

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	13/03/2023 16:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/03/2023 23:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM GEYLANG EAST CENTRAL INTO ALJUNIED ROAD.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS7197X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WEI HAN
NRIC No	S9414516C
Email Address	wei_han_tan@hotmail.com
Mobile Phone No	(Phone) +65-86997746
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400x
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	Manual
CC	400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122950346-01

DRIVER

Name of Driver	TAN WEI HAN
NRIC No	S9414516C
Date Of Birth	27/04/1994

Occupation	Outdoor
Date Of Driving Pass	16/06/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86997746
Alt. Phone Number	-
Email Address	wei_han_tan@hotmail.com
Address	BLK 942 #02-453 JURONG WEST STREET 91
Address complement	-
Postcode	640942
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	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 TO SKETCH PLAN AND 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	SHD3945M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEE BEE ENG
NRIC No	S1643416G
Contact Number	(Phone) +65-81126934
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	TAN WEI HAN
Gender	Male
Phone No	(Phone) +65-86997746
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS7197X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

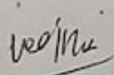
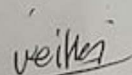
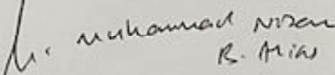
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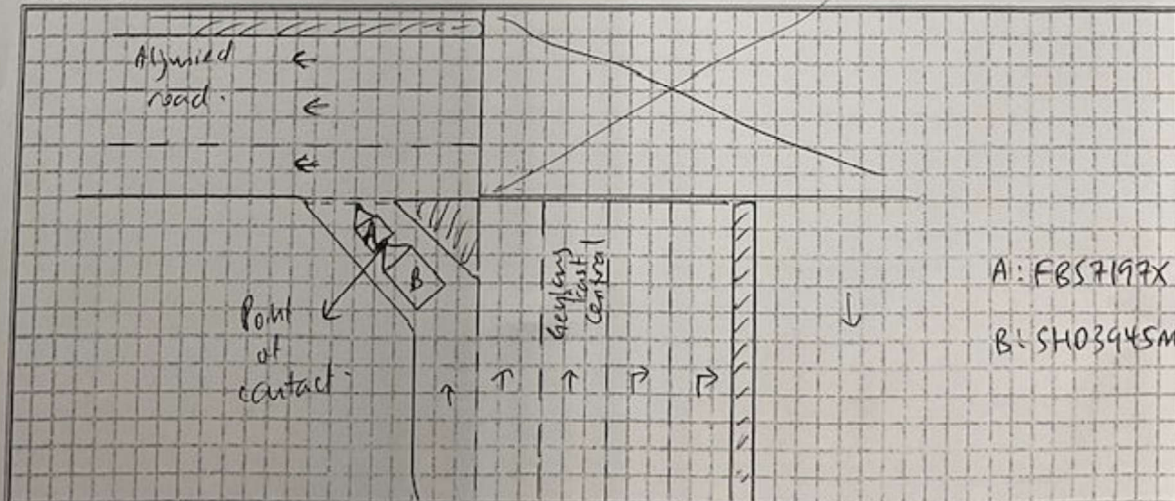
8. Consent under the Personal Data Protection Act (PDPA)

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.

 13/3/2023 2163am	 13/3/2023 2113am	 13/3/2023 2113am
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) 5941331

Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20230307/2120.

Declaration

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

Weikem

13/3/2023
21:30hrs.

Weikem

13/3/2023
21:30hrs.

*for Muhammad Rizwan
Binnia*

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)

5945111



**SINGAPORE
POLICE FORCE**



T/20230307/2120

2 of 3

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

Report No. T/20230307/2120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Tan Wei han	ID No.	S9414516C
Related Vehicle	FBS7197X (Motorcycle)	Contact No.	86997746
Hospital/Clinic	Tan Tock Seng Hospital	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	06/03/2023	Date Discharge	07/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Lee Bee Eng	ID No.	S1643416D
Related Vehicle	NIL	Contact No.	81126934
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 6/3/2023 at around 2330 hrs, my motorbike FBS 7197X was travelling along Geylang East Central towards Sims Drive, When I was about to make a left turn towards Aljunied MRT. I stopped at the filter lane while waiting for my vehicle to move out when the traffic is cleared. At this time I saw SHD 3945M was approaching behind my motorcycle and after a few minutes the said vehicle hit the back of my bike causing some jerking and I almost fell off from my bike. Due to this hit, my vehicle came out from the filter lane and no vehicle was travelling at the moment. At that time, I was on my way to pick up some food as I am a GRAB Rider. I called Grab to notify about my accident and they called the Police. I was conveyed to Hospital by Tan Tock Seng Hospital. I was discharged on 7/3/2023 at 5 am and I was given 05 days Medical leave as I sustained injuries on my right shoulder to my right hand, neck, spine and my left shoulder too. I was told by the Police to lodge this report.



**SINGAPORE
POLICE FORCE**



T/20230307/2120

1 of 3

Report No. T/20230307/2120

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2023 20:48	Vide Report No.: G/20230306/0236	Station Diary No.:
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Informant's Particulars

Name of Informant: Tan Wei han		Address: APT BLK 942 JURONG WEST STREET 91 NANYANG RUBY SINGAPORE 640942	
ID Type / ID No.: NRIC NO / S9414516C		Contact No.:	Mobile: 86997746
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 27/04/1994	Type of Informant: Rider
Race:		Language:	Institution / School Name:
Occupation: Salon Assistant		Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/03/2023 23:30	Type of Location: AT THE FLITER LANE
Location: GEYLANG EAST CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS7197X	Motorcycle	HONDA	CB400XA	Red	Slightly Damaged	0
SHD3945M	TAXI				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS7197X	NTUC Income Insurance Co-Operative Limited	5122950346-01	14/07/2022	13/07/2023

**SINGAPORE
POLICE FORCE**

T/20230307/2120

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

3 of 3

Report No. T/20230307/2120

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:

L/
STAFF SGT SHAIK FARID

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
07/03/2023 20:48Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Classification Of Case:

NP168