

# 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 .....	12/06/2023 14:38 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/06/2023 17:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	NICOLL DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBL7578S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LEWIS CONTRACT SERVICES
Company Reg No .....	53099603X
Email Address .....	YEPSOONLEE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96235509
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Byd
Model .....	T3
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	100

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5134821681

### DRIVER

Name of Driver .....	YEP SOON LEE
NRIC No .....	S1550359I
Date Of Birth .....	22/04/1962
Occupation .....	Outdoor

Date Of Driving Pass .....	08/10/1979
Driving experience .....	43 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96304224
Alt. Phone Number .....	-
Email Address .....	YEPSOONLEE@GMAIL.COM
Address .....	BLK 116 HOUGANG AVE 1 #13-1210
Address complement .....	-
Postcode .....	530116
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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) .....	4
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 .....	-

PASSENGER 1

Name .....	AH LENG
Gender .....	Male

PASSENGER 2

Name .....	AH HONG
Gender .....	Male

PASSENGER 3

Name .....	LEONARD
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED POLICE REPORT.

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 ..... FBL8787Z  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 Name of Driver ..... MOHAMMAD ZUL FAISAL BIN SELAMAT  
 NRIC No ..... S9904861A  
 Contact Number ..... -  
 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 ..... -  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... 24  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBL8787Z  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

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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.

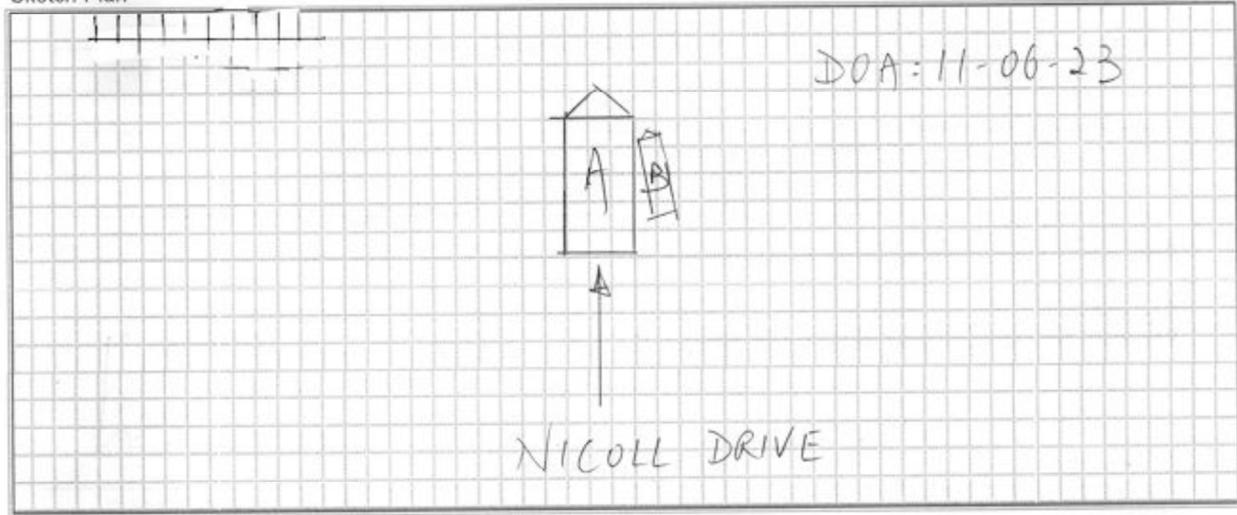


\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time  
12-06-23 12.30pm

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

**Sketch Plan**



A: GBL 75788

B: FBL 0707 Z

Describe Circumstance of the Accident

POLICE REPORT.

