SN07234H000U / Income Insurance Limited ENTRY DATE & TIME: 17/04/2023 14:44 (SGT) SUBMITTED BY: Louis Lim VERSION: 1 (17/04/2023 14:44 (SGT))

# 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 witholding 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 17/04/2023 14:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/04/2023 19:00 (SGT) Exact Location of Accident Singapore JUNCTION OF KAKI BUKIT ROAD 3 AND KAKI BUKIT Additional Location Information INDUSTRIAL TERRACE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBK7921P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ANG WEE KIAT NRIC No S9629378Z Email Address ANGJACKY@HOTMAIL.COM Mobile Phone No (Phone) +65-96471188 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kawasaki Model Zx10r Variant ..... Exact purpose for which vehicle was being used at time of 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 1000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5131455274

DRIVER

Name of Driver ANG WEE KIAT NRIC No S9629378Z Date Of Birth 19/08/1996

Occupation	Indoor
Date Of Driving Pass	28/12/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96471188
Alt. Phone Number	-
Email Address	ANGJACKY@HOTMAIL.COM
Address	BLK 436 #06-1511 HOUGANG AVENUE 8
Address complement	-
Postcode	530436
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
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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	
52.7.123 51.7 52.152.71611	
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	
DEFED TO DOLLOE DEPODE	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Vas
Are accident photos available for attachment?  Was there any video captured by Car Camera?	Yes
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
Was there any video captured by Car Camera?	No
Was there any video captured by Car Camera?	
Was there any video captured by Car Camera?	No
Was there any video captured by Car Camera?	No
Was there any video captured by Car Camera?  DETAILS OF OTHER	No  VEHICLE PROPERTY 1

Vehicle Variant	<u> </u>
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 Gender	ANG WEE KIAT Male
Phone No	(Phone) +65-96471188
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	27
Injuries Sustained	STRAINS ON LEFT SHOULDER AND NECK. ABRASION ON RIGHT ELBOW AND RIGHT KNEE
Injured person in which vehicle?	FBK7921P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### 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.

- 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.
- 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/maili 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.

17/04/2023

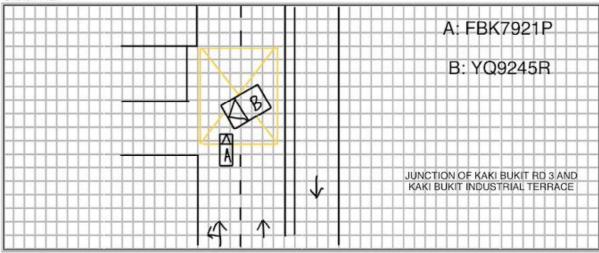
Policyholder's Signature / Date & Time

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

Lim Kai Chuan S994220

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

#### Sketch Plan



Accident report SN07234H000U

Describe Circumstance of the Accident
REFER TO POLICE REPORT
TIET ETT TO T OLIOL TIET OTT
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### Declaration

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



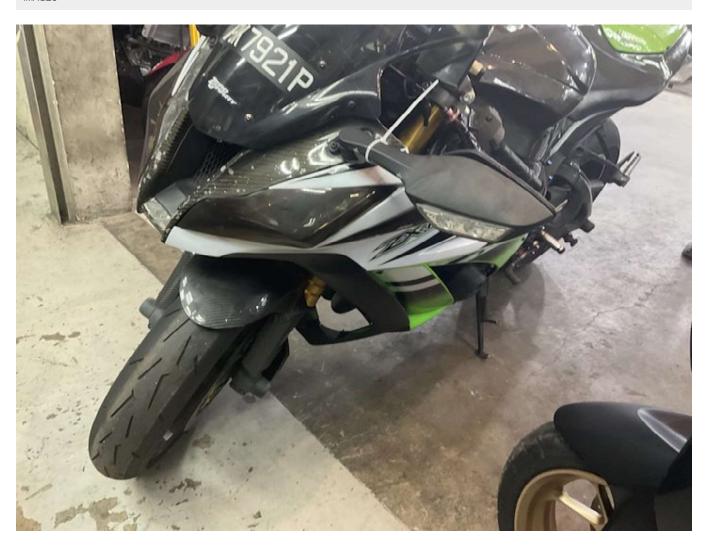
Driver's Signature (if driver is not the policyholder) / Date & Time

