

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 25/10/2022 09:51 (SGT)
Reported by Both
Date of Accident 17/10/2022 22:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information BAYFRONT AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT9568R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG WEI XUAN
NRIC No S9716331F
Email Address WEIXUANQQ@GMAIL.COM
Mobile Phone No (Phone) +65-90607807
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model XSR155
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 Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5128807415

DRIVER

Name of Driver WONG WEI XUAN
NRIC No S9716331F
Date Of Birth 21/05/1997
Occupation Indoor

Date Of Driving Pass	06/07/2022
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90607807
Alt. Phone Number	-
Email Address	WEIXUANQQ@GMAIL.COM
Address	WONG WEI XUAN
Address complement	-
Postcode	-
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED 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	SH7557Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

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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:

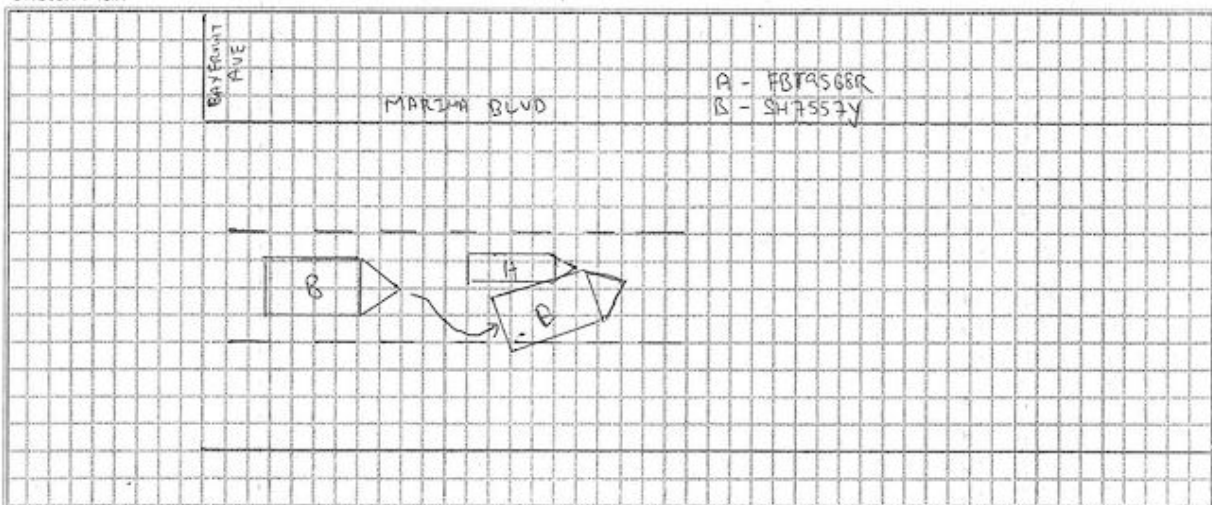
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time
25/10/22


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

Sketch Plan



Describe Circumstances of the Accident

Refer attached Police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

25/10/22



Witnessed by Reporting Centre Personnel

LM SC























**SINGAPORE
POLICE FORCE**



A/20221018/7021

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POLICE REPORT (NP299)

Report No. A/20221018/7021

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 18/10/2022 12:32	Vide Report No.	Station Diary No.
Name Of Informant WONG WEI XUAN	Address 12 FLORA DRIVE #04-11 SINGAPORE 506943	
ID Type / ID No. NRIC NO / S9716331F	Contact No. Home/Office:	Mobile: 90607807
Nationality SINGAPORE CITIZEN	Email Address WEIXUANQQ@GMAIL.COM	
Occupation Audit associate professional	Sex Male	Age 25
Institution/School Name	Date of Birth 21/05/1997	Race Chinese
Date/Time Of Incident 17/10/2022 22:10 - 17/10/2022 22:15	Location Of Incident 11A BAYFRONT AVENUE SINGAPORE 018959	

Brief details.

1. From the left most lane at the traffic light junction along marina boulevard, I was making a left turn into the middle lane of bayfront avenue.
2. From behind me from the lane on my right, a taxi (SH7557Y) cut into the middle lane suddenly while making the left turn.
3. As the taxi cut in too suddenly, the front of my motorbike collided with the left door of the taxi (somewhere in the mid-way length of the taxi) and subsequently fell from the bike
4. The taxi driver stopped his car on the right most lane and came out to scold me. He said he was on his lane while I cut into his lane (untrue) and dared me to make a report (which I did)

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: 18/10/2022 12:32
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20221018/7021

5. He left promptly (about 1 min later) after the scolding. No contacts were exchanged
6. Afterwards, I called the police and the ambulance arrived where I was taken to SGH A&E.
7. The doctor suspected a hairline fracture on my right wrist and I had deep abrasions on my right wrist and right knee. I was given 3 days of MC.

Subjects Involved			
Suspect			
Person Name	taxi driver		
Gender	Male	Age	40-45
Race	Chinese	Language	English
Occupation	Taxi driver	Complexion	Fair
Build	Medium	Height About	165cm
Attire Last Worn	collared short sleeved shirt	Hair Colour	Black
Hair Style	Short-Straight	Relation To Informant	-
Habits & Oddities	full frame spectacles		
Victim			
Person Name	WONG WEI XUAN		
ID Type	NRIC NO	ID No	S9716331F
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	Audit associate professional	Address	12 FLORA DRIVE #04-11 SINGAPORE 506943
Mobile No	90607807	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
18/10/2022 12:32

Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20221018/7021

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20221018/7021

Person Name	WONG WEI XUAN (Informant)
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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: 18/10/2022 12:32
Officer In-Charge Of Case:	Classification Of Case: