

## 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 1

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.

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)

8990020  
LOO HAN HO

2

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 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:

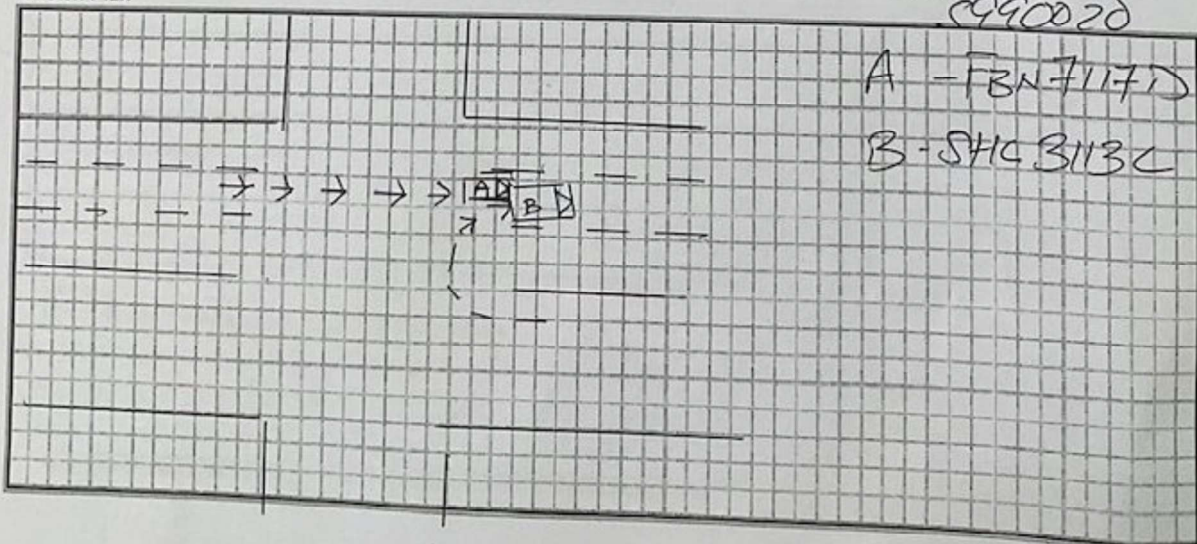
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



T/20230706/2058

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

1 of 3

Report No. T/20230706/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/07/2023 11:58	Vide Report No.:	Station Diary No.: 59
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**Informant's Particulars**

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:		

**General Information of the Accident**

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:  SEMBAWANG 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

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN7117D	Motorcycle					1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

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



T/2023/06/2058

Report No. T/2023/ 85299

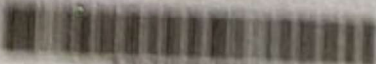
**CONTINUATION OF REPORT**

<b>Rider</b>		ID No.		S15108006	
Name	PEA THIAM SER		Contact No.	85984996	
Related Vehicle	FBN7117D (Motorcycle)		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Date Treatment	01/07/2023	
			Date Discharge	04/07/2023	
			Degree of Injury	Serious	
No. of Days granted Medical Leave	35				
<b>Passenger</b>		ID No.		S96024626	
Name	PEA JUN XIANG		Contact No.	NIL	
Related Vehicle	FBN7117D (Motorcycle)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Date Treatment	NIL	
			Date Discharge	NIL	
			Degree of Injury	Slight	
No. of Days granted Medical Leave	05				

**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 warded for 5 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 768827 Tel No: 1800-8529999	 Report No: 100000760000000
CONTINUATION OF REPORT	
Signature of Officer Recording The Report L / SGT 3 NUR RAUDHA BINTE SHEIKH ABDUL NAZIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2023 11:58
Officer In Charge Of Case: TP / OIT / STAFF SGT NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	Classification Of Case:

NP165





**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 THAIM 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 KASMEIR BIN ABDULLAH  
 NRIC/FIN No.: S990349  
 Date: 17/07/2023

GIAR001C Addendum Form