

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 | 25/04/2023 15:34 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 24/04/2023 09:00 (SGT) |
| Exact Location of Accident | Bukit Batok West Ave 6, Singapore |
| Additional Location Information | SLIP ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBH5439U |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | XIE SHI MIN |
| NRIC No | SXXXX357E |
| Email Address | shiminwrites@gmail.com |
| Mobile Phone No | (Phone) +65-98487983 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | Fz16st |
| 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 | 153 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Policy Number / Cover Note Number | DMMHQ22-000810 |

DRIVER

| | |
|----------------------|-------------|
| Name of Driver | XIE SHI MIN |
| NRIC No | SXXXX357E |
| Date Of Birth | 13/11/1989 |
| Occupation | Indoor |

| | |
|--|--------------------------------------|
| Date Of Driving Pass | 03/09/2020 |
| Driving experience | 2 YEARS AND 7 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98487983 |
| Alt. Phone Number | - |
| Email Address | shiminwrites@gmail.com |
| Address | BLK 527 BUKIT BATOK STREET 51 #04-70 |
| Address complement | - |
| Postcode | 650527 |
| 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? | 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 | Jurong Division Headquarters |
| Police Station Phone No | (Phone) +65-18007910000 |
| Alt. Police Station Phone No | (Fax) +65-68965647 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20230424/7057

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJP7970B |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | Note |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | WONG LAI YUIN |
| Contact Number | (Phone) +65-97919031 |
| 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 | XIE SHI MIN |
| Gender | Female |
| Phone No | (Phone) +65-98487983 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | FBH5439U |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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

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



Describe Circumstance of the Accident

REFER to Police Report J/20230424/7057

Declaration

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


 Policyholder's Signature / Date & Time


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


 25/04/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)


































**SINGAPORE
POLICE FORCE**


J/20230424/7057

1 of 2

POLICE REPORT (NP299)

Report No. J/20230424/7057

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

| | | |
|--|--|---------------------|
| Date/Time Report Made 24/04/2023 18:28 | Vide Report No. | Station Diary No. |
| Name Of Informant XIE SHI MIN | Address 527 BUKIT BATOK STREET 51 #04-70 SINGAPORE 650527 | |
| ID Type / ID No. NRIC NO / S8941357E | Contact No. Home/Office: | Mobile: 98487983 |
| Nationality SINGAPORE CITIZEN | Email Address shiminwrites@gmail.com | |
| Occupation Marketing manager | Sex Female | Age 33 |
| Institution/School Name | Date of Birth 13/11/1989 | Race Chinese |
| Date/Time Of Incident 24/04/2023 09:00 - 24/04/2023 09:20 | Location Of Incident 527 BUKIT BATOK STREET 51 #04-70 SINGAPORE 650527 | |

Brief details.

I would like to report a car accident. I was riding my motorcycle, FBH 5439U along Bukit Batok Avenue 6. I crossed the turning junction and the zebra crossing, and I had stopped to see if there were oncoming cars. A Nissan Note with the license plate SJP 7970B knocked into the rear end of the bike. I fell off with the bike and came away with an abrasion. The driver of the car, Wong Lai Yui, helped me up and drove me to work.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 24/04/2023 18:28 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



J/20230424/7057

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230424/7057

| | | | |
|--------------------------|----------------------------|------------------------|--|
| Subjects Involved | | | |
| Suspect | | | |
| Person Name | Wong Lai Yui | | |
| Gender | Female | Age | 30-40 |
| Race | Chinese | Language | English |
| Relation To Informant | Driver who knocked me down | | |
| Victim | | | |
| Person Name | XIE SHI MIN | | |
| ID Type | NRIC NO | ID No | S8941357E |
| Gender | Female | Age | 33 |
| Race | Chinese | Language | English |
| Occupation | Marketing manager | Address | 527 BUKIT BATOK STREET 51 #04-70 SINGAPORE 650527 |
| Mobile No | 98487983 | Is Informant A Victim? | Yes |
| Person Name | XIE SHI MIN (Informant) | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 24/04/2023 18:28 |
| Officer In-Charge Of Case: | Classification Of Case: |



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: SN08234P0005 Vehicle Registration No: FBH 54394
 Name (as shown in NRIC): XIE SHI MIN NRIC/FIN/Passport No: XXXX 357E
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98487983
 Email Address: _____
 Date of Accident: 24/04/2023 Time of Accident: 09:00
 Place of Accident: BUKIT BOKAK WANG AVE 6
 Insurance Company: EQT

(B) ADDITIONAL INFORMATION /AMENDMENTS:

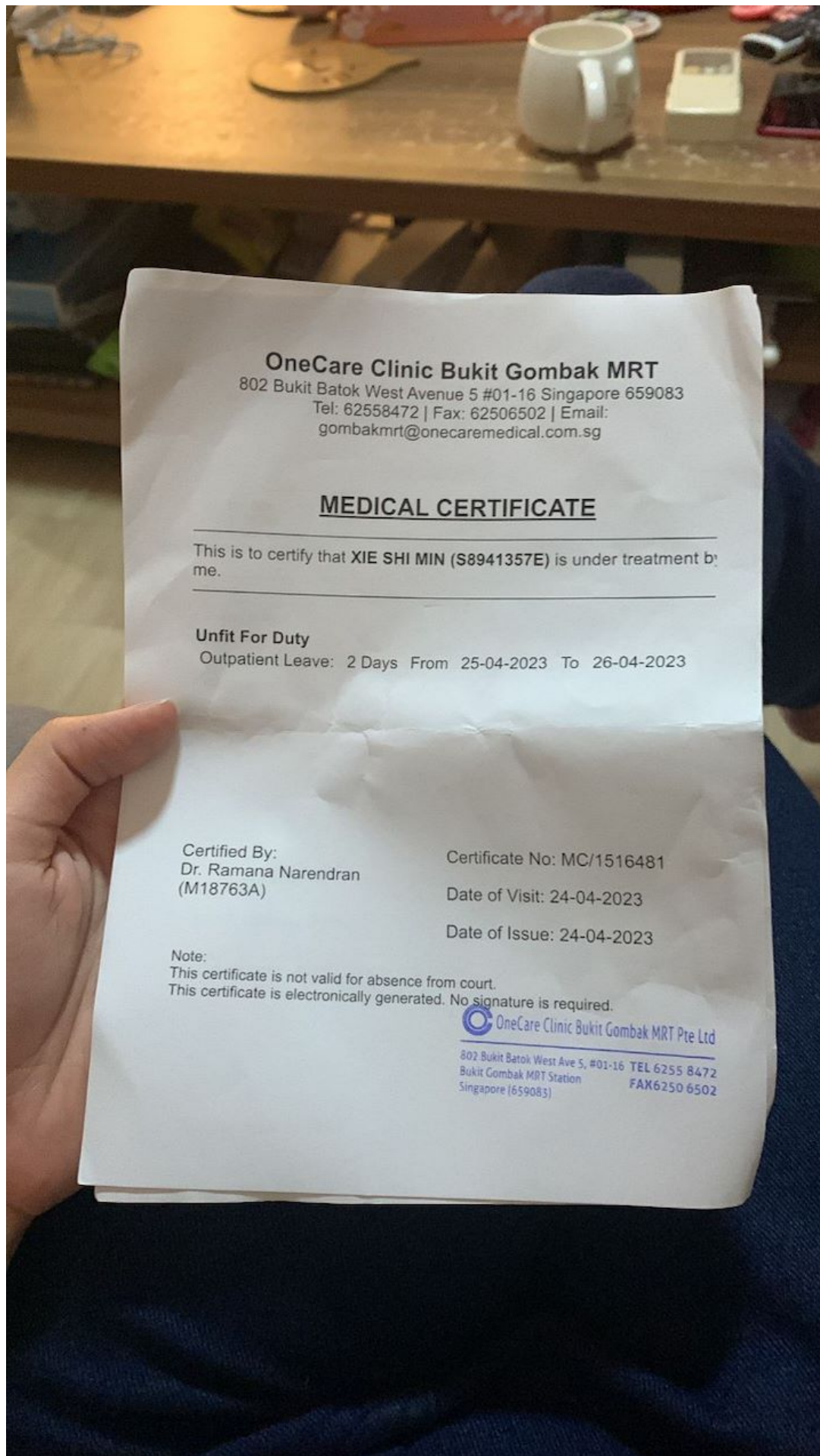
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INFORMED VEHICLE NUMBER FBH54394

Policyholder / Actual Driver's Signature
Date:

[Signature] 24/04/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

17m0422



OneCare Clinic Bukit Gombak MRT
802 Bukit Batok West Avenue 5 #01-16 Singapore 659083
Tel: 62558472 | Fax: 62506502 | Email:
gombakmrt@onecaremedical.com.sg

MEDICAL CERTIFICATE

This is to certify that **XIE SHI MIN (S8941357E)** is under treatment by me.

Unfit For Duty

Outpatient Leave: 2 Days From 25-04-2023 To 26-04-2023


Certified By:
Dr. Ramana Narendran
(M18763A)

Certificate No: MC/1516481

Date of Visit: 24-04-2023

Date of Issue: 24-04-2023

Note:
This certificate is not valid for absence from court.
This certificate is electronically generated. No signature is required.

 **OneCare Clinic Bukit Gombak MRT Pte Ltd**
802 Bukit Batok West Ave 5, #01-16 TEL 6255 8472
Bukit Gombak MRT Station FAX 6250 6502
Singapore 659083

OneCare Clinic Bukit Gombak MRT
 802 Bukit Batok West Avenue 5 #01-16 Singapore 659083
 Tel: 62558472 | Fax: 62506502 | Email: gombakmrt@onecaremedical.com.sg
 Co. Reg: 201711685G | GST. Reg: 201711685G


TAX INVOICE

| | |
|---|--|
| XIE SHI MIN (S8941357E) 527 BUKIT BATOK STREET 51 04-70 SINGAPORE 650527 | Invoice No: OCBG2023_12018 Visit Date: 24-04-2023 Attending Doctor: Dr. Ramana Narendran |
|---|--|

| Items : | Amount |
|------------------------|-----------------|
| Consultation | \$ 25.00 |
| Consultation | \$ 0.00 |
| CONSULTATION WEEKDAY 1 | \$ 25.00 |
| Medication | \$ 0.00 |
| Investigation | \$ 0.00 |
| Others | \$ 0.00 |
| | |
| Total : | \$ 25.00 |
| GST 8% : | \$ 2.00 |
| Rounding : | \$ 0.00 |
| Grand Total : | \$ 27.00 |

| | | |
|-------------------------------------|----------------------|---------|
| Paid By: | Amount Outstanding : | \$ 0.00 |
| \$27.00 DBSMax (Paid on 24-04-2023) | | |

Note:
 (This is a computer-generated invoice. No Signature is required.)


OneCare Clinic Bukit Gombak MRT Pte Ltd
 802 Bukit Batok West Ave 5, #01-16 TEL 6255 8472
 Bukit Gombak MRT Station FAX 6250 6507
 Singapore (659083)

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