

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	23/06/2023 11:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/06/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JOO CHIAT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR9730Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHIN HSI
NRIC No	S8585609Z
Email Address	CHANHSI85@GMAIL.COM
Mobile Phone No	(Phone) +65-83023270
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	GDR155A
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	Income Insurance Limited
Policy Number / Cover Note Number	5120283477-02

DRIVER

Name of Driver	LEE CHIN HSI
NRIC No	S8585609Z
Date Of Birth	03/01/1985
Occupation	Outdoor

Date Of Driving Pass	20/09/2008
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83023270
Alt. Phone Number	-
Email Address	CHANHSI85@GMAIL.COM
Address	BLK 308C PUNGGOL WALK #02-336
Address complement	-
Postcode	823308
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 - U-Turn
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)	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

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV TO EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD8713K
Vehicle Manufacturer	Nissan
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private hire
Name of Driver	YEO TIONG LEN(YANG ZHONGREN)
NRIC No	S7248395B
Contact Number	(Phone) +65-96361888
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

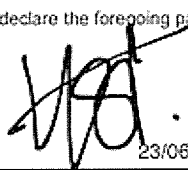
Name of injured person	LEE CHIN HSI
Gender	Male
Phone No	(Phone) +65-83023270
Address	BLK 308C PUNGGOL WALK #02-336
Address Complement	-
Post Code	823308
Approximate Age Years Old	38
Injuries Sustained	RIGHT RIB, RIGHT WRIST PAIN LEFT KNEE AREA BRUISE. FBR9730Z
Injured person in which vehicle?	No
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



23/06/2023 1115HRS

Policyholder's Signature / Date & Time

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



TIAN TOH KIAT HENRY

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

SKETCH PLAN

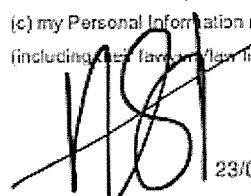
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

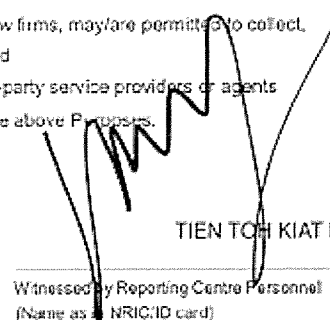
I understand, acknowledge, agree and consent that:

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

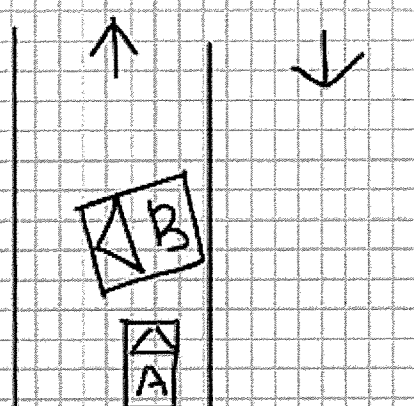

23/06/2023 1115HRS

Policyholder's Signature / Date & Time

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


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

Sketch Plan

<p>A-FBR9730Z B-SLD8713K</p>	
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SINGAPORE POLICE FORCE



T/20230621/7049

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

1 of 3

Report No: T/20230621/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2023 15:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE CHIN HSI			Address: 308C PUNGGOL WALK #02-336 WATERWAY TERRACES I SINGAPORE 823308		
ID Type / ID No.: NRIC NO / S8585609Z			Contact No.: Home/Office: Mobile: 83023270		
Nationality: SINGAPORE CITIZEN			Email: chanhsi85@gmail.com		
Sex: Male	Age: 38	Date of Birth: 03/01/1985	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/06/2023 12:30	Type of Location: Straight Road
Location: JOO CHIAT ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBR9730Z	Motorcycle	YAMAHA		Blue	Seriously Damaged	0
SLD8713K	Car	NISSAN		Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230621/7049

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

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Report No. T/20230621/7049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE CHIN HSI	ID No.	S8585609Z
Related Vehicle	FBR9730Z (Motorcycle)	Contact No.	83023270
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	19/06/2023	Date	21/06/2023
No. of Days granted Medical Leave:	07	Degree of	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME, I WAS INVOLVED A RTA. I WAS RIDING MY MOTORBIKE BEARING PLATE NUMBER FBR9730Z STRAIGHT ALONG THE MENTIONED LOCATION WHEN THE CAR AHEAD OF MADE AN ILLEGAL U-TURN. THE CAR PLATE NUMBER WAS SLD8713K. IT WAS GOING FROM THE OPPOSITE DIRECTION WHEN IT MADE A SUDDEN U-TURN INTO MY LANE AFTER CROSSING A SOLID WHITE LINE. I WAS THE CAR WAS DRIVEN BY YEO TIONG LEN, IC S7248395B, HP 96361888. AFTER THE INCIDENT, I WAS THEN CONVEYED TO RAFFLES HOSPITAL. MY VEHICLE WAS BADLY DAMAGED AND MY HANDPHONE WAS DAMAGED AND NO LONGER FUNCTIONAL. THATS ALL.



**SINGAPORE
POLICE FORCE**



T/20230621/7049

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

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Report No. T/20230621/7049

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
SITI NORHAFIDAH BINTE HANAFI
Contact No. 65476202

Signature Of Informant:

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

Date/Time:
21/06/2023 15:26

Classification Of Case:

This report is lodged at Traffic Police Kiosk 1
NP168