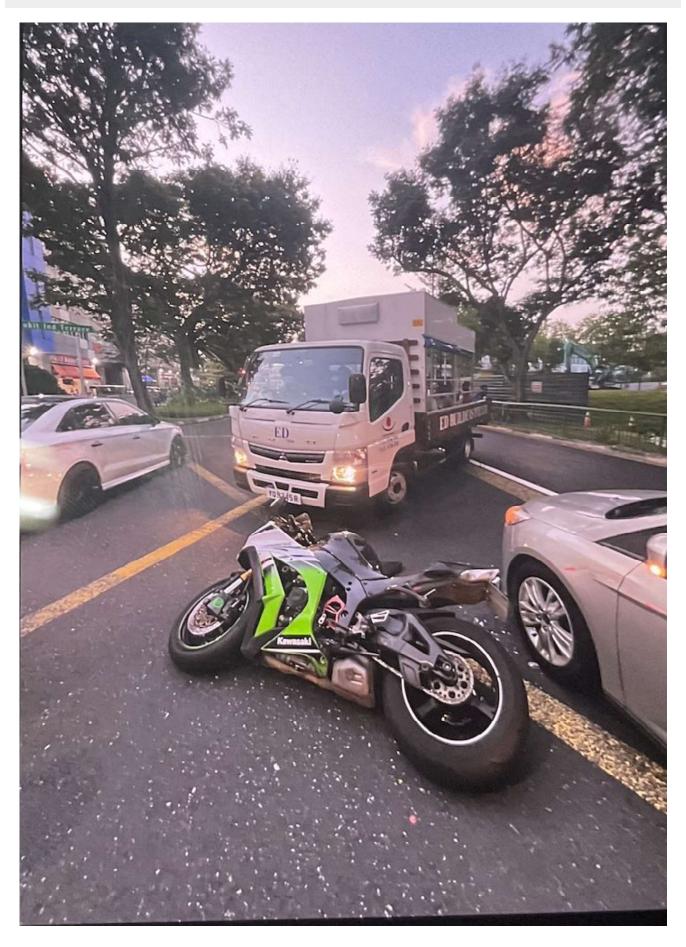


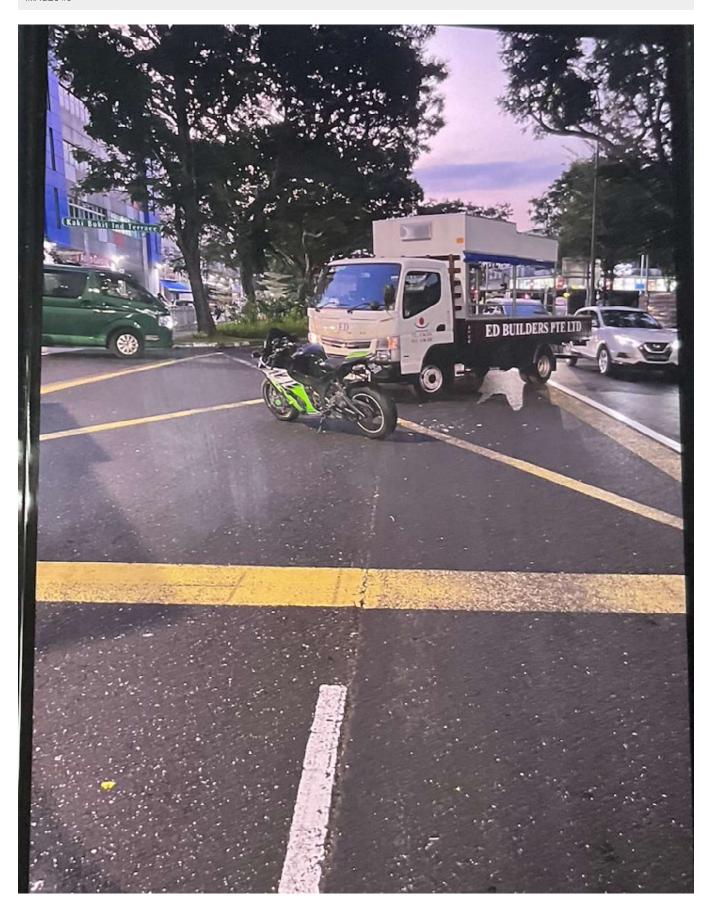
Lim Kai Chuan S994220

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

2















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



2 of 3 Report No. T/20230412/7021

## CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
	Insurance Company	1		
		Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5131455274	01/11/2022	31/10/2023

