

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 | 21/06/2023 13:05 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 04/06/2023 03:30 (SGT) |
| Exact Location of Accident | 20 Bedok Rise, Singapore 465411 |
| Additional Location Information | THE GLADES CONDOMINIUM |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBQ5483T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---|
| Is company? | Yes |
| Name Of Registered Owner | COMMERCIAL VEHICLES DISTRIBUTOR PTE. LTD. |
| Company Reg No | 2XXXXX853H |
| Email Address | jxiika97@gmail.com |
| Mobile Phone No | (Phone) +65-86116161 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | Aerox |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Motorcycle |
| Transmission | Auto |
| CC | 155 |

INSURANCE COMPANY

| | |
|---|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D22MFL0006909 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | SIM WEE KWANG |
| NRIC No | SXXXX569G |
| Date Of Birth | 06/05/1983 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 26/02/2004 |
| Driving experience | 19 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-8398808 |
| Alt. Phone Number | - |
| Email Address | jxiika97@gmail.com |
| Address | BLK 21 EUNOS CRESCENT #08-2981 |
| Address complement | - |
| Postcode | 400021 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | 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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

| | |
|---|-----|
| 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 | SKA155B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 | SIM WEE KWANG |
| Gender | Male |
| Phone No | (Phone) +65-8398808 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | FBQ5483T |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

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

BEDOK RISE

Witnessed by Reporting Centre Personnel

VEH A: FBQ5483T

VEHB: SKA155B



Describe Circumstances of the Accident

Refer to Police Report

7/20230605/7050

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

[Signature] 21/06/2023























**SINGAPORE
POLICE FORCE**



T/20230605/7050

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

1 of 3

Report No: T/20230605/7050

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 05/06/2023 16:37 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | |
|--|------------|---|-----------------------------|
| Name of Informant: SIM WEE KWANG | | Address: APT BLK 21 EUNOS CRESCENT #08-2981 SINGAPORE 400021 | |
| ID Type / ID No.: NRIC NO / S8313569G | | Contact No.: Home/Office: Mobile: 83988008 | |
| Nationality: SINGAPORE CITIZEN | | Email: jymsim.properties@gmail.com | |
| Sex: Male | Age: 40 | Date of Birth: 06/05/1983 | Type of Informant: Rider |
| Race: Chinese | | Language: English | |
| Occupation: Self employed | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | | |
|-------------------------|------------------|--------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 04/06/2023 03:30 | Type of Location: |
| Location: BEDOK RISE | | | | |
| Weather: | | Road Surface: | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------------|------|-------|-------|----------|-------|
| FBQ5483T | Motorcycle | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230605/7050

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

2 of 3

Report No. T/20230605/7050

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|-----------|--|
| Rider | | | |
| Name | SIM WEE KWANG | | ID No. S8313569G |
| Related Vehicle | FBQ5483T (Motorcycle) | | Contact No. 83988008 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

On the stated date and time, I was riding FBQ5483T exiting the condo THE GLADES.

I was the second vehicle behind the gantry and I was stationary behind SKA155B.

Suddenly, SKA155B reversed and collided into the front portion of my vehicle at fast speed catching me off guard.

The impact was huge but fortunately, as I held onto my brakes hard and both my feet were on the ground, I managed to avoid falling off my bike.

However, the mudguard of bike had snapped and the front portion of my bike was also cracked. The rear of SKA155B was also dented.

Later the same morning, I woke up with aches over my back, forearms and wrists.

The pain persisted and as such, I sought treatment the following day at Ubi Family Clinic near my place and was given 3 days MC for injuries caused by the accident.

**SINGAPORE
POLICE FORCE**

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



T/20230605/7050

3 of 3

Report No. T/20230605/7050

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
05/06/2023 16:37

Classification Of Case:

NP168

COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD
(MOTORBIKE RENTAL DIVISION)
39 WOODLANDS CLOSE, MEGA@WOODLANDS, #04-62, SINGAPORE 737856
GST REG. NUMBER: 201728853H

HIRER PARTICULARS

ID/NRIC/ROC: S8313569G

Name/Company: SIM WEE KIANG

Address: BLK 21 EUNDS CRESCENT
#08-2081 S1400021

Person-in-charge: _____

Contact Number: 83988008

RENTAL AGREEMENT CVOBW/2023/0418

Agreement Date: 15/11/2022

Rental Term: MONTHLY

Rental Rate (inc. of GST): \$550/MONTH

Agreed End Date: _____

Agreed Period: _____

Contact Ref: _____

Excess for vehicle damage: \$2000 EACH SECTION

RENTAL VEHICLE/ACCESSORIES

RENTAL ID: _____

REG. NO: FBQ9483T

MAKE: YAMAHA

MODEL: ADV 150

CAPACITY: _____

DRIVER PARTICULARS (IF NOT STATED)

NAME: AS ABOVE

NRIC: _____

DOB: _____

LIC PASS: _____

NATIONALITY: _____

CONTACT: _____

ADDRESS: _____

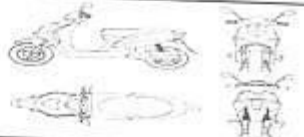
DELIVERY OF VEHICLE

Check Out By: _____

| Date | Time | Mileage Out |
|------|------|-------------|
| | | |

Petrol Out: Empty 1/8 1/4 3/8 1/2 5/8 3/4 Full

Estimated date of return: _____



Check In By: _____

| Date | Time | Mileage In |
|------|------|------------|
| | | |

Petrol In: Empty 1/8 1/4 3/8 1/2 5/8 3/4 Full

Petrol Used: _____

(Note: Petrol Level to be Return as it was Rented out)

Return Note: _____

MODE OF PAYMENT PAYNOW

RENTAL DUE: \$550

DELIVERY CHARGE: _____

TOTAL DUE: \$550

TOTAL PAID: \$550

DAMAGE RECOVERY: _____

OTHERS: _____

DEPOSIT: \$100 FBQ9483T 15/8/2022

AMOUNT REFUND: _____

REMARKS: _____

COMPANY AUTHORISED SIGNATURE: _____

HIRER SIGNATURE: _____