Declaration

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

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/D card)

12-06-2023  
12:30 pm















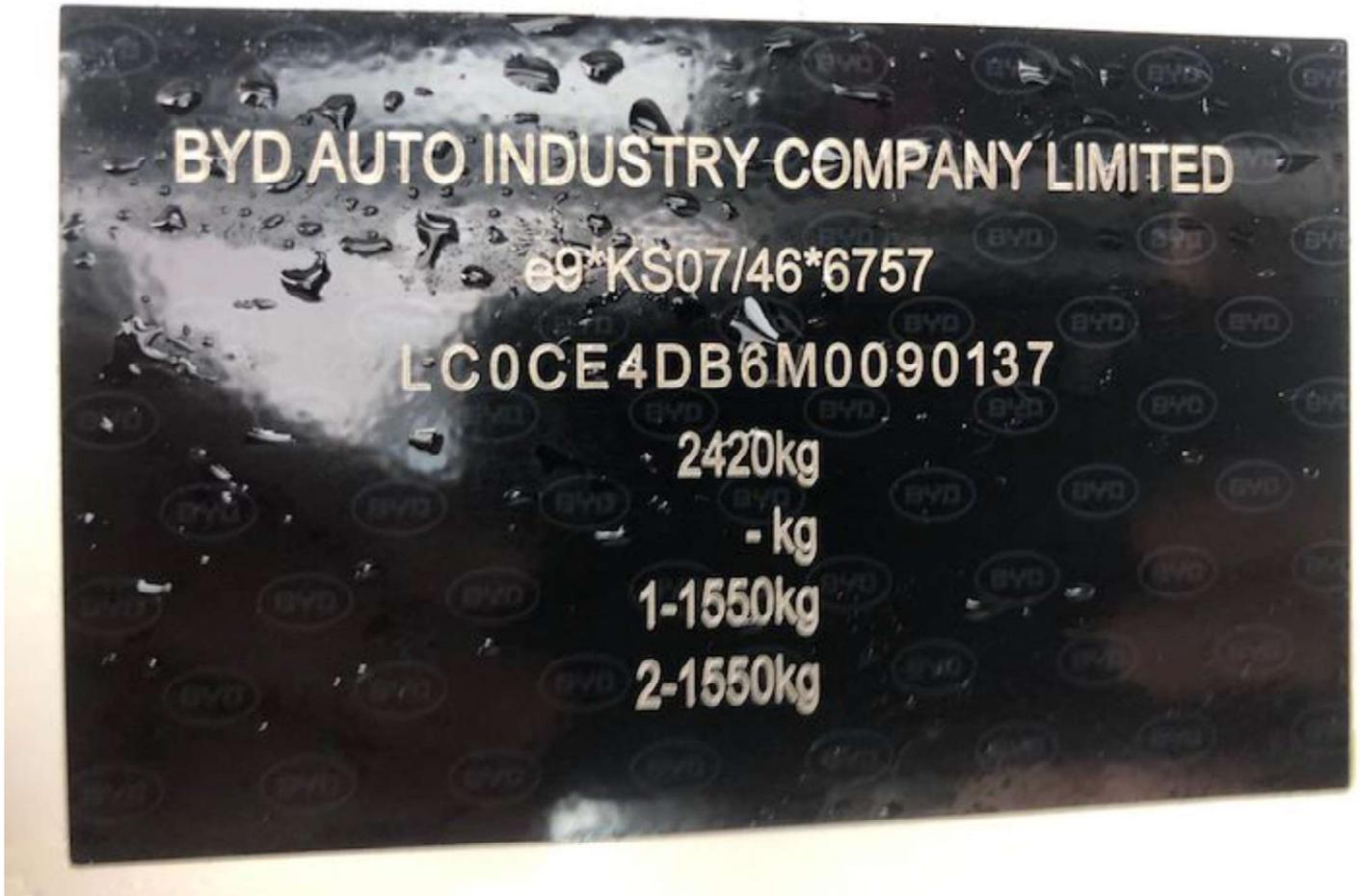




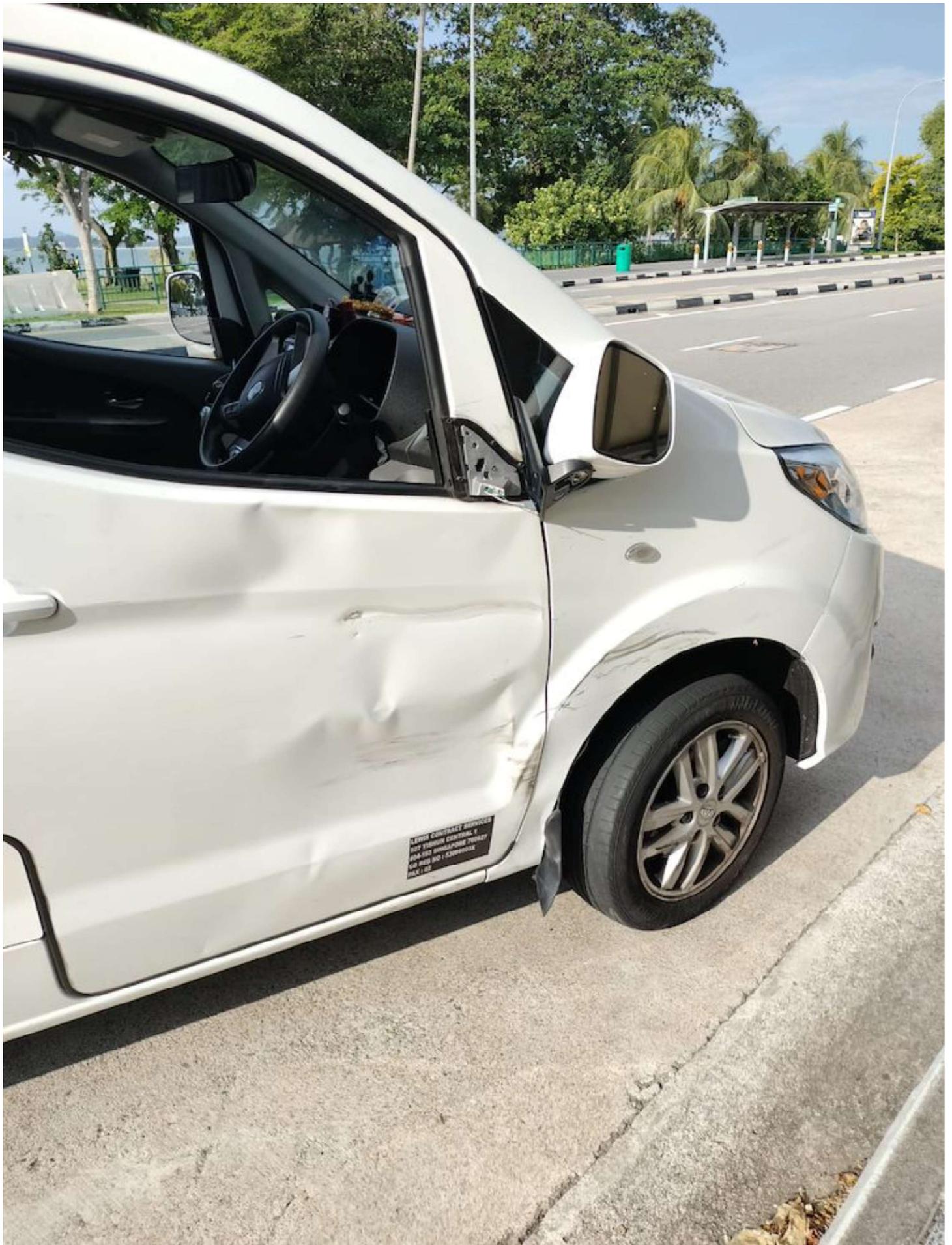




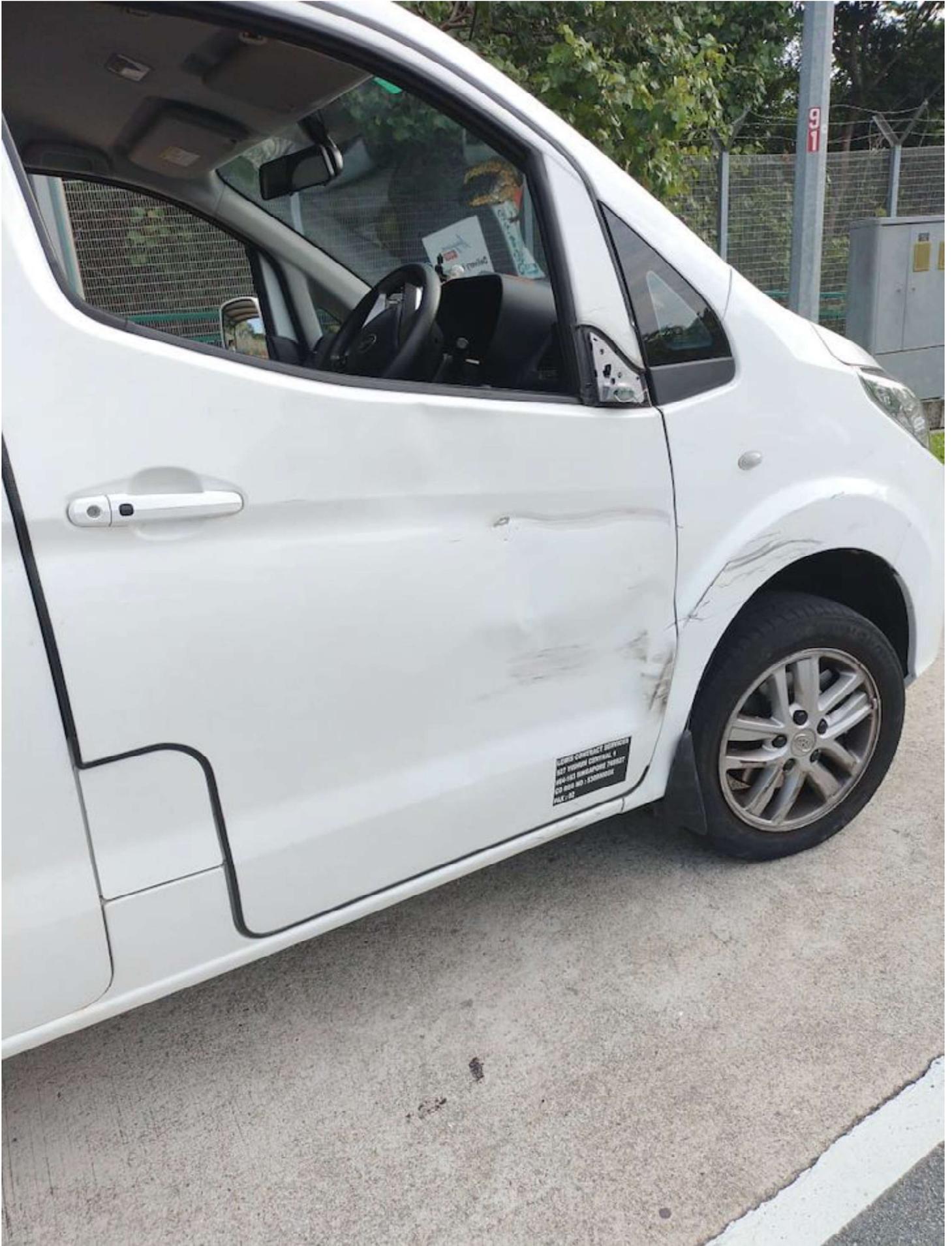




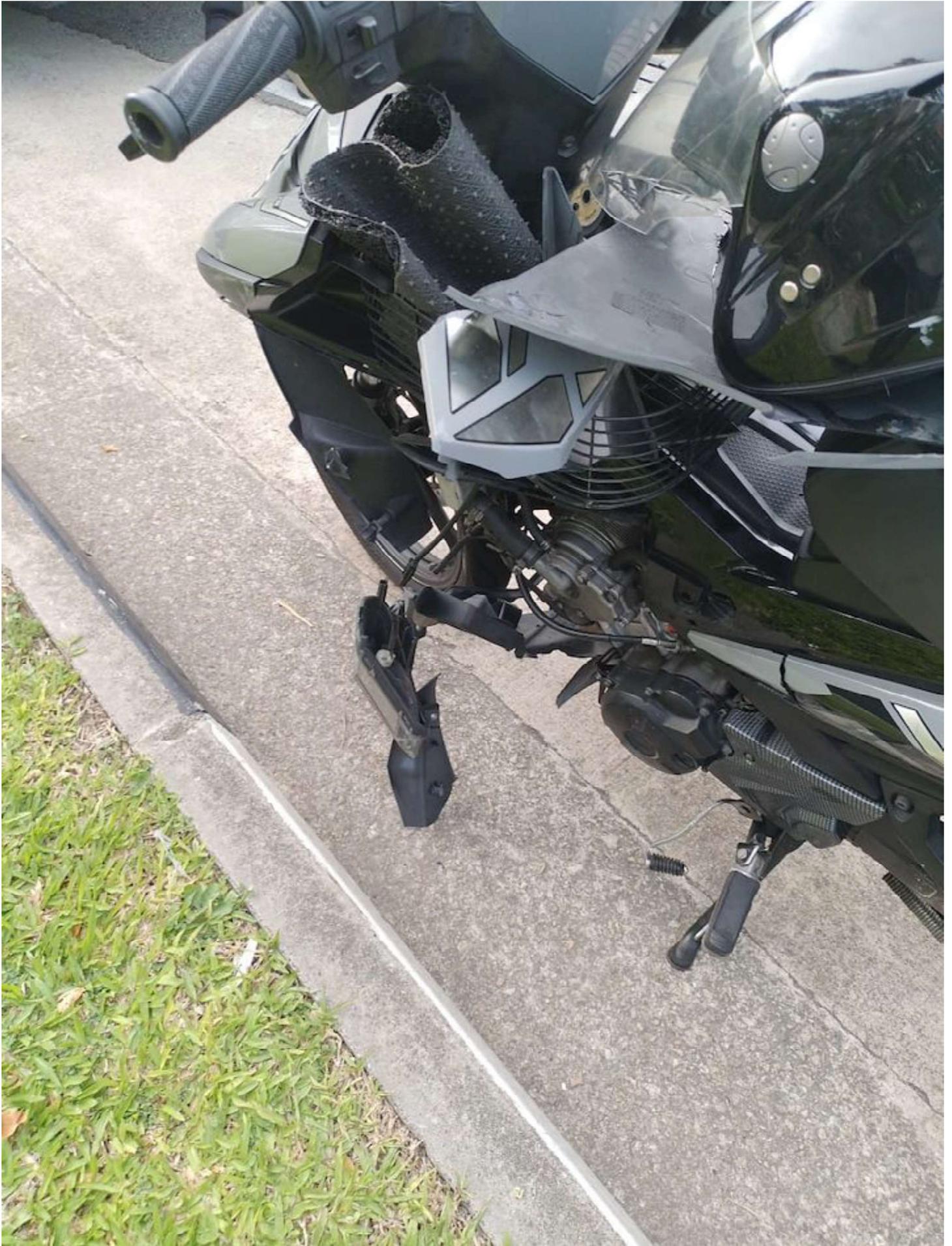




KLING CONTRACT SERVICES  
NO. 11, JALAN BUKIT MELAKA, 1  
40100 KUALA SELANGOR, SELANGOR  
MALAYSIA







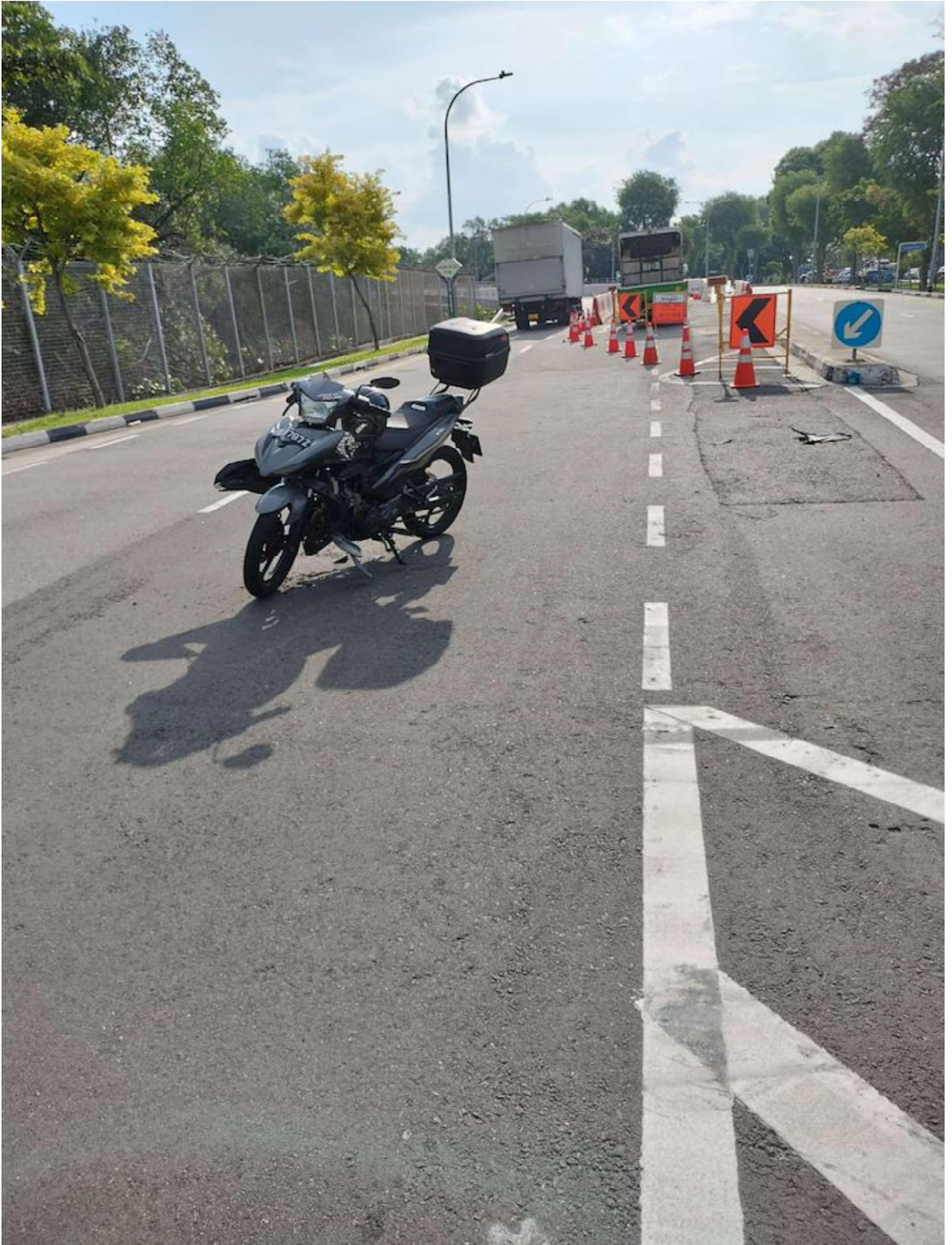

















**SINGAPORE  
POLICE FORCE**


T/20230611/2057

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20230611/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/06/2023 21:20	Vide Report No.: G/20230611/0150	Station Diary No.: 119
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**Informant's Particulars**

Name of Informant: YEP SOON LEE			Address: APT BLK 116 HOUGANG AVENUE 1 #13-1210 SINGAPORE 530116		
ID Type / ID No.: NRIC NO / S1550359I			Contact No.: Home/Office:                      Mobile: 96304224		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 22/04/1962	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3,4,5                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/06/2023 17:15	Type of Location: Straight Road
Location:  NICOLL DRIVE				
Lamp Post Number: 91				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8787Z	Motorcycle	YAMAHA		Maroon	Slightly Damaged	1
GBL7578S	Van	BYD		White	Slightly Damaged	4

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20230611/2057

**CONTINUATION OF REPORT**

Rider			
Name	MOHAMMAD ZUL FAISAL BIN SELAMAT	ID No.	S9904861A
Related Vehicle	FBL8787Z (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	YEP SOON LEE	ID No.	S1550359I
Related Vehicle	GBL7578S (Van)	Contact No.	96304224
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 11/06/2023 at 1715hrs, vehicle FBL8787Z sideswiped me as was I driving towards Changi Coastal Road. I was driving on the first lane at a slow speed where I was looking for a U-Turn point went suddenly I felt an impact on the right side of my vehicle. I wish to state that I am unsure where was the position of the motorcycle is. The weather was clear and the road surface is dry. The motorcycle then self-skidded on the right side of my vehicle. I then called for ambulance as the rider was slightly injured. Rider was still able to communicate with me while waiting for police and ambulance assistance. There was a total of 4 people in my vehicle including myself. I wish to state that I and other 3 of my friends was not injured. I also wish to state that my In-Car camera is spoilt for about a month.

Ambulance then arrived and did the necessary checking on the rider. He had some abrasions on his leg. Therefore, the paramedics had to bandage his legs. TP arrived and interviewed me. TP Officer informed me that I have to lodge a police report.



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T/20230611/2057

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Report No. T/20230611/2057

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 1 FARHAN SHAH BIN HASSAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2023 21:20
Officer In Charge Of Case: TP / GIT / STAFF SGT YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

NP168