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.

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 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 First Submission 17/08/2024 12:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 16/08/2024 13:20 (SGT) Exact Location of Accident Singapore Additional Location Information KAMPONG KAYU ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

No - Claiming third party

Vehicle Registration Number FBR7627C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **FOO CHEE YUNG** NRIC No SXXXX586E Email Address fcyalek@gmail.com Mobile Phone No (Phone) +65-85755717 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **ADV 150** 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?

Vehicle Category Motorcycle Transmission Auto CC 150 Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd Policy Number / Cover Note Number MX102851

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	FOO CHEE YUNG SXXXX586E 08/11/1984 Outdoor 17/09/2020 2B Valid 3 YEARS AND 11 MONTHS Male (Phone) +65-85755717 - fcyalek@gmail.com BLK 93 PAYA LEBAR WAY #04-3045 - 370093 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bedok Division Headquarters (Phone) +65-18002440000 (Fax) +65-64443009 30 Bedok North Road Singapore 469676 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCQ72S
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)	_

WITNESS DETAILS

WITNESS 1

Name -

Phone (Phone) +65-97307076

Email -

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		DESTRUCTIONS				
					TOTAL PROPERTY.	

Declaration

We declare the foregoing particulars are true in every respect.



1.



J. 178/24

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Oriver's Signature (# driver is not the policyholder) / Date & Time

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 "Porsional 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 :

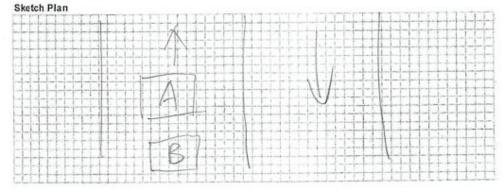
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

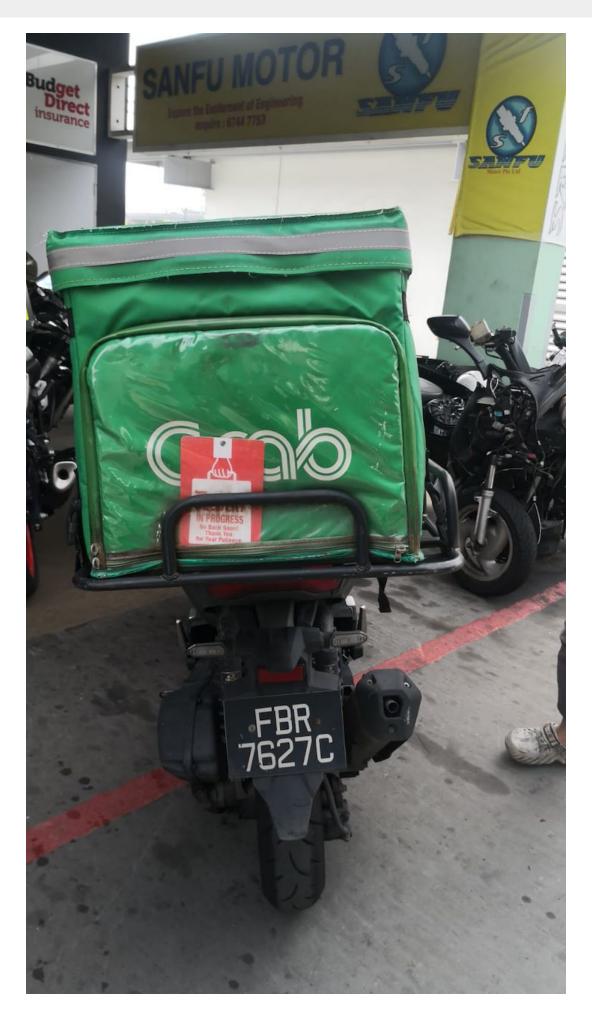
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (N) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

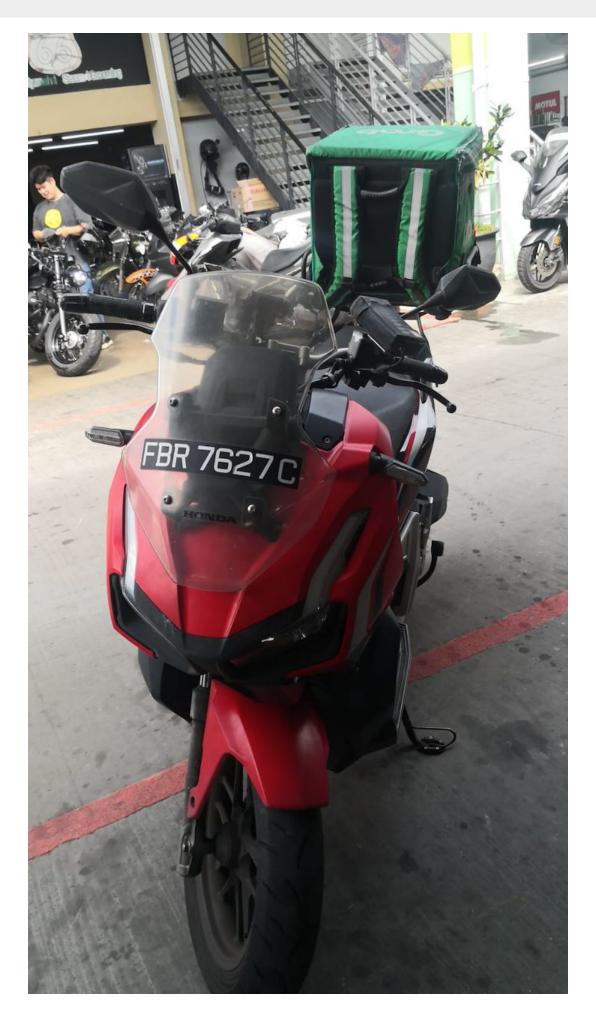
Witnessed by Reporting Centre

