

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	19/07/2023 16:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/07/2023 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTRAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT97S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOHN PANG MINH NHAT
NRIC No	S9790202Z
Email Address	JOHNCEZARY@GMAIL.COM
Mobile Phone No	(Phone) +65-89231716
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX155
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	5124930762-01

DRIVER

Name of Driver	JOHN PANG MINH NHAT
NRIC No	S9790202Z
Date Of Birth	18/05/1997
Occupation	Outdoor

Date Of Driving Pass	18/07/2016
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-89231716
Alt. Phone Number	-
Email Address	JOHNCEZARY@GMAIL.COM
Address	687C CHOA CHU KANG DRIVE #16-362
Address complement	-
Postcode	683687
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	Collided into Parked Vehicle
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT. I AM UNSURE HOW MANY PAXS IN VEHICLE B.

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	SMB338L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	Zulhisyam Bin Abdullah
Contact Number	(Phone) +65-89319549
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	JOHN PANG MINH NHAT
Gender	Male
Phone No	(Phone) +65-90074165
Address	687C CHOA CHU KANG DRIVE #16-362
Address Complement	-
Post Code	683687
Approximate Age Years Old	26
Injuries Sustained	NUMBNESS IN NECK AND BUTT ABRASIONS ON LEFT SHIN AND ANKLE
Injured person in which vehicle?	FBT97S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	DANNY
Phone	(Phone) +65-92353888
Email	-


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Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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


19/07/2023 1620HRS
Policyholder's Signature / Date & TimeDriver's Signature (if driver is not the policyholder) / Date
& Time
TIENT TOH KIAT HENRY
Witnessed by Reporting Centre Personnel
(Name as in NRIS/ID card)

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SKETCH PLAN

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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;

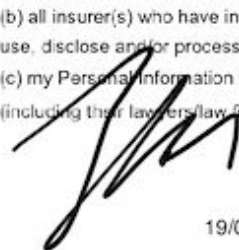
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



19/07/2023 1620HRS



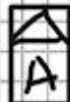

TIEN TOH KIAT HENRY

Policyholder's Signature / Date & Time

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

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

Sketch Plan

A-FBT97S B-SMB338L	 				















**SINGAPORE
POLICE FORCE**

T/20230718/2118

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20230718/2118

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/
SGT 1 Er Jin Yi

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2023 23:18

Officer In Charge Of Case:

TP / GIT /
INSP (1) GOH SEOW PING SHAYE
Contact No.: 65476310

Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T20230718

Report No. T20230718

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	JOHN PANG MINH NHAT	ID No.	S9790202Z
Related Vehicle	FBT97S (Motorcycle)	Contact No.	89231716
Hospital/Clinic	Singapore General Hospital	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	16/07/2023	Date Discharge	18/07/2023
No. of Days granted Medical Leave	27	Degree of Injury	Serious

Brief Details.

On 16/07/2023 at around 1415hrs, I was riding my motorcycle bearing license plate number : FBT 97S . I am at the extreme left lane, but I am unable to affirm how many lanes are there. I wish to state that there was no pillion rider on my motorbike. I was waiting for the traffic light to turn green.

Subsequently, there was a white and red color SMRT bus 75 bearing license plate number: SMB338L hit onto my rear. I fell onto the ground, and I was conscious after the accident. I was then conveyed to Singapore General Hospital by an ambulance. I wish to state that there was abrasion on my back, neck and butt. I was then given 27 days Hospitalization leave from 16/07/2023 to 11/08/2023.

I managed to get the bus captain particulars namely: Zulhisyam Bin Abdullah, HP:89319549

I wish to state that my motorcycle is currently at the Primero Racing workshop, However I have not made any damage assessment yet.

I am lodging this police report for record purposes.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230718/2118

1 of 3

Report No. T/20230718/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
18/07/2023 23:18

Vide Report No.:
A/20230716/0083

Station Diary No.:
123

Informant's Particulars

Name of Informant:
JOHN PANG MINH NHAT

Address:
APT BLK 687C CHOA CHU KANG DRIVE #16-362
SINGAPORE 683687

ID Type / ID No.:
NRIC NO / S9790202Z

Contact No.:
Home/Office: Mobile: 89231716

Nationality:
SINGAPORE CITIZEN

Email:
Johncezary@gmail.com

Sex: Age: Date of Birth:
Male 26 18/05/1997

Type of Informant:
Rider

Race:
Chinese

Language:

Occupation:
Grabfood Delivery Rider

Driving Licence Information:
Class: 2B,2A,2

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/07/2023 14:15	Type of Location: Straight Road
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Location:

OUTRAM ROAD

Weather:
Sunny

Road Surface:
Dry

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Moving Vehicle Against - Parked Vehicle

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT97S	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Silver		0
SMB338L	Bus/Coach/Minibus					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT97S	NTUC Income Insurance Co-Operative Limited	5124930762-01	08/12/2022	07/12/2023

Singapore General Hospital
SingHealth

ORIGINAL MEDICAL CERTIFICATE SUR2023259140

Name: JOYIN PANG MINH NHAT MRB No: 597902032

This is to certify that the above named is unfit for duty for a period of 27 days from 15-Jul-2023 to 11-Aug-2023

Type of medical leave granted:

☒ Hospitalisation Leave ☐ Outpatient Sick Leave

Admitted on: 15-Jul-2023 ☐ Maternity Leave

Discharged on: 16-Jul-2023 ☐ Sterilisation Leave

Delivered on: _____

Operated on: _____

This certificate is not valid for absence from court attendance

Fit for light duty from N/A to N/A

Time On: N/A Time in: N/A Time out: N/A

Diagnosis: _____ Surgical Operation (if applicable): _____

Comments: _____

Hospital/Clinic: General Surgery Ward No: W550 Signature, Name in BLOCK LETTERS and Designation/MCR No: TANG YUE PING, P3463E

Singapore General Hospital Date: 18-Jul-2023