

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	23/02/2023 17:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/02/2023 09:25 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT710E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH MING XUAN
NRIC No	S9570128J
Email Address	MINGXUAN.TOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91591142
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	NC750XA
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 your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	745

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130365164

DRIVER

Name of Driver	TOH MING XUAN
NRIC No	S9570128J
Date Of Birth	07/03/1995
Occupation	Indoor

Date Of Driving Pass	21/02/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-91591142
Alt. Phone Number	-
Email Address	MINGXUAN.TOH@HOTMAIL.COM
Address	BKL 516 JURONG WEST ST 52
Address complement	#10-51
Postcode	640516
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?	No
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	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	SHD8628X
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH MING XUAN
Gender	Male
Phone No	(Phone) +65-91591142
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?	-

SKETCH PLAN

MT/1211242-001

IMPORTANT NOTICE

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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.
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.

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

I understand, acknowledge, agree and consent that:

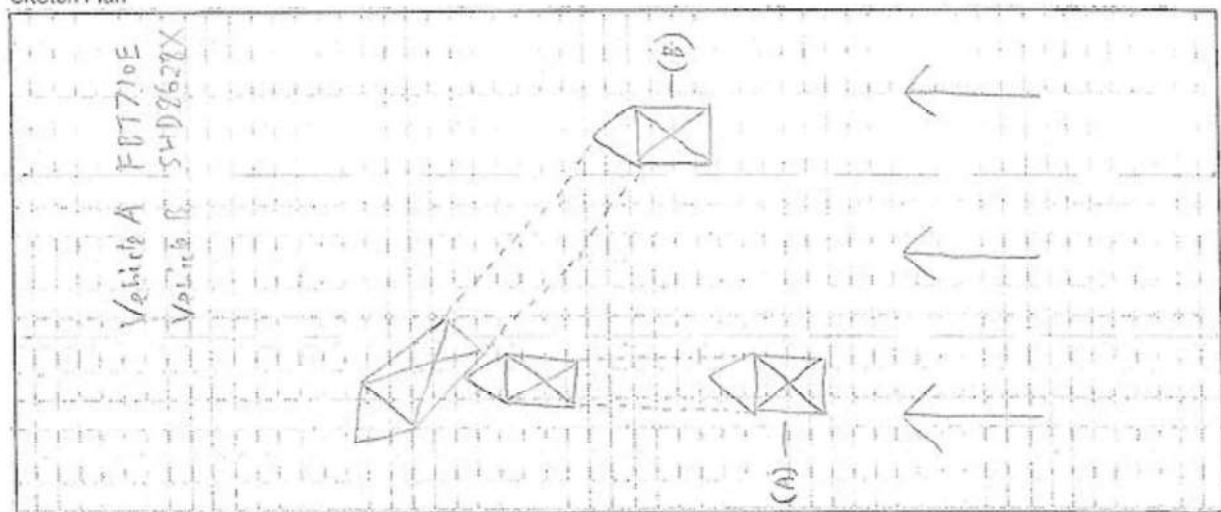
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



Passenger

BUS STOP
28399

1

LICENSE PLATE: FBT710E
CONTACT NUMBER: 91591142
LOCATION: Boon Lay Way

ACCIDENT DATE & TIME: 23/2/22 09:25hrs
E-MAIL ADDRESS: mingxuan.teh@hotmail.com

Please refer to police report T/20230223/2021 & T/20230223/2021

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20230223/2021

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

1 of 3

Report No. T/20230223/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2023 12:38	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: TOH MING XUAN			Address: APT BLK 516 JURONG WEST STREET 52 #10-51 SINGAPORE 640516	
ID Type / ID No.: NRIC NO / S9570128J			Contact No.:	Mobile: 91591142
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 27	Date of Birth: 07/03/1995	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SOFTWARE ENGINEER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2023 09:25	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT710E	Motorcycle	HONDA	NC750XA	Blue	Slightly Damaged	0
SHD8628X	Car			Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT710E	NTUC Income Insurance Co-Operative Limited	5130365164	17/09/2022	16/09/2023



**SINGAPORE
POLICE FORCE**



T/20230223/2021

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Report No. T/20230223/2021

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TOH MING XUAN	ID No.	S9570128J
Related Vehicle	FBT710E (Motorcycle)	Contact No.	91591142
Hospital/Clinic	ICON MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/02/2023	Date Discharge	23/02/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was riding on lane 2 along Boon Lay Way towards Jurong East. There is one Singapore registered car SHD8628X from lane 1 performed an abrupt lane change from lane 1 to lane 3 to facilitate passenger pick up along the pavement. Upon seeing SHD8628X signalling left and performing the lane change, I tried to prevent the collision by switching from lane 2 to lane 3. Eventually, the front tyre of my motorcycle collided onto the rear left bumper of SHD8628X and I fell off to the right of my motorcycle. I then called for the ambulance.

I was given 3 days of medical leaves. I suffered bruises on my right elbow and knee. I am in possession of the accident footages.



**SINGAPORE
POLICE FORCE**



T/20230223/2021

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Report No. T/20230223/2021

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: J/ SR STAFF SGT YAP HOW KIAT MICHAEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2023 12:38
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:

NP168



SINGAPORE POLICE FORCE



T/20230225/2045

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Report No. T/20230225/2045

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2023 13:14		Vide Report No.: T/20230223/2021		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: TOH MING XUAN			Address: APT BLK 516 JURONG WEST STREET 52 #10-51 SINGAPORE 640516		
ID Type / ID No.: NRIC NO / S9570128J			Contact No.: Home/Office: Mobile: 91591142		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 07/03/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SOFTWARE ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2023 09:25	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT710E	Bicycle	HONDA	NC750XA	Blue	Slightly Damaged	0
SHD8628X	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20230225/2045

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Report No. T/20230225/2045

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT710E	NTUC Income Insurance Co-Operative Limited	5130365164	17/09/2022	16/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH MING XUAN	ID No.	S9570128J
Related Vehicle	FBT710E (Bicycle)	Contact No.	91591142
Hospital/Clinic	ICON MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/02/2023	Date Discharge	23/02/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I have made a report recently ref: T/20230223/2021.
I wish to add on more facts of the incident.

I was riding on the 3rd lane the taxi in front of me changed lane abruptly from the 1st to the 3rd lane and I did a full emergency brake which caused the front Tyre of my motorcycle to bump onto the rear left bumper of the taxi. and causes me to fell off to the right side of my motorcycle.



SINGAPORE
POLICE FORCE



T/20230225/2045

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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
Report No. T/20230225/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: J / SGT 2 ANG KWAN SHYAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2023 13:14
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. SM13232N000F Vehicle Registration No: FB7 710E
 Name (as shown in NRIC) Toh Ming Xuan NRIC/FIN/Passport No: SXXXXX128J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91591142
 Email Address: _____
 Date of Accident: 23/2/23 Time of Accident: 09:25hrs
 Place of Accident: Boon Lay Way
 Insurance Company: Income Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Attached additional police report and amended sketch plan
(T/20230223/2021)

ngan
 Policyholder / Driver's Signature
 Date:

ngan
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

SM13232N000F