

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	04/10/2022 18:13 (SGT)
Reported by	Both
Date of Accident	29/09/2022 17:15 (SGT)
Exact Location of Accident	Near 348 Tampines Street 33, Block 348, Singapore 520348
Additional Location Information	pie towards tpe
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW5447U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ang Mou Hwee
NRIC No	S0149994G
Email Address	angdingrui@gmail.com
Mobile Phone No	(Phone) +65-83831936
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Wave
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	125

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5054447107-10

DRIVER

Name of Driver	Ang Mou Hwee
NRIC No	S0149994G
Date Of Birth	01/01/1955
Occupation	Indoor

Date Of Driving Pass	05/03/1985
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83831936
Alt. Phone Number	-
Email Address	angdingrui@gmail.com
Address	blk 205 paris ris st21 #08-376
Address complement	-
Postcode	S510205
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	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 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	GBF5738S
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Goods vehicle
Name of Driver	lim poh swee
NRIC No	S1205489J
Contact Number	(Phone) +65-81703480
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	Ang Mou Hwee
Gender	Male
Phone No	(Phone) +65-83831936
Address	205 paris ris st 21 #08-376
Address Complement	-
Post Code	-
Approximate Age Years Old	67
Injuries Sustained	refer to medical report
Injured person in which vehicle?	FW5447U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

4-10-22

Date & Time:

Name: Herhiza Tom
NRIC/FIN No.:







**SINGAPORE
POLICE FORCE**



T/20220930/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220930/7028

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/09/2022 13:57

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220930/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220930/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW5447U	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ANG MOU HWEE		ID No.	S0149994G
Related Vehicle	FW5447U (Motorcycle)		Contact No.	83831936
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	LIM POH SWEE		ID No.	S1205489J
Related Vehicle	GBF5738S (Lorry)		Contact No.	81703480
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I was riding on the bend from PIE to TPE. While i was waiting for the main road vehicles to clear before merging in, the lorry behind hit me from the back


**SINGAPORE
POLICE FORCE**


T/20220930/7028

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220930/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2022 13:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ANG MOU HWEE			Address: 205 PASIR RIS STREET 21 #08-376 SINGAPORE 510205	
ID Type / ID No.: NRIC NO / S0149994G			Contact No.: Home/Office:	Mobile: 83831936
Nationality: SINGAPORE CITIZEN			Email: angdingrui@gmail.com	
Sex: Male	Age: 67	Date of Birth: 01/01/1955	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2022 17:15	Type of Location: Bend
Location: TAMPINES STREET 33				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FW5447U	Motorcycle					0
GBF5738S	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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