

[illegible]

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
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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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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

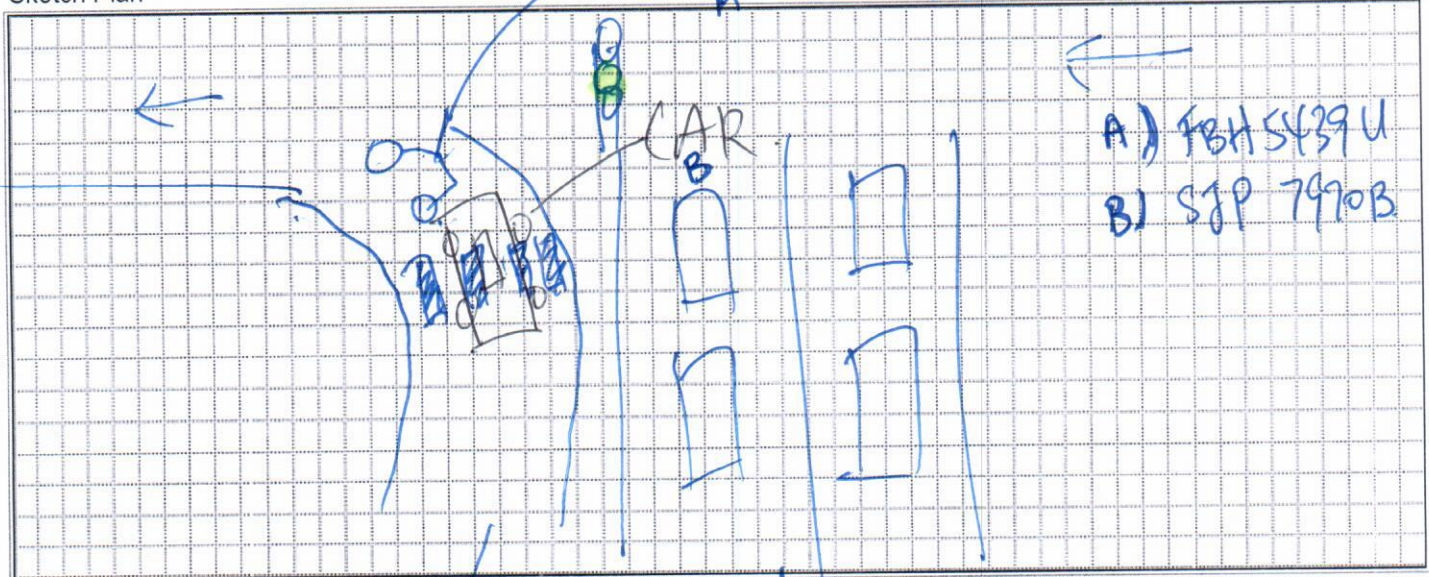
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT J/2023 0424/7057

Declaration

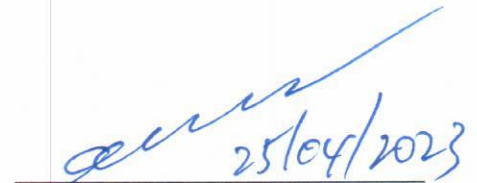
I/We declare the foregoing particulars are true in every respect.



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	Language English	
	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

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230424/7057

Subjects Involved			
Suspect			
Person Name	Wong Lai Yuin		
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 Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
24/04/2023 18:28

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 4 / 2023) (DD/MM/YYYY), TIME: (9 : 00) (HH:MM)

LOCATION: BUKIT BATOK AVENUE 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH5439U
 b) INSURANCE COMPANY: EG INSURANCE
 c) POLICY NUMBER: DMMPH Q22-000810
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA FZ-ST 16
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRANS PORT
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: XIE SHI MIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8941357E CONTACT: 98487983
 c) ADDRESS: BLK 527 BUKIT BATOK ST 51 #04-70

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: XIE SHI MIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8941357E CONTACT: 98487983
 c) ADDRESS: BLK 527 BUKIT BATOK ST 51 #04-70

* d) DATE OF BIRTH: (13 / 11 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/09/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: JURONG DIVISION

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SYP 7970B MODEL: NISSAN NOTE

b) DRIVER'S NAME: WONG LAI YUIN

c) NRIC/FIN/PASSPORT: _____ CONTACT: 97919031

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

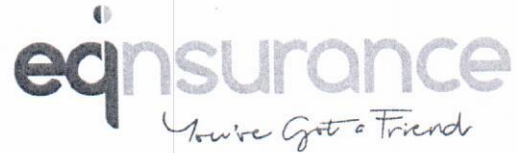
b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: shiminwrites@gmail.com
 VIDEO Yes

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

Agency	A000456	Class of Policy	MOTORCYCLE-PTE USE	Policy Number	DMMPHQ22-000810
Account	A000456	Issued on	24/06/2022 in Singapore	Replacing Policy no.	DMMPHQ21-000394
Client	0187805	Acceptance Date	24/06/2022		

Period of Insurance from 15/07/2022 to 14/07/2023 , both dates inclusive

Insured's Name XIE SHI MIN
Address BLK/HOUSE NO.21 #16-411
HOLLAND DRIVE
SINGAPORE 271021

Business/Occupn Teacher

Premium	Basic Annual Premium	SGD340.20	Premium Due	SGD340.20
	Total Annual Premium	SGD340.20	Premium GST	SGD23.81
			Total Due	SGD364.01

Risk No. 001	MOTORCYCLE-PTE USE				
1. Registration	FBH5439U	Make/Model	YAMAHA FZ16ST	153cc	
Type of Cover	Third Party, Fire & Theft	No. of seats	2	Body Type	Motorcycle
Engine No.	4559028138	Capacity cc's	153	Yr of Manuf/Regn	2013/2013
Chassis No.	ME145S092D2028134			NCB%	10.00
				Certificate Ref.	MY1
Sum Insured: Market Value at the time of loss			SGD0.00		
Named Driver(s)			SGD300.00		
Named Drivers	XIE SHI MIN				

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:

Original Report No: SW09234P0005 Vehicle Registration No: FBH 54394

Name (as shown in NRIC): XIE SH 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 WAP AVENUE 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:

INQUIRED 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: