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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

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

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

DETAILS OF OWN VEHICLE

FBH5439U Vehicle Registration Number

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Yamaha Manufacturer Fz16st Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

EQ Insurance Company Ltd DMMHQ22-000810

No - Claiming third party

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

XIE SHI MIN SXXXX357E 13/11/1989 Indoor

Private use

Motorcycle

Manual

153

03/09/2020 Date Of Driving Pass 2 YEARS AND 7 MONTHS Driving experience Female Gender (Phone) +65-98487983 Mobile Number Alt. Phone Number shiminwrites@gmail.com **Email Address** BLK 527 BUKIT BATOK STREET 51 #04-70 Address Address complement 650527 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions Clear Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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? Jurong Division Headquarters Police Station Name (Phone) +65-18007910000 Police Station Phone No (Fax) +65-68965647 Alt. Police Station Phone No No. 2 Jurong West Avenue 5 Singapore 649482 Police Station Address 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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

SJP7970B

Nissan

Note

Vehicle Colour	2
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)	<u>-</u> 3

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?	= 1
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

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

Buk 1 Panne Aufe 6.

June 2022

VJun2022

Describe Circumstance of the Accid	POLICE RUPORT	J/20136424	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)

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



J/20230424/7057

1 of 2

Report No. J/20230424/7057

POLICE REPORT (NP299)

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 BUKI 650527	Т ВАТОК	STREET 51 #04-	-70 SINGAPORE
ID Type / ID No. NRIC NO / S8941357E	Contact N Home/Off		Mobile: 98487983	
Nationality SINGAPORE CITIZEN	Email Add		il.com	
Occupation	Sex	Age	Date of Birth	Race
Marketing manager	Female	33	13/11/1989	Chinese
Institution/School Name	Language English)		
Date/Time Of Incident 24/04/2023 09:00 - 24/04/2023 09:20		Of Inciden T BATOK	t STREET 51 #04	-70 SINGAPORE

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 Yuin, helped me up and drove me to work.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	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:





2 of 2

Report No. J/20230424/7057

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Suspect			
Person Name	Wong Lai Yuin		
Gender	Female	Age	30-40
Race	Chinese	Language	English
Relation To	Driver who knocked me down		
nformant			
Victim			
Person Name	XIE SHI MIN		
D Type	NRIC NO	ID No	S8941357E
Gender	Female	Age	33
Race	Chinese	Language	English
Occupation	Marketing manager	Address	527 BUKIT BATOK STREET 5
			#04-70 SINGAPORE 650527
Mobile No	98487983	Is Informant A	Yes
		Victim?	

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	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:

ACCIDENT'STATEMENT

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EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



MOTORCYCLE-PTE USE SCHEDULE

Page 1 of 6

Account A000456	Class of Policy MOTORCYCLE Issued on 24/06/2022 Acceptance Date 24/06/2022	2 in Singapore	Policy Replac	Number [ing Policy no. D)ММРНQ22-000810 ММРНQ21-000394
Period of Insurance	e from 15/07/2022 to 14/07/2	2023 , both dates	inclusive		
Insured's Name Address	XIE SHI MIN BLK/HOUSE NO.21 #16-411 HOLLAND DRIVE SINGAPORE 271021				
Business/Occupn	Teacher				
Premium	Basic Annual Premium Total Annual Premium		300340.20	Premium Due Premium GST Total Due	SGD340.2 SGD23.8 SGD364.0
Risk No. 001 1. Registration Type of Cover Engine No. Chassis No.	MOTORCYCLE-PTE USE FBH5439U Third Party, Fire & Theft 4559028138 ME145S092D2028134	Make/Model No. of seats Capacity cc's	YAMAHA FZ16 2 153	SST 153cc Body Type Yr of Manuf/Reg NCB% Certificate Ref	10.00
Sum Insured: Named Driver(Named Drivers	Market Value at the time of s) XIE SHI MIN	f loss	SGD0.00 SGD300.00		

The following clauses and endorsements apply to this policy MOTOR CYCLE THIRD PARTY FIRE & THEFT (INDIVIDUAL) Ver.8

For information on Motor Claims Framework (MCF), please visit GIA websites (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement, Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the Certificate of Insurance. You will have to pay the Excess for every claim made against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2





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: _ Vehicle Registration No: _ Original Report No: NRIC/FIN/Passport No: Name (as shown in NRIC): (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Singapore (Address: _ Contact (Tel): Email Address: _ _ Time of Accident: _ Date of Accident: __ Place of Accident: Insurance Company: (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: RHOCK LUMBER FRHSY3SU Reporting Centre Personnel's Signature Policyholder / Actual Driver's Signature Name (as in NRIC/ID card): Date: Date: