

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.

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 31/10/2022 19:35 (SGT)
Reported by Both
Date of Accident 29/10/2022 16:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 226 PENDING ROAD

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS6791L

INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

WEE YIFAN

NRIC No

S9707775D

Email Address

YIFANWEE@GMAIL.COM

Mobile Phone No

(Phone) +65-96535640

Alternative Phone No

-

VEHICLE PARTICULARS

Manufacturer Yamaha Model NMAX155 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 160

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5122758977-01

DRIVER

Name of DriverWEE YIFANNRIC No\$9707775DDate Of Birth05/03/1997OccupationIndoor

Date Of Driving Pass 20/03/2018 Driving experience 4 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96535640 Alt. Phone Number Email Address YIFANWEE@GMAIL.COM Address **BLK 226 PENDING ROAD #07-191** Address complement Postcode 670226 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 on collision 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? 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? Nο 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? 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 SJQ9813D

Honda

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	TAN CHOON HONG
NRIC No	S8703737A
Contact Number	(Phone) +65-92265800
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 Gender Phone No Address Address Complement	WEE YIFAN Male (Phone) +65-96535640 BLK 226 PENDING ROAD #07-191
Post Code Approximate Age Years Old	670226
Injuries Sustained	- -
Injured person in which vehicle?	FBS6791L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 Actual Driver. 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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
- (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.

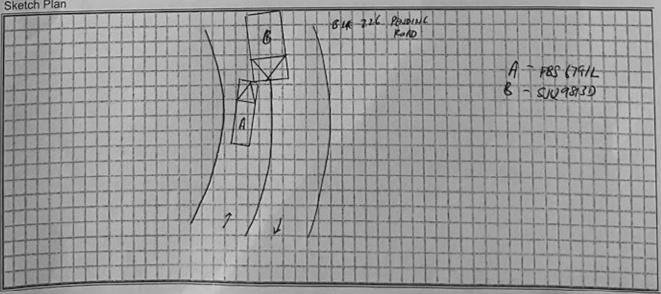
21/10/2/1925

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

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

MAHOUMEN Apon SHAN BORS of

Sketch Plan



escribe Circumstance of the Accident				
R	err 70 Report Nu	n T/2011029/10	37	
	Constitution with	AND ALLER AND AND AND ADDRESS OF THE PARTY O		
1/4				
			poste de la	
		Hand Margarita		
	All and the Control of the Control o			
		1		
	Maria Richell			
		1		
				WE RELEASE
Declaration I/We declare the foregoing particulars	are true in every respect.			
Y			Werman Hours	0
Policyholder's Signature / Date & Time	Driver's Signature (if driver is n		Witnessed by Reporting	























T/20221029/7037

1 of 3 Report No. T/20221029/7037

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

	ne Report M 22 18:54	lade:	Vide Report No.:	Station Diary No.		
Informa	nt's Partici	ulars	A PARTY OF THE PAR	The State of the S		
Name of WEE YI	Informant: FAN	frem by	Address: 226 PENDING ROAD #07-19	1 SINGAPORE 670226		
ID Type	/ ID No.: D / S970777	75D	Contact No.: Home/Office:	Mobile: 96535640		
Nationali SINGAP	ity: ORE CITIZ	EN	Email: yifanwee@gmail.com			
Sex: Male	Age:	Date of Birth: 05/03/1997	Type of Informant:	to a way to bring some		
Race: Chinese			Language: Institution / School English			
Occupati	ion:	The same of the	Driving Licence Information: Class: Date of Expiry:			

	mation of the Accid	The second secon	Mark South Control of the Control of	SERVICE SERVICE SERVICE
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2022 16:15	Type of Location: Car Park
Location:	T SHEET OF THE SHEET	TO STATE OF THE ST	DENTINE TO STATE	
PENDING RO	DAD			in non is
Weather: Clear		Road Surface:		Road Speed Limit:
		Road Surface: Dry Traffic Control: Not Controlled	2	Road Speed Limit: 15 Km/h Traffic Volume:

Details of v	ehicle Involve			A THE REAL PROPERTY.		THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL
Vehicle No.	Type,	Make	Model	Color	Conditio	No of
FBS6791L	Motorcycle	YAMAHA	NMAX 155	Black	Condition	O DI TOTAL
			ABS CVT			U

Vehicle No.	Insurance Company	Insurance No	Effective	
FBS6791L	NTUC Income Insurance Co-Operative	5122758977-01	29/06/2022	28/06/2023



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



2 of 3

Report No. T/20221029/7037

CONTINUATION OF REPORT

Any Pedestrian Ir No. of Pedestrian			Use of P	edestria	n Cross	sing: NA
Rider						新发展的图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像
Name	WEE YI FAN			IDN	0.	S9707775D
Related Vehicle	FBS6791L (Motorcycle)		Conf	act No.	96535640	
Hospital/Clinic	NIL	Town the second		Clas Drivi Licer Expi	ng nce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree o	of	Serio	us

Brief Details.

ON 29/10/2022 AT AROUND 415PM, I WAS RIDING MY MOTORCYCLE BEARING VEHICLE REGISTRATION NUMBER FBS6791L INSIDE 226 PENDING ROAD CARPARK WHERE I NOTICE A CAR BEARING VEHICLE REGISTRATION NUMBER SJQ9813D COMING FROM THE OPPOSITE LANE. WHEN I WAS PASSING THE CAR, THE CAR SUDDENLY SWERVE OUT OF HIS LANE INTO MY LANE AND HIT MY MOTORCYCLE ON THE RIGHT SIDE CAUSING ME AND MY MOTORCYCLE TO FALL ONTO THE LEFT SIDE. AT THAT MOMENT I FELT PAIN IN MY RIGHT KNEE. THE DRIVER PROCEEDED TO SHIFT HIS VEHICLE OUT OF THE WAY AS IT WAS BLOCKING THE TRAFFIC THEN HE CAME OUT OF HIS VEHICLE TO CHECK ON ME. WE EXCHANGED DETAILS AND PARTED WAYS. THEN I MADE MY WAY TO PROHEALTH 24-HOUR MEDICAL CLINIC AND WAS GIVEN 3 DAYS MEDICAL LEAVE FOR MY INJURIES. I'M MAKING THIS REPORT TO FILE FOR THIRD PARTY CLAIM



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20221029/7037

3 of 3

Report No. T/20221029/7037

CONTINUATION OF REPORT

Ske		

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:

29/10/2022 18:54

Classification Of Case: