SK0U22CD000G / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 13/12/2022 15:51 (SGT) SUBMITTED BY: Jerry Goh VERSION: 1 (13/12/2022 15:51 (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.

- 4. The issue and acceptance of this is form by instrained 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 13/12/2022 15:51 (SGT) Reported by Date of Accident 08/12/2022 18:50 (SGT) Exact Location of Accident Singapore Additional Location Information GRANGE ROAD AFTER LEONIE HILL Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number FBH338K

Bajaj

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JONATHAN PEK QING YANG NRIC No S9142365J Fmail Address JPJONATHAN3@GMAIL.COM Mobile Phone No (Phone) +65-93371938 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Pulsar 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 No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Auto CC 200

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5118578194-01

DRIVER

Name of Driver JONATHAN PEK QING YANG NRIC No S9142365J Date Of Birth 14/11/1991 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	28/05/2014 8 YEARS AND 7 MONTHS Male (Phone) +65-93371938 - JPJONATHAN3@GMAIL.COM 22 SIN MING ROAD #12-212 S570022 Yes - No
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
SEE ATTACHED POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment?  Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SHC817A - -

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-91454718
Address	<del>-</del>
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  Gender	JONATHAN PEK QING YANG
Phone No	(Phone) +65-93371938
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	FBH338K
Were seat belts worn?	Yes
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.
- 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 Traffic Police Department for investigation.
- 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 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 (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.

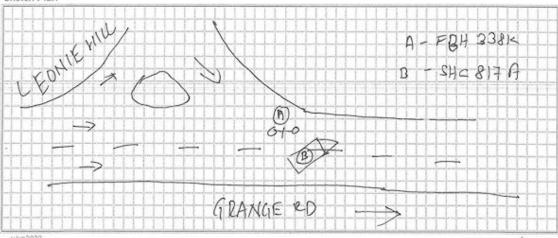
Policyholder's Signature / Date & Time

12/12/220

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

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

Sketch Plan

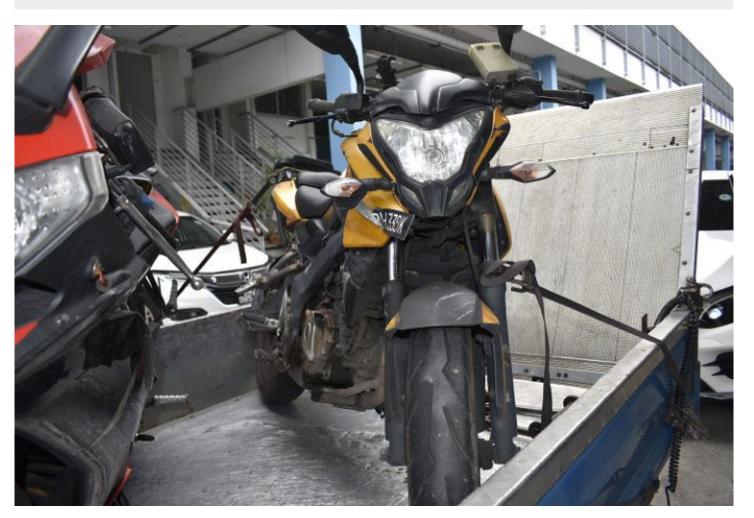


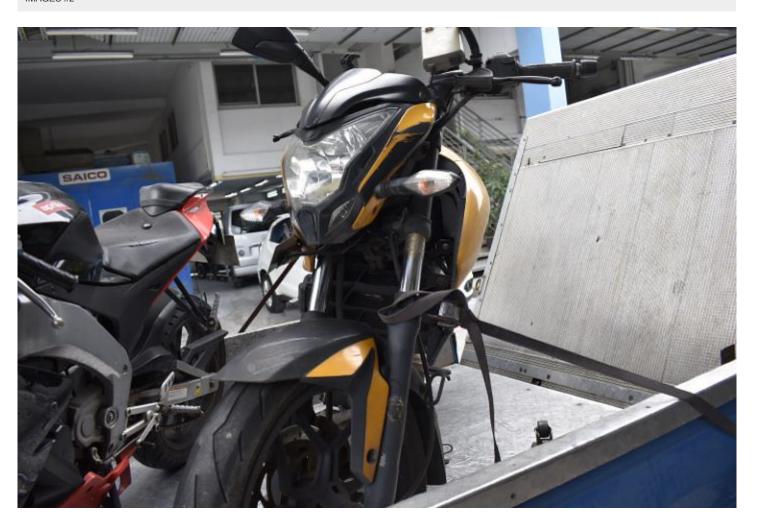
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pulica	Roport	j -	7/3	2605	1209	7058.		
				171			VO	