Details of Perso Any Pedestrian In	n Involved						
No. of Pedestriar	is Injured: NIL		Use of Pe	destrian C	rocc	ing. NA	
Rider			10000110	destriari C	1055	ing: NA	
Name	ANG WEE KIAT		THE RESERVE	ID No.		S9629378Z	
Related Vehicle	FBK7921P (Motorcycle)			Contact No.		96471188	
Hospital/Clinic	TAN TOCK SENG H	IOSPITAL		Class of Driving Licence Expiry		Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	11/04/2023		Date	-	12/04	1/2023	
No. of Days gran	ted Medical Leave	03	Degree o		Sligh		

#### Brief Details.

On 11/04/2023 approximately 7pm, rider(FBK7921P) was traveling along 18 kakibukit road 3, on the 2nd lane. Lorry driver( YQ9245R) abruptly turned right from the opposite lane towards kaki bukit ind terrace, the lorry was almost occupying half into lane 2, and to prevent major injuries, rider(FBK7921P) jammed brakes to avoid head on collision, rider(FBK7921P) skidded and rolled towards the right on the ground. The rider then initiated to exchange particulars with the lorry driver ( YQ9245R), but the driver refused to provide any particulars. The rider called police to report on the accident, soon after, the ambulance came to attend to the rider's injuries. The traffic police came to assess the situation and took statements from the rider(FBK7921P), the rider was then conveyed to Tan Tock Seng General Hospital. The rider(FBK7921P) suffered strains on the left shoulder, neck, and abrasions on the right elbow and right knee. X-Rays were done on the above mentioned, and on the chest. The rider(FBK7922P) was discharged on 12/04/2023 at 12.21am. He was issued 3days medical leave (REF: 1179263413)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

1 of 3 Report No. T/20230412/7021

# REPORT OF A TRAFFIC ACCIDENT

Tel No: 65470000

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
12/04/2023 13:11	G/20230411/0160	

12/04/20:	23 13:11		G/20230411/0160	
Informar	nt's Particu	ilars		
Name of Informant: Address: 436 HOUGANG AVENUE 8 #0				E 8 #06-1511 SINGAPORE 530436
ID Type /	ID No.: 0 / S962937	78Z	Contact No.: Home/Office:	Mobile: 96471188
Nationality: SINGAPORE CITIZEN			Email: ANGJACKY@HOTMAIL	_COM
Sex: Male	Age: 26	Date of Birth: 19/08/1996	Type of Informant: Rider	
Race: Chinese			Language: English	
Occupat Other civ	vil engineer	ing and related	Driving Licence Informa Class: 2B,2A,2,3	tion: Date of Expiry:

Type of	Injury Attended by Police	Drink Drive:	Date/Time of Accident:	Type of Location: Straight Road
Accident:	Attended by I dide	No	11/04/2023 19:00	Cu ang it i i ama
Location:				
VAVI DI IVIT I	NDUSTRIAL TERRACE			
KAKI BUKII	INDUSTRIAL TERRACE			
			THE STAN	
Weather:		Road Surface:		
Weather: Clear		Road Surface: Dry		
				Traffic Volume:
		Dry		Traffic Volume: Moderate

	ehicle Involve	IN PERSONAL PROPERTY.		Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	INO OF Passerige
FBK7921P	Motorcycle	KAWASAKI	NINJA ZX- 10R ABS M	Green		0
YQ9245R	Lorry	FUSO		White		0

Details of V	ehicle Insurance			
	Insurance No	Effective	Expiry Date	
Vehicle No.	Insurance Company	Ilisurance ivo	Lineanie	



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



Report No. T/20230412/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960

NP168

Signature Of Informant:

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

Date/Time: 12/04/2023 13:11

Classification Of Case: