SN0722AO000A / Income Insurance Limited ENTRY DATE & TIME: 24/10/2022 14:44 (SGT) SUBMITTED BY: Soh Li Kuan Vincent VERSION: 1 (24/10/2022 14:44 (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
- 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

24/10/2022 14:44 (SGT) Date of Submission Reported by Both Date of Accident 22/10/2022 16:05 (SGT) Exact Location of Accident Singapore Additional Location Information LORONG 23 GEYLANG, OSCP Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

FBB8983B

INSURED/POLICYHOLDER Is company?

Name Of Registered Owner JOHNSON LOW NRIC No S9310408J SHADOWTSR08@GMAIL.COM Email Address (Phone) +65-96251725 Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Honda Model Cb400 Variant Exact purpose for which vehicle was being used at time of

Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual 400

INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company Policy Number / Cover Note Number 5121370451-01

DRIVER

Name of Driver JOHNSON LOW S9310408J 21/03/1993 Date Of Birth Occupation Outdoor

Date Of Driving Pass	01/06/2016			
Driving experience	6 YEARS AND 4 MONTHS			
Gender	Male			
Mobile Number	(Phone) +65-96251725			
Alt. Phone Number	-			
Email Address	SHADOWTSR08@GMAIL.COM			
Address	BLK 508A #04-80			
Address complement	YISHUN AVENUE 4			
Postcode	761508			
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	Hit and run / Vandalism / Damaged whilst parked			
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)	0			
Has the driver been approached by unknown person(s)	v			
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 assidant reported to the police?	Vaa			
Was the accident reported to the police? Police Station Name	Yes MacPherson Neighbourhood Police Post			
	· · · · · · · · · · · · · · · · · · ·			
Police Station Phone No Alt, Police Station Phone No	(Phone) +65-18007449999			
	(Fax) +65-65476366			
Police Station Address Was notice of intended Prosecution given?	Blk 54 Pipit Road #01-82/84 Singapore 370054			
If yes, against whom?	No			
ii yes, against whom:	-			
CIRCUMSTANCES OF ACCIDENT				
REFER TO POLICE REPORT : T/20220122/2095 AND SKETCH	PLAN			
ATTACHMENT(S)				
Are accident photos available for attachment?	Yes			
Was there any video captured by Car Camera?	No			
DETAILS OF OTHER	R VEHICLE PROPERTY 1			
DETAILS OF CITE				
Vehicle Registration Number	UNKNOWN			
Vehicle Manufacturer	-			
Vehicle Model	-			
Vehicle Variant	-			

Vehicle Colour	White
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)	-

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.
- 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 andior 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 met
- (iv) administering my chaims (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 find-party service providers or agents (including their favyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

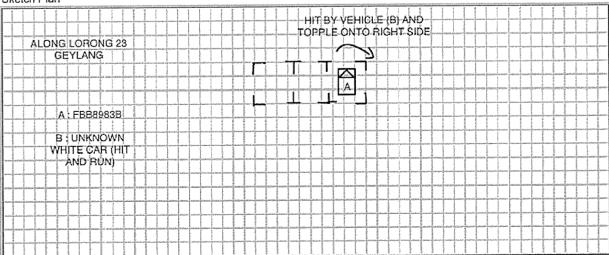
24/10/2022 1430HRS Polyyholder's Signature / Date & Time

1430HRS
Time Driver's Signature (if driver is not the policyholder) / Date

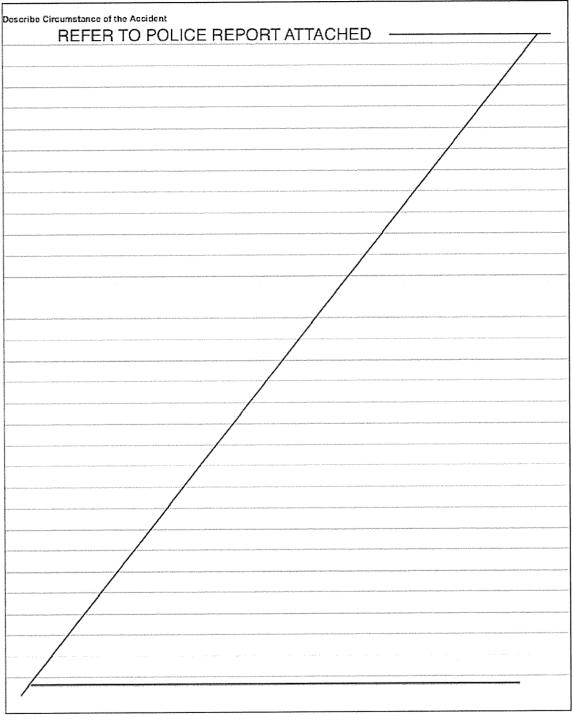
VINCENT SOH
Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan



1



Declaration

We declare the foregoing particulars are true in every respect.

27/05/2022 1430HRS Policyholder's Signature / Date & Time Dever's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

VINCENT SOH

2



Police Station Of Origin; MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999



1/20221022/2095

Report No. T/20221022/2095

CONTINUATION OF REPORT

Details of Perso Any Pedestrian In					
		Use of Pe	Use of Pedestrian Crossing; NA		
Rider					
Name	JOHNSON LOW		ID No.	S9310408J	
Related Vehicle	FBB8983B (Motorcycle)		Contact No.	96251725	
Hospital/Clinic	NIL della seggiorna della seggiorna della segg		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	Date Discharge NIL		
No. of Days granted Medical Leave NIL		Degree of	Degree of Injury NIL		

Brief Details.

On 22/10/2022 at about 3.20pm, I had parked my motorcycle(FBB8983B/Honda/White&Red) at the motorcycle lot along Lor 23 Geylang. Subsequently, I walked off and went to eat at the nearby coffeeshop. While I was eating, on the same day at about 3.50pm, I heard commotion from the area where I had parked my motorcycle. I went over and discovered that my motorcycle had toppled on its right side. One of the passerby witnessed that a white car(unknown make,model and registration plate) had collided onto my motorcycle and went off without stopping. Afterwhich, I called for police assistance.

This is the first time such incident happened. I did not witness the collision. There is police CCTV camera at the vicinity.