

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	24/07/2023 17:31 (SGT)
Reported by	Owner
Date of Accident	16/07/2023 03:00 (SGT)
Exact Location of Accident	Lor 25A Geylang, Singapore
Additional Location Information	LORONG 25A GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX7628X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLEX MOTORS
Company Reg No	5XXXX949A
Email Address	FULLSTOP423@GMAIL.COM
Mobile Phone No	(Phone) +65-96183136
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	Manual
CC	399

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126153745-01-000005

DRIVER

Name of Driver	DING XUAN YING
NRIC No	SXXXX484E
Date Of Birth	10/10/1998
Occupation	Indoor

Date Of Driving Pass	21/05/2021
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96183136
Alt. Phone Number	-
Email Address	FULLSTOP423@GMAIL.COM
Address	BLK 605 SENJA ROAD #23-43
Address complement	-
Postcode	670605
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS3911J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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) -

SKETCH PLAN**IMPORTANT NOTICE**

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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

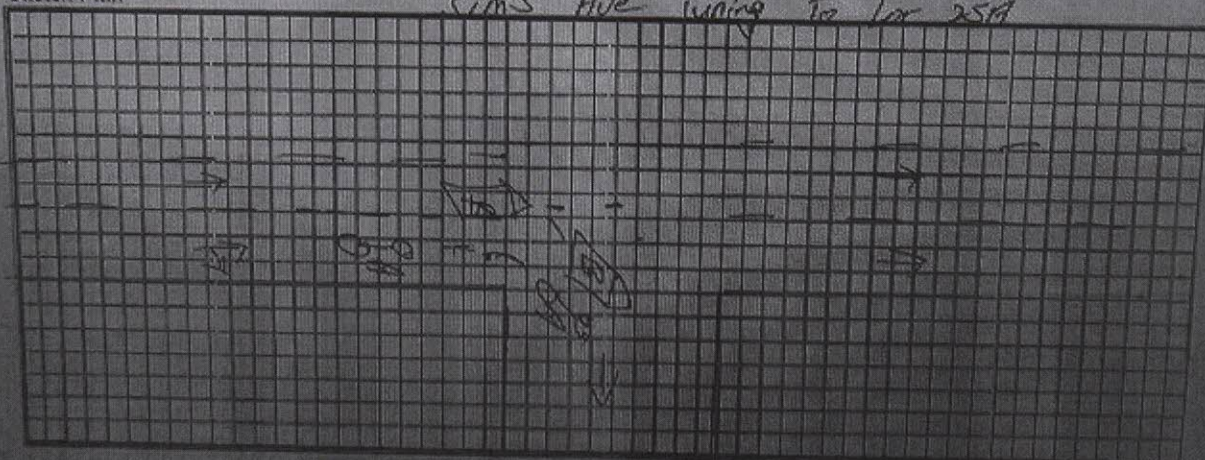
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident

As a police Report

Declaration

I/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 HICID card)

RE: OUR REF: FX 7628X/ YOUR VEH: SLS 3911J

1 message

Sarah <sarah@islandlaw.com.sg>
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: MS Car Auto <mscarautopl@gmail.com>

Mon, Jul 24, 2023 at 5:32 PM

Accident involving FX 7628X & SLS 3911J on 16/07/2023 at 0300 hours along Lorong 25A Geylang

(NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES)

We act for MS Car Auto Pte Ltd, who has appointed the undermentioned workshop to repair his/her vehicle **FX 7628X**.

Please be informed that the said vehicle can be inspected at:

Name: MS Car Auto Pte Ltd

Address: 8 Kaki Bukit Avenue 4 #01-07 Singapore 415875

Contact Person: June / Desmond

Contact Number: 6385 1838

Please note that if you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Best Regards,

Sarah Liu

Legal Secretary

ISLAND LAW PRACTICE LLC

101 Upper Cross Street

#04-04 People's Park Centre

Singapore 058357



SINGAPORE POLICE FORCE



T/20230721/2004

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20230721/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2023 01:14	Vide Report No.: T/20230716/2074	Station Diary No.: 13
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Informant's Particulars

Name of Informant: DING XUAN YING			Address: APT BLK 605 SENJA ROAD #23-43 SINGAPORE 670605	
ID Type / ID No.: NRIC NO / S9834484E			Contact No.: Home/Office:	Mobile: 96183136
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 10/10/1998	Type of Informant: Rider	
Race: Chinese			Language:	
Occupation: Student			Driving Licence Information: Class: 2A Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/07/2023 03:00	Type of Location: T-Junction
Location: LORONG 25 GEYLANG				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX7628X	Motorcycle	HONDA		Silver	Seriously Damaged	0
SLS3911J	Car	TOYOTA		White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230716/2074

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Report No. T/20230716/2074

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Rider			
Name	DING XUAN YING	ID No.	S9834484E
Related Vehicle	FX7628X (Motorcycle)	Contact No.	96183136
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	16/07/2023	Date Discharge	16/07/2023
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 16/7/2023 at about 3am, I was travelling in my vehicle (FX7628X) along Lorong Geylang with the intention to turn right towards Lorong Geylang 25A. I was following a car, however, I am unable to recall the car's license plate number at this time.

While we were approaching a section of the road where another vehicle was parked along the double yellow line, the driver of the car in front of me decided to change lanes without signaling his intention to do so. Consequently, he abruptly shifted towards right, resulting in a collision with my vehicle.

As a result of the collision, I fell down and was subsequently conveyed to the nearest hospital for medical attention. The doctor provided me with a MC stating that I require 5 days medical leave to recover.



**SINGAPORE
POLICE FORCE**



T/20230716/2074

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Report No. T/20230716/2074

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 2 Teo Jie Hui

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/07/2023 21:56

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65472077

Classification Of Case:

NP168