

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	06/02/2023 11:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/01/2023 20:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	changi pie
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP7913L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN WAI HOW
Passport No/FIN	G2514686M
Email Address	WAIHOW71616@GMAIL.COM
Mobile Phone No	(Phone) +65-84558815
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	PCX150
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	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126197998

DRIVER

Name of Driver	CHAN WAI HOW
Passport No/FIN	G2514686M
Date Of Birth	30/10/1990
Occupation	Outdoor

Date Of Driving Pass	09/09/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84558815
Alt. Phone Number	-
Email Address	WAIHOW71616@GMAIL.COM
Address	580 woodlands dr 16 #10-592 s.730580
Address complement	-
Postcode	-
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 - Change/cross lane
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)	2
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	-

PASSENGER 1

Name	YEOW WEI LOON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
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	SMX6705E
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	CHAN WAI HOW
Gender	Male
Phone No	-
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

INJURED 2

Name of injured person	YEOW WEI LOON
Gender	-
Phone No	-
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

SKETCH PLAN


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

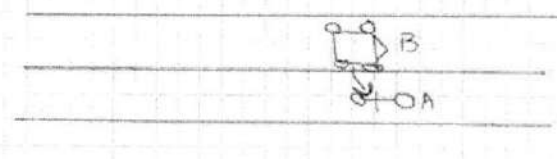
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 15.10pm
3/2/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time


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

Sketch Plan



A - FBPT913L
B - 3MX 6705E

v2jun2022

1

Describe Circumstance of the Accident

As per Police Report Attached

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

15.10pm

3/2/2023



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



SINGAPORE POLICE FORCE



T/20230131/2073

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20230131/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2023 15:33	Vide Report No.: G/20230129/0205	Station Diary No.: 37
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Informant's Particulars

Name of Informant: CHAN WAI HOW			Address: APT BLK 580 WOODLANDS DRIVE 16 #10-592 SINGAPORE 730580		
ID Type / ID No.: FIN NO / G2514686M			Contact No.: Home/Office: Mobile: 84558815		
Nationality: MALAYSIAN			Email: waihow71616@gmail.com		
Sex: Male	Age: 32	Date of Birth: 30/10/1990	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4A,4+ Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2023 20:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
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 Passenger
FBP7913L	Motorcycle	HONDA	PCX 150 ABS AUTO	Black	Slightly Damaged	1
SMX6705E	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7913L	NTUC Income Insurance Co-Operative Limited	5126197998	07/03/2022	15/06/2023



**SINGAPORE
POLICE FORCE**



T/20230131/2073

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20230131/2073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAN WAI HOW	ID No.	G2514686M
Related Vehicle	FBP7913L (Motorcycle)	Contact No.	84558815
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	29/01/2023	Date Discharge	31/01/2023
No. of Days granted Medical Leave	21	Degree of Injury	Slight
Pillion			
Name	YEOW WEI LOON	ID No.	G2514959P
Related Vehicle	FBP7913L (Motorcycle)	Contact No.	87327835
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2023	Date Discharge	29/01/2023
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On the above mentioned date and location, I was riding my motorbike bearing plate number FBP7913L around 80km/h on the 2nd lane together with a male pillion. Out of a sudden, a vehicle bearing plate number SMX6705E on the 3rd lane to our left suddenly drove right and collided onto us. The collision caused the both of us to fall onto our left side of our bodies and skid for about lesser than 5 metres. Shortly after, I instructed my pillion to call for ambulance and the male Chinese driver believed to be the owner of the car who collided onto us assisted with the phone call.

Shortly after, the ambulance and traffic police came shortly after. I did not manage to exchange particulars however I only managed to capture a picture of the car that collided onto us.

I was conveyed to CGH semi conscious and was discharged on 31/1/2023 and received 21 days of MC. My pillion was conveyed from scene too however he was immediately discharged with 14 days of MC however his left hand ring and pinky finger was fractured.

Both of us will require follow ups from the hospital for the injuries that we sustained especially around our shoulder area where we landed and skidded on.



**SINGAPORE
POLICE FORCE**



T/20230131/2073

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20230131/2073

CONTINUATION OF REPORT