SF0C23680002 / F.T Fasttrack ENTRY DATE & TIME: 08/06/2023 14:41 (SGT) SUBMITTED BY: Freddie Tan VERSION: 1 (08/06/2023 14:41 (SGT))

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 witholding 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 08/06/2023 14:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 29/05/2023 19:15 (SGT) Exact Location of Accident Near 60 Jln Kolam Aver, Singapore 347486 Additional Location Information kpe towards tpe Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH6608S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AARON Chan Wei Hao NRIC No S9437767F Fmail Address aaronchanweihao@gmail.com Mobile Phone No (Phone) +65-91164727 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Honda Model cbr400r Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual CC 399

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5136089912

DRIVER

Name of Driver AARON Chan Wei Hao NRIC No S9437767F Date Of Birth 15/10/1994 Occupation Indoor

Date Of Driving Pass 28/08/2019 Driving experience 3 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91164727 Alt. Phone Number Email Address aaronchanweihao@gmail.com Address 250a compassvale st #13-79 Address complement Postcode S541250 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver FBH7968X Insurance Company of Other Vehicle Owned by Driver Income Insurance Limited 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Huang Wenya Gender Female **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer to police report no T/20230531/7036 ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes
Persons for not upleading a video of the accident

Reasons for not uploading a video of the accident upon request

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD7126J Vehicle Manufacturer Hyundai Vehicle Model Ioniq Vehicle Variant Vehicle Colour Blue Vehicle Category Taxi Name of Driver Fadel Contact Number (Phone) +65-96208329 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 AARON Chan Wei Hao Gender Male Phone No (Phone) +65-91164727 Address 250 compassvale st #13-79 Address Complement Post Code S541250 Approximate Age Years Old 28 Injuries Sustained refer to medical report Injured person in which vehicle? FBH6608S Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes INJURED 2 Name of injured person Huang Wenya

Gender Phone No

(Phone) +65-81836739 Address 57 pavilion view Address Complement Post Code S658050 Approximate Age Years Old 24

Injuries Sustained refer to medical report Injured person in which vehicle? FBH6608S Were seat belts worn? Was this injured conveyed to hospital by ambulance?

Yes

Female

SKETCH PLAN		
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DESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT	SHD7126J
Refer to po	lice report : T	20230531/7036
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, ,		
		Y-0.2
+1		
DECLARATION		
/We declare the foregoing particular:	s are true in every respect.	
AM		2
DA'		
		and the second s
Policyholder's Signature Date & Time: 09/06/2023	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:











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



Report No. T/20230531/7036

CONTINUATION OF REPORT

Signature Of Officer Recording	The	Report:
Not applicable		pro-

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI Contact No.: 96207105

NP168

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

Date/Time: 31/05/2023 14:48

Classification Of Case:



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



Report No. T/20230531/7036

CONTINUATION OF REPORT

Brief Details.

Entered KPE Nicoll Highway towards TPE on my daily home commute, was riding slow on lane 1 due to traffic and finally had clear road ahead for about 300m or so. Started accelerating to maybe about 60km/h when I saw the taxi ahead (10m or so?) signal right. Slammed on the brakes, but he turned out immediately, and started to slow the vehicle down, even with clear roads ahead. Attempted to horn but was unable to do so, tried to steer right but the taxi proceeded to eat into the lane.

Collided with rear right head lamp, vehicle slid under me and my pillion. When I got up, I saw the taxi slowly inching away even after collision.

Got up and exchanged contact number with taxi driver of vehicle SHD7126J, and took some pictures of the incident.

Called my insurer NTUC Income who informed me to contact Police as myself and my pillion was injured.

Called Police hotline to request for assistance along with an ambulance as my pillion was in pain and hand was swelling badly.

Do not have video footage as I forgot to turn on my helmet camera on the way home.

Would appreciate TP's assistance to retrieve KPE video camera footage of the incident from LTA as they mentioned I am unable to do so.

Landmarks - Incident happened right after a tunnel entrance, either under KALLANG or TAISENG entrance to KPE.

After conveyance to CGH Changi General Hospital and assessment by A&E Doctor, I was provided with 5 days MC with injuries to left chest, left hip, left ankle and abrasions and cuts across upper and lower

My pillion was provided with 7 days mc with abrasions, along with two fractures on her left hand.

Please let me know if you need pictures of the MC/diagnosis. Unable to provide these in the report as there is a maximum of 3 pictures allowed.





Report No. T/20230531/7036

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

CONTINUATION OF REPORT

Ĭ	Details of Vehicle Insurance					
ĺ	Vehicle No.	- Yosuraince Corpoany	Insurance No	Effective	Expiry Date	
Posterior of the last	FBH6608S	NTUC Income Insurance Co-Operative Limited	5136089912	05/05/2023	04/05/2024	

Details of Perso							
Any Pedestrian Ir	volved: No	West Breeze been	AURA				
				of Pedestrian Crossing: NA			
Filger		100 P. S.	位置	HEATENCY & B			
Name	AARON CHAN WEI HAO		ID No.	S9437767F			
Related Vehicle	FBH6608S (Motorcycle)		Contact No.	91164727			
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL			
Date	NIL	Da	ate	NIL	Delication Building to the Con-		
	ted Medical Leave NII	L De	egree of	NIL	Physical Physical St.		
Pillon				N. C.			
Name	HUANG WENYA			ID No.	S9929249J		
Related Vehicle	FBH6608S (Motorcycle)		Contact No.	81836739			
Hospital/Clinic	CHANGI GENERAL HOS	SPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL		
Date	29/05/2023	Da	ate	29/05	5/2023		
No. of Days gran	ted Medical Leave 07	De	egree of				
Driver	SOURCE STREET,		BARRE				
Name	FADEL		ideB.	ID No.	NIL		
Related Vehicle	SHD7126J (COMFORT DELGRO TAXI)		XI)	Contact No.	96208329		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL		
Date	NIL	Da	ate	NIL	SHIED RESIDEN		
No of Days gran	ted Medical Leave NI	L De	egree of	NIL	ALCOHOL: NO		



FORCE T/20230!

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

Report No. T/20230531/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2023 14:48		/lade:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
Name of Informant: AARON CHAN WEI HAO			Address: 250A COMPASSVALE STREET #13-79 SINGAPORE 541250				
ID Type / ID No.: NRIC NO / S9437767F		67F	Contact No.: Home/Office:	Mobile: 91164727			
Nationality: SINGAPORE CITIZEN		EN EN	Email: AARONCHANWEIHAO@GM	AIL.COM			
Sex: Age: Date of Birth: Male 28 15/10/1994			Type of Informant: Rider				
Race: Chinese			Language: English				
Occupation: Insurance sales agent/broker		ent/broker	Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/05/2023 19:15	Type of Location KPE Highway
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KALLANG WAY 5

Weather: Clear	Road Surface: Dry	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles	- Head To Rear	Anyone conveyed by ambulance: Yes

	ehicle Involve	THE RESIDENCE OF STREET				THE PERSONS
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH6608S	Motorcycle	HONDA	CBR400R M	Red		0. 4
SHD7126J	COMFORT DELGRO TAXI	HYUNDAI	IONIQ	Blue	Slightly Damaged	2

Details of Vehicle Insurance	经过滤器的	经过程的	
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date