

## 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 .....	21/12/2022 14:52 (SGT)
Reported by .....	Both
Date of Accident .....	26/11/2022 03:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	HOLLAND ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBT792T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SAENGPRASIT PAWEENA
NRIC No .....	S8988103Z
Email Address .....	SAENGPRASIT@GMAIL.COM
Mobile Phone No .....	(Phone) +65-93835929
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Aerox
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
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 .....	5124420716-01

#### DRIVER

Name of Driver .....	SAENGPRASIT PAWEENA
NRIC No .....	S8988103Z
Date Of Birth .....	05/10/1989
Occupation .....	Indoor

Date Of Driving Pass .....	13/10/2021
Driving experience .....	1 YEAR AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-93835929
Alt. Phone Number .....	-
Email Address .....	SAENGPRASIT@GMAIL.COM
Address .....	BLK 16 #11-61
Address complement .....	GHIM MOH ROAD
Postcode .....	270016
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 to Rear
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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER AS 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 .....	SJK129L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SAENGPRASIT PAWEENA
Gender .....	Female
Phone No .....	(Phone) +65-93835929
Address .....	BLK 16 #11-61
Address Complement .....	GHIM MOH ROAD
Post Code .....	270016
Approximate Age Years Old .....	33
Injuries Sustained .....	REFER AS POLICE REPORT
Injured person in which vehicle? .....	FBT792T
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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**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 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.



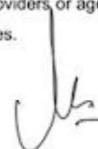
Policyholder's Signature / Date & Time

21/12/2022

Sketch Plan 1430HRS

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

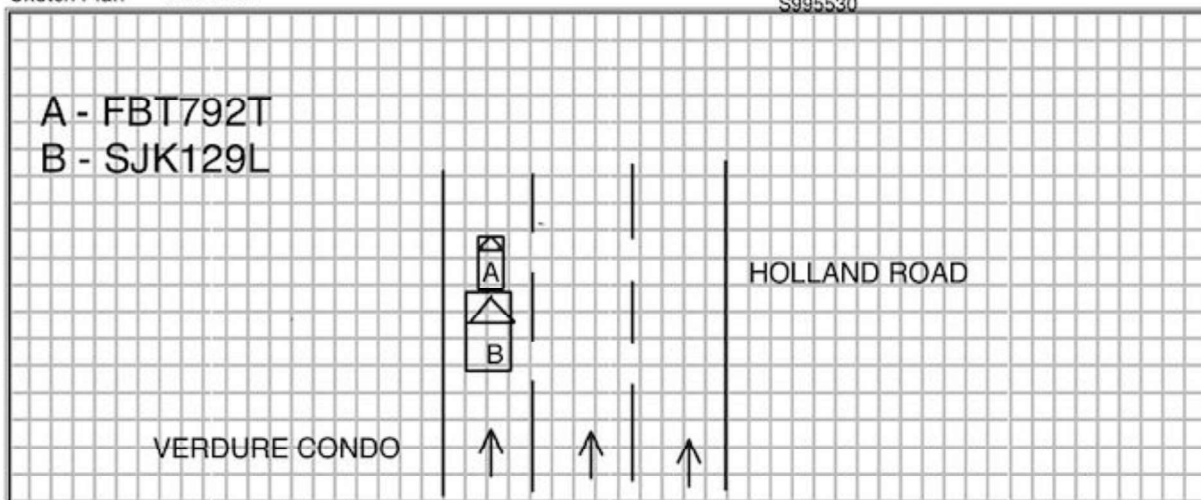
& Time



Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Muhammad Sumardi Bin Mohd Affandi  
S995530



**Describe Circumstance of the Accident**

\_\_\_\_\_**REFER TO GEARS**\_\_\_\_\_

**Declaration**

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

Policyholder's Signature / Date & Time  
21/12/2022  
1430HRS

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
Muhammad Sumardi Bin Mohd Affandi<sub>2</sub>  
S995530



































1 of 2

Report No. D/20221215/7022

Date/Time Report Made 15/12/2022 15:17	Vide Report No.	Station Diary No.
Name Of Informant SAENGPRASIT PAWEENA	Address 16 GHIM MOH ROAD #11-61 SINGAPORE 270016	
ID Type / ID No. NRIC NO / S8988103Z	Contact No. Home/Office:                      Mobile: 93835929	
Nationality THAI	Email Address SAENGPRASIT@GMAIL.COM	
Occupation Food delivery rider	Sex Female	Age 33
Institution/School Name	Date of Birth 05/10/1989	Race Thai
Date/Time Of Incident 26/11/2022 03:00 - 26/11/2022 03:30	Location Of Incident 16 GHIM MOH ROAD #11-61 SINGAPORE 270016	

I was involved in a traffic accident on 26 nov 2022 at around 3am to 3.30am along holland road outside verdure condominium. I was riding my motorbike FBT792T and was on my way to Ridout Macdonalds to collect my order but was hit by a car SJK129L. After i was knocked, i was not conscious. The next moment i was awake i am already at the hospital. I could not recall what happen during the accident as i suffered injuries on my head.

## Victim

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

Date/Time:  
15/12/2022 15:17

**Classification Of Case:**





**SINGAPORE  
POLICE FORCE**



D/20221215/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221215/7022

Person Name	SAENGPRASIT PAWEENA		
ID Type	NRIC NO	ID No	S8988103Z
Gender	Female	Age	33
Race	Thai	Language	English
Occupation	Food delivery rider	Address	16 GHIM MOH ROAD #11-61 SINGAPORE 270016
Mobile No	93835929	Is Informant A Victim?	Yes
Person Name	SAENGPRASIT PAWEENA (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
15/12/2022 15:17

Classification Of Case: