SY0322B80002 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 08/11/2022 14:30 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (08/11/2022 14:30 (SGT))



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.

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

Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

08/11/2022 14:30 (SGT)

Both

05/11/2022 22:00 (SGT)

Singapore

COMMONWEALTH AVENUE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBU3674B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

TAN ZHI SIONG, ANDREW (CHEN ZHIXIONG)

S8821222C

andrewtan789@gmail.com

(Phone) +65-91466421

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

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

Vehicle Category

Transmission

CC

Honda

REVO X

Private use

No - Claiming third party

Motorcycle

Manual

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5131343411

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SY0322B80002

TAN ZHI SIONG, ANDREW (CHEN ZHIXIONG)

S8821222C

14/06/1988 Outdoor

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Date Of Driving Pass 04/02/2008 Driving experience 14 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-91466421 Alt. Phone Number Email Address andrewtan789@gmail.com Address 61 LENGKOK BAHRU #08-476 Address complement Postcode 150061 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 Collided into Motorcyclist 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? Yes Was any other vehicle or property damaged? No 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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender

TAN ZHI SIONG, ANDREW (CHEN ZHIXIONG) Male



Phone No Address	(Phone) +65-91466421 61 LENGKOK BAHRU #08-476
Address Complement	() =
Post Code	150061
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

ACCIDENT REPORTING FORM

Date of Accident	05/11/2022 Accident Time 2200 (24 HR Format)
Accident Place	Common wealth grenue
	: FBU3674B Make/Model: Honda Revo X
Vehicle No. (Car Plate No.)	The desired of the second of t
Insurance Company	NTUC Income Policy No.: 5731343411
Owner or Company Name/I	
Owner or Company Contact	
DRIVER'S Name/IC No.	-
DRIVER'S Date of Birth	: 14 /06 /1998 DRIVER'S License Pass Date: 04 /02 /2008
Relationship of Owner & Dr	iver : Spouse / Parents / Children / Sibling / Employee / Others:
DRIVER'S Address	61 Langlok Bahry #08-476 SISDOG1
DRIVER'S Contact No./Alt No.	3. : 1)
DRIVER'S Occupation	: HVBOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	andrew tan 789 (2) gmail. com
Weather & Road Surface	: CLEAR & DRY / RAINING & WCT / AFTER RAIN & WET
Reporting Type	Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (incl.	Driver) · Z
Was there any video Captur	ed by car camera (*E\$ / NO
	icle was being used at the time of accident : Private use / Work Purpose
Any Injury (IF YES, please sta	ite): YES, 3 day MC
	Other Party Driver's Particulars (if any)
Vehicle No.: SHD 8823	100 m and 100 m
Vehicle No.: _ 3/P/4 8 /3	/ Vehicle No. :
Vehicle Make/Model :	Vehicle Make/Model
Driver's Name :	Driver's Name :
Driver's IC No./Contact :	Driver's IC No./Contact :

* NEW - Passenger's Name & Gender :

SKETCH PLAN

HAPORTANT NOTICE

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- 8. Consent under the Personal Data Projection Act (PDPA)

Lunderstand, acknowledge, agree and consent that .

- (a) My lastirer , my workshop and the General Insurance Association of Singupore ("CIA") may/are permitted to called, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by malor cossessed 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 shell be collectively referred to as the "Insurers"), the Insurers' law yersillaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (ii) 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 myclains;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (b) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about mr to bring about delivery of the same as well as on the external cover of envelopes/mall peekages); and/or
- (v) complying with applicable law in administering, processing, handing and/or dealing with my claims.

(eatlectively 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 callect, use, disclose and/or process my Parsical Information for one or more of the above Purposes; and
- (c) my Parsonal 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 flaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Palicynolder's Signature / Date & Signature (if driver is not the policyhelder) / Oate Witnessed by Reporting Centre Skeich Plan