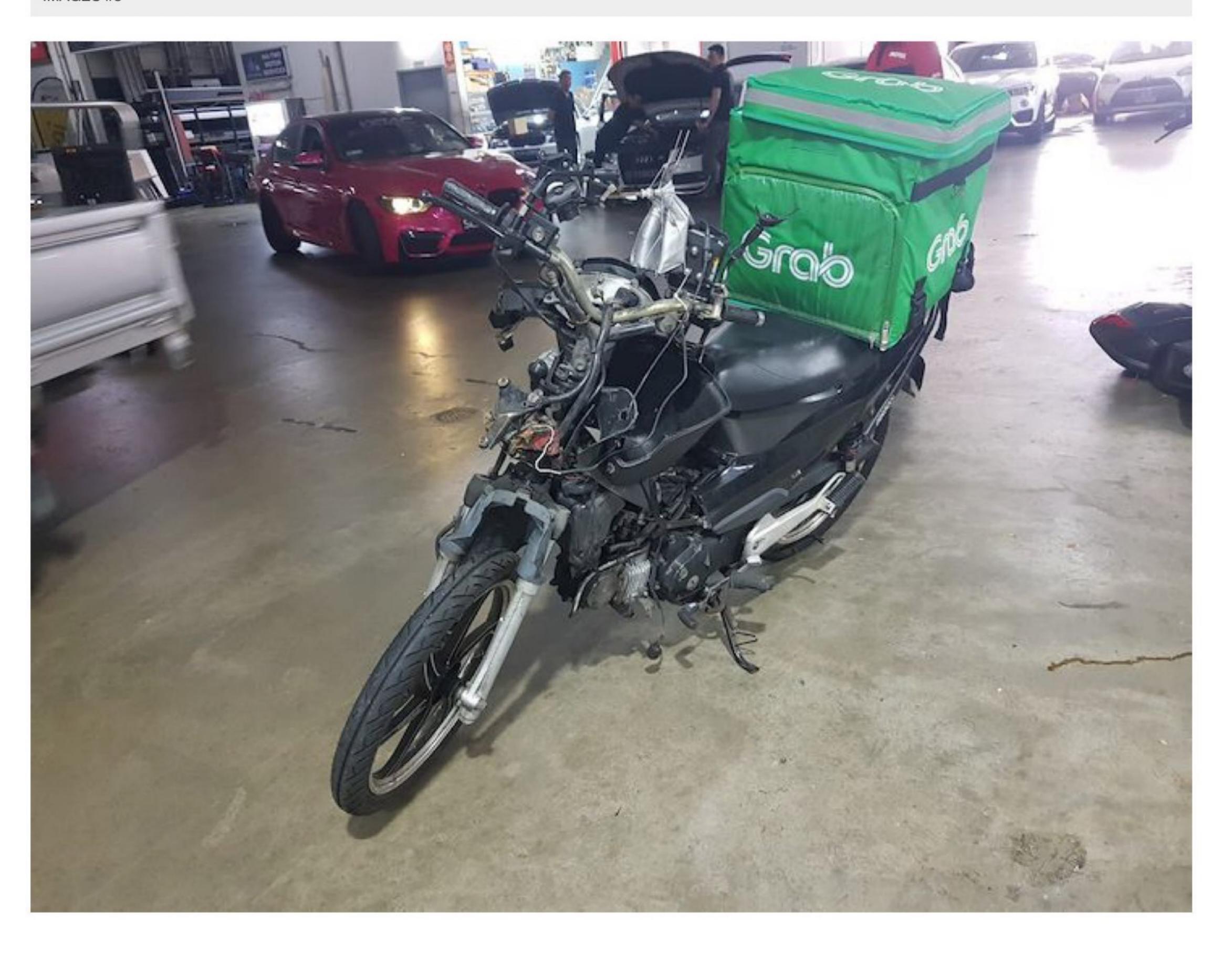
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220916/7011

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N )22 11:38	/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars			
Name of Informant: NICHOLAS TAN WEI ZHANG			Address: 7D JALAN KECHUBONG SINGAPORE 799421		
ID Type / ID No.: NRIC NO / S9408598E			Contact No.: Home/Office: Mobile: 90463892		
	Nationality: SINGAPORE CITIZEN		Email: 94ntwz@gmail.com		
Sex: Male	Age: 28	Date of Birth: 12/03/1994	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2022 18:00	Type of Location: Straight Road
Location: HOUGANG A	VENUE 4	Road Surface:		Road Speed Limit:
Cloor	Traffic Flow:			
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Fau	ıltv	Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FY1841E	Motorcycle	HONDA	WAVE 125I	Black	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FY1841E	FWD Singapore Pte. Ltd	PNMC2021- 00004645	24/10/2021	05/01/2023	





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20220916/7011

2 of 3

Report No. T/20220916/7011

# CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Pec	destrian Cros	sing: NA
Rider					
Name	NICHOLAS TAN WEI ZHANG		ID No.	S9408598E	
Related Vehicle	FY1841E (Motorcycle)			Contact No.	90463892
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2022 Date			12/0	9/2022
No. of Days gran	No. of Days granted Medical Leave 28			Serie	ous

# Brief Details.

On the stated time and date mentioned on the said location, I was riding along the junction when I suddenly felt a huge impact and lost consciousness. I was conveyed to Tan Tock Seng Hospital for multiple fractures and injuries. I was given 30 days of hospitalisation leave, discharged on 12/09/2022, advised to file an accident report on this said matter.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220916/7011

# CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2022 11:38
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65476200	Classification Of Case:
NP168	