

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	29/12/2022 16:04 (SGT)
Reported by	Driver
Date of Accident	03/12/2022 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BALESTIER RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA4108T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIU LI YUAN LUXFER
NRIC No	S7821050H
Email Address	LUXFER_LAU@MSN.COM
Mobile Phone No	(Phone) +65-88680850
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Vespa
Model	GT200
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?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120243259-02

DRIVER

Name of Driver	GERRY GEWI KWOK WEI (GERRY WEI GUOWEI)
NRIC No	S7933643B
Date Of Birth	17/10/1979
Occupation	Indoor

Date Of Driving Pass	30/12/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-84996740
Alt. Phone Number	-
Email Address	GERRYGEWI@GMAIL.COM
Address	34 WHAMPOA WEST #10-55 S.330034
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
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?	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	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 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	SH8323Z
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GERRY GEWI KWOK WEI
Gender	Male
Phone No	(Phone) +65-84996740
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	ADAM
Phone	(Phone) +65-97769160
Email	-

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

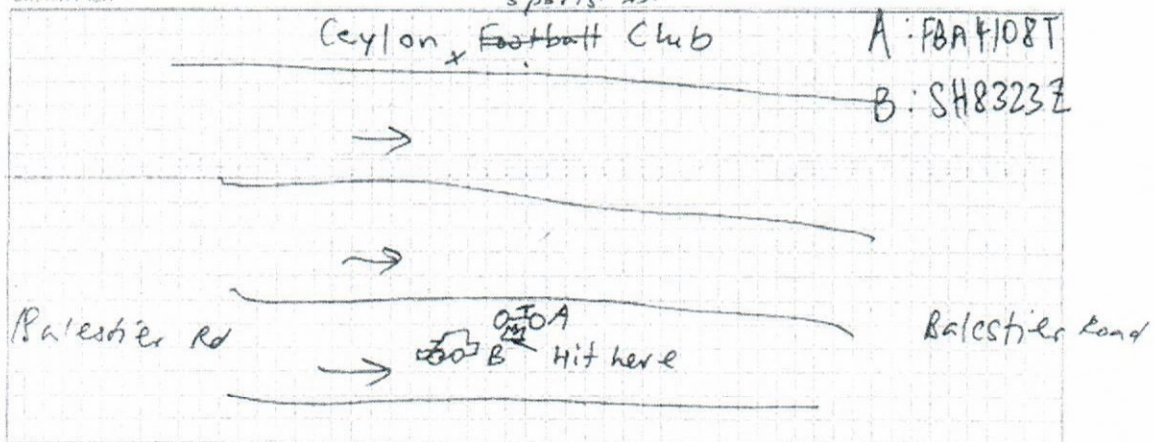
1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may void insurance coverages to policyholder's 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.**
6. This report will be forwarded by the insurer 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 insurer, you hereby consent to the stationing of this report at the centre and to copies of the report being made available electronically.
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 be 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 insurers who have insured vehicles involved in the accident, all insurers who have insured vehicles 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 making 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 Insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, are/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/ may 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


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


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

Sketch Plan




1/10/2022

Describe Circumstances of the Accident

Refer attached Police Report.

Declaration

I/We declare the foregoing particulars are true to the best of my/our knowledge.


Police Officer's Signature Date & Time


Actual Driver's signature if not the principal driver Date & Time


Witnessed by, Providing Chain of Custody Affidavits in NRCID cards

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5120243259-02 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **FBA4108T**
Chassis Number : ZAPM3120000019209

2. Name of Policyholder : LIU LI YUAN LUXFER

3. Effective Date of Insurance : 21 Oct 2022

4. Expiry Date of Insurance : 20 Oct 2023

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for food/parcel/other delivery services.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: LIU LI YUAN
NAMED DRIVER (2)	: GERRY GEWI KWOK WEI
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AT1 INSURANCE AGENCY (00000662770)
Date of Issue : 07 Oct 2022 09:33 hrs

For INCOME INSURANCE LIMITED



Chief Executive



**SINGAPORE
POLICE FORCE**



T/20221205/7016

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

1 of 3
Report No. T/20221205/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2022 11:18		Vide Report No.: A/20221203/0134		Station Diary No.:	
Informant's Particulars					
Name of Informant: GERRY GEWI KWOK WEI			Address: 34 WHAMPOA WEST #10-55 SINGAPORE 330034		
ID Type / ID No.: NRIC NO / S7933643B			Contact No.: Home/Office: Mobile: 84996740		
Nationality: SINGAPORE CITIZEN			Email: GERRYGEWI@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 17/10/1979	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Civil Servant			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2022 19:30	Type of Location: Straight Road
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
FBA4108T	Motorcycle					0
SH8323Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221205/7016

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

2 of 3
Report No. T/20221205/7016

CONTINUATION OF REPORT

Rider			
Name	GERRY GEWI KWOK WEI	ID No.	S7933643B
Related Vehicle	FBA4108T (Motorcycle)	Contact No.	84996740
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: NIL
Date	03/12/2022	Date	04/12/2022
No. of Days granted Medical Leave	10	Degree of	Serious

Brief Details.

On 3 December 2022 (Saturday), at around 1930hrs, I was travelling along Balestier Road (towards Balestier), on my red Vespa FBA4108T.

I was changing from the middle lane to the rightmost lane heading to Balestier, travelling at around 50kmh. At this point, I felt a sharp pain on the right side of my body. A car had hit me and pushed me for around 1-2 meters, then fell off the bike and it skidded 6-8 metres away from me. This was the spot near the overhead bridge between the Ceylon Sports Club and the Singapore Indian Association.

The car, Comfort taxi SH8323Z, was still travelling in front of me and came to a stop 8-10 metres in front. He got off the taxi and called his taxi companies for assistance.

Two bystanders came to help. A food delivery rider and a driver got down to help ask if I was alright, helped me take pictures, direct traffic and called for an ambulance. I did not get the number of the rider who helped but I managed to ask for the number of the driver. His name is Adam and he can be reached at 97769160. He may have witnessed the accident. He assisted me to the side of the road to wait for the ambulance.

The ambulance and TP came and I was sent to Tan Tock Seng Hospital. I had sustained a broken collarbone and a fractured rib, as well as multiple abrasions on the right side of my body. I was warded for one day for observation to check for damage to my spine or a puncture to my lungs. I am currently discharged with a tentative 10 day MC (3-12 December). I will be back at the hospital on 11 Dec for them to determine if I need an operation to fix my collarbone.

This is my account of the accident.



**SINGAPORE
POLICE FORCE**



T/20221205/7016

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

3 of 3

Report No. T/20221205/7016

CONTINUATION OF REPORT

Sketch Plan

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 / TPB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

NP168

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

Date/Time:
05/12/2022 11:18

Classification Of Case: