

HSBC

☐ : Weekend (\$

Lump Sum / L.E.L. (7)

# 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	14/07/2023 11:25 (SGT)
Reported by	Actual Driver
Date of Accident	01/07/2023 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Sembawang Dr
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7117D
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CONVINCE AUTO PTE. LTD.
Company Reg No	200516575H
Email Address	FLORENCE@CONVINCEAUTO.COM.SG
Mobile Phone No	(Phone) +65-65561131
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
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	Motorcycle
Transmission	Manual
CC	125

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123971125-02

### DRIVER

Name of Driver	PEA THAIM SER
NRIC No	S1510800B
Date Of Birth	11/02/1961
Occupation	Indoor

Date Of Driving Pass	15/12/1984
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85984996
Alt. Phone Number	-
Email Address	FLORENCE@CONVINCEAUTO.COM.SG
Address	BLK 501C WELLINGTON CIRCLE #03-72
Address complement	-
Postcode	753501
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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 Motorcyclist
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)	2
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	Pea Jun Xiang
Gender	Male

## DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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?	No

## DETAILS OF OTHER VEHICLE PROPERTY (I)

Vehicle Registration Number	SHC3113C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	PEA THIAM SER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	62
Injuries Sustained	MULTIPLE ABRASION ON HANDS. GIVEN 35 DAYS MC.
Injured person in which vehicle?	FBN7117D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

##### INJURED 2

Name of injured person	Pea Jun Xiang
Gender	Male
Phone No	(Phone) +65-97412507
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Right Hand Scratch
Injured person in which vehicle?	FBN7117D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

REFER TO GEAR

Declaration

We declare the foregoing particulars are true in every respect.

Witness'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)

8990020

LOO HAN HO

2



**SKETCH PLAN**

**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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind the 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 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:

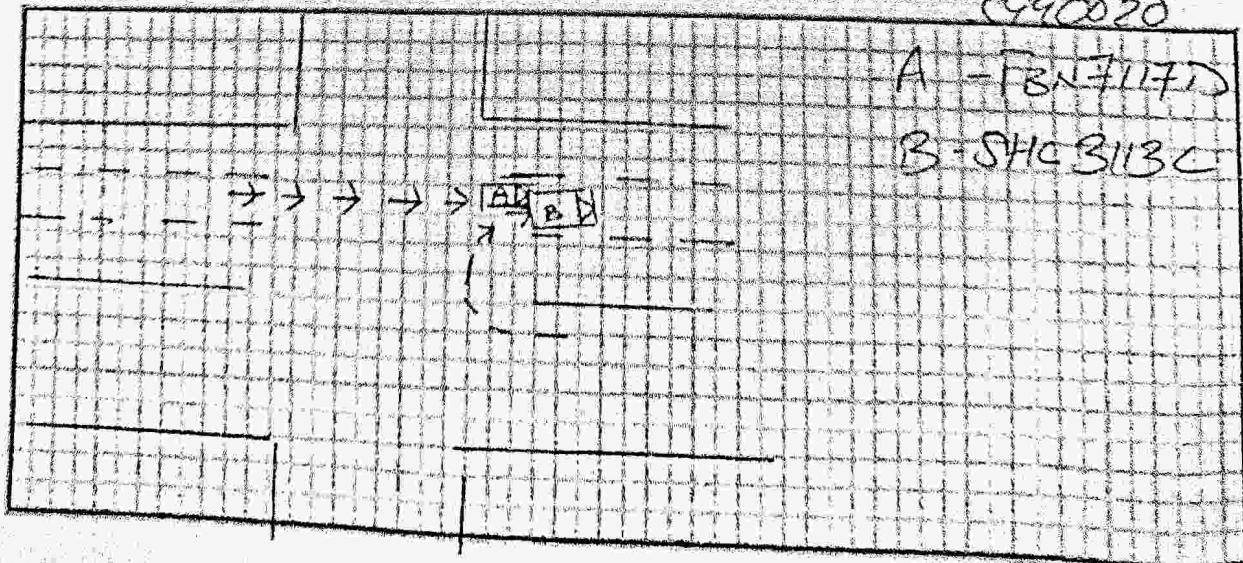
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Sketch Plan





# SINGAPORE POLICE FORCE



1/20230706/2056

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. 1/20230706/2056

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2023 11:58		Vide Report No.:		Station Diary No. 59	
<b>Informant's Particulars</b>					
Name of Informant: PEA THIAM SER			Address: APT BLK 501C WELLINGTON CIRCLE #03-72 SINGAPORE 753501		
ID Type / ID No.: NRIC NO / S1510800B			Contact No.: Home/Office: Mobile: 85984996		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 11/02/1961	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/07/2023 20:00	Type of Location: X-Junction
Location:  SEMPAWANG WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN7117D	Motorcycle					1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# SINGAPORE POLICE FORCE



T 202307080159

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No: T2023 07080159

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	PEA THIAM SER	ID No.	S1510826
Related Vehicle	FBN7117D (Motorcycle)	Contact No.	85984996
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 25 Date of Expiry: NIL
Date Treatment	01/07/2023	Date Discharge	04/07/2023
No. of Days granted Medical Leave	35	Degree of Injury	Serious
<b>Passenger</b>			
Name	PEA JUN XIANG	ID No.	886024625
Related Vehicle	FBN7117D (Motorcycle)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 01/07/2023 at about 2000hrs, I was riding along Sembawang way towards Yishun and was going straight. While riding, I was able to see ahead that a car was turning right however the car in front of me had suddenly abruptly made a U-turn. I do not noticed the car driver had signaled his intention as such, I had brake immediately however I still collided onto the rear of the said vehicle. Due to the impact, I was thrown off the bike and both me and my son fell to the ground. I was not able to move and later on was conveyed to the hospital by ambulance. The said car driver had also assisted me.

I sustained multiple injuries and a fractured right elbow where I underwent surgery. I was warned for 3 days and given 35 days days of Hospitalisation leave. I do not recall the vehicle number of the said car. I am not sure of the extent of the damage to my motorcycle. I am lodging this report for the police to investigate into the matter.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun North N.P.C.  
31 Yishun Central SINGAPORE 760031  
Tel No. 1800-8200999



CONTINUATION OF REPORT

Signature of Officer Recording The Report

L/

SGT 3 NUR RAUDHA BINTE  
SHEIKH ABDUL NAZIR

Signature Of Interviewed

Signature Of Interpreter:  
Not applicable

Date/Time  
06/07/2011 11:38

Officer In Charge Of Case

TP / OIT /

STAFF SGT NUR HAFIZAH BINTE NURILIZAN  
Contact No. 06180347

Classification Of Case

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN07237D000Y Vehicle Registration No: FBN7117D  
Name (as shown in NRIC): PEA THIAM SER NRIC/FIN/Passport No: S1510800B  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 501C WELLINGTON CIRCLE #03-72 Singapore 753501  
Contact (Tel): 85985996 Mobile No.: \_\_\_\_\_  
Email Address: FLORENCE@CONVINCEAUTO.COM.SG  
Date of Accident: 01/07/2023 Time of Accident: 20:30  
Place of Accident: Sembawang Dr  
Insurance Company: Income Insurance Limited

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To change :

Convince Auto Phone number should be 65561131

Pea Thiam Ser mobile number should be 85984996

Number of passenger including driver should be 2

Pea Thiam Ser's Son - Pea Jun Xiang (27 Years Old) Right Hand  
Scratch (97412507)

\_\_\_\_\_  
Policyholder / Driver's Signature

Date: 17/07/2023

Steve Loo

\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name: MD SHAN KASMEI BIN ABDULLAH

NRIC/FIN No.: S990349

Date: 17/07/2023