Declaration

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

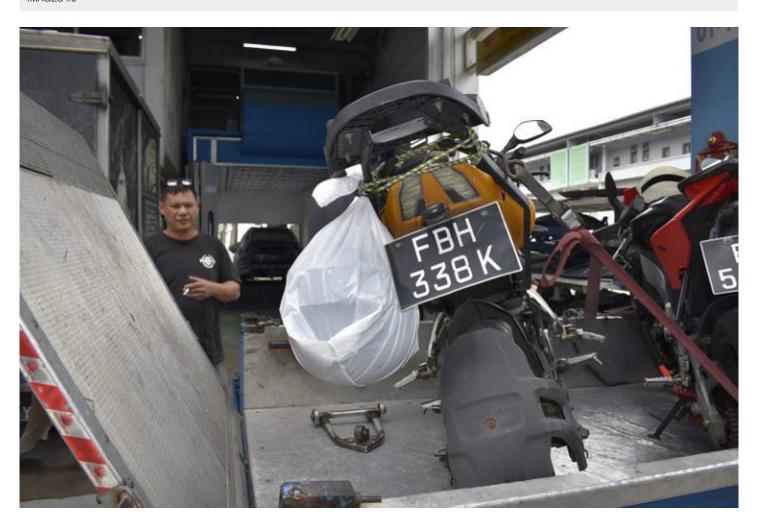
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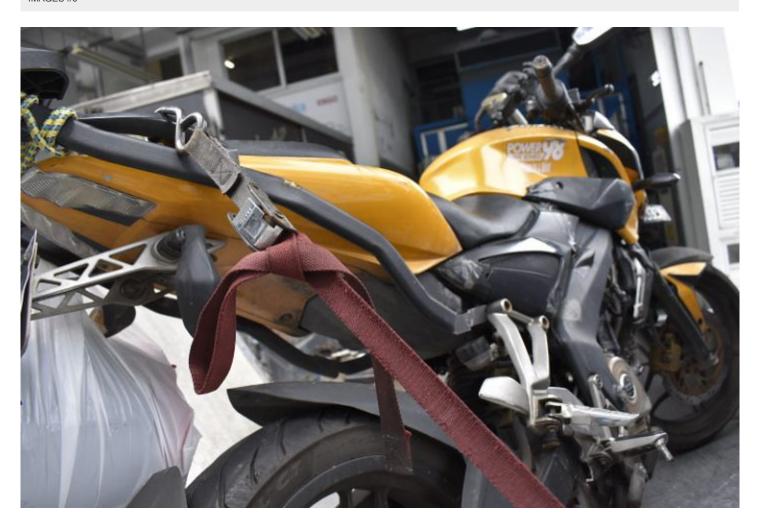




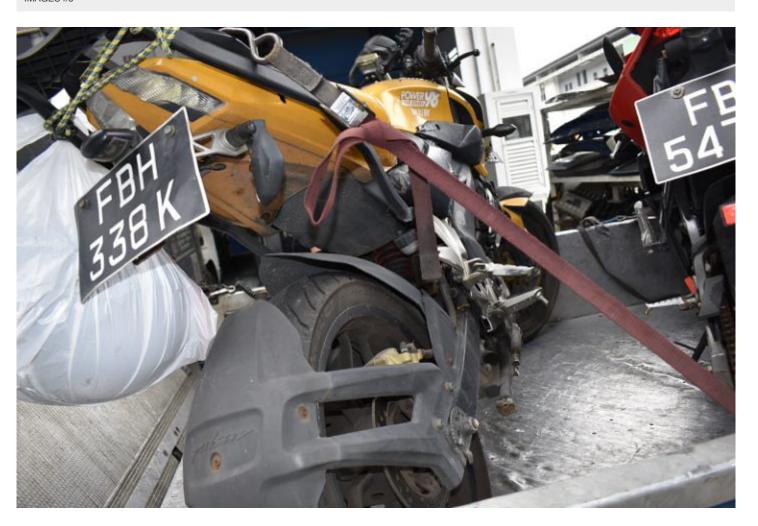




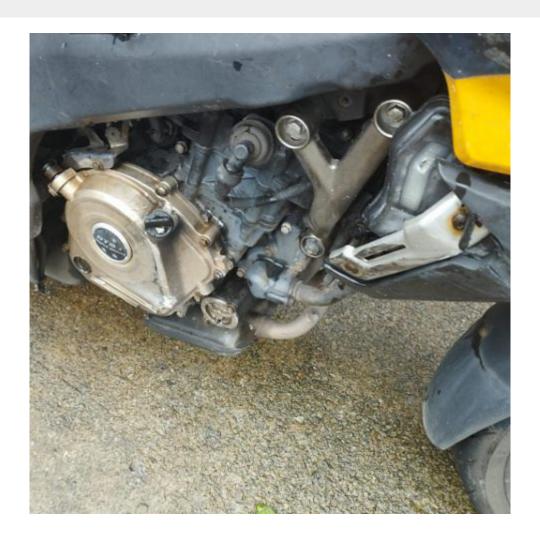


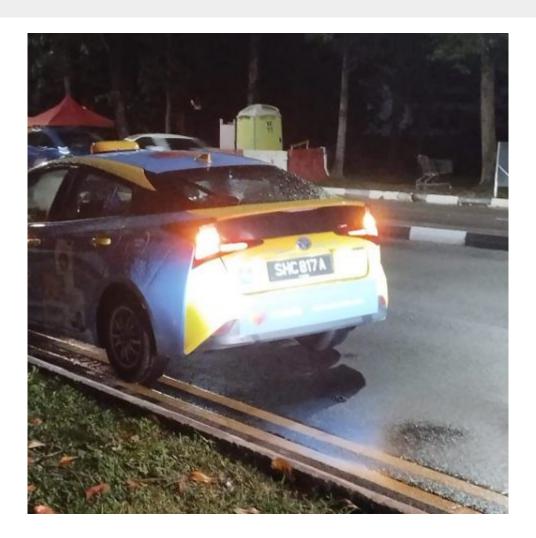


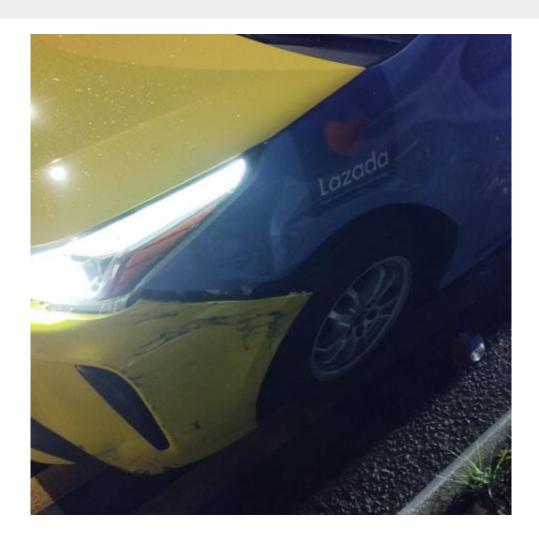




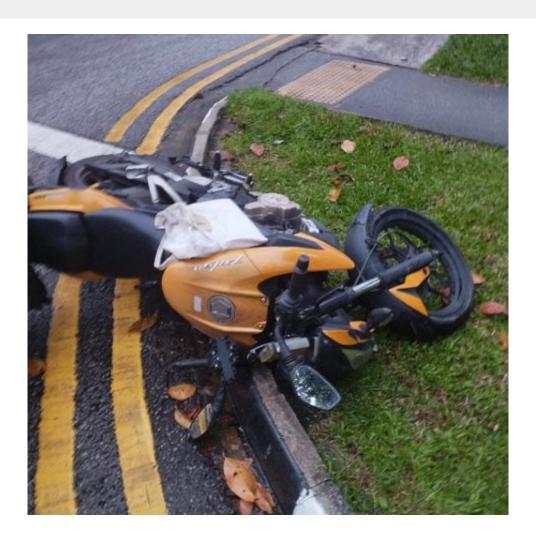
















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221209/7058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2022 21:37		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: JONATHAN PEK QING YANG			Address: 22 SIN MING ROAD #12-2	12 SINGAPORE 570022	
ID Type / ID No.: NRIC NO / S9142365J		65J	Contact No.: Home/Office:	Mobile: 93371938	
Nationality: SINGAPORE CITIZEN		EN	Email: jpjonathan3@gmail.com		
Sex: Male	Age: 31	Date of Birth: 14/11/1991	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information Class: 2B	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2022 18:50	Type of Location: Straight Road
Location: GRANGE RD	AFT LEONIE HILL			
1423 31				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
				[1] '시네' ( [1] [1] ( [1] [1] [1] [1] ( [1] [1] [1] [1] ( [1] [1] [1] [1] [1] ( [1] [1] [1] [1] [1] [1] [1] [1]

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH338K	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	Yellow		0
SHC817A	Car			Yellow	Slightly Damaged	0





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Z or 3 Report No. T/20221209/7058

#### CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBH338K	NTUC Income Insurance Co-Operative Limited	5118578194-01	15/08/2021	14/02/2023	

Details of Perso	n Involved			1 A 6-14	
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	JONATHAN PEK QING YANG		ID No.	S9142365J	
Related Vehicle	FBH338K (Motorcycle)		Contact No	. 93371938	
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	09/12/2022	=00	Date	09/1	2/2022
No. of Days gran	ted Medical Leave	05	Degree of	Slig	ht

### Brief Details.

On 8 Dec 2022 1850hrs, I was riding my motorcycle along Grange Rd extreme left lane. I was riding in my lane.

Suddenly SHC817A cut into my lane and hit onto my bike. My bike fell onto the kerb. Driver of SHC817A came down and apologized to me, he didn't notice me on his left.

After the accident, I went to Tan Tock Seng to seek medical treatment and was given 5 days MC (9th to 13th Dec)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221209/7058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 09/12/2022 21:37
Classification Of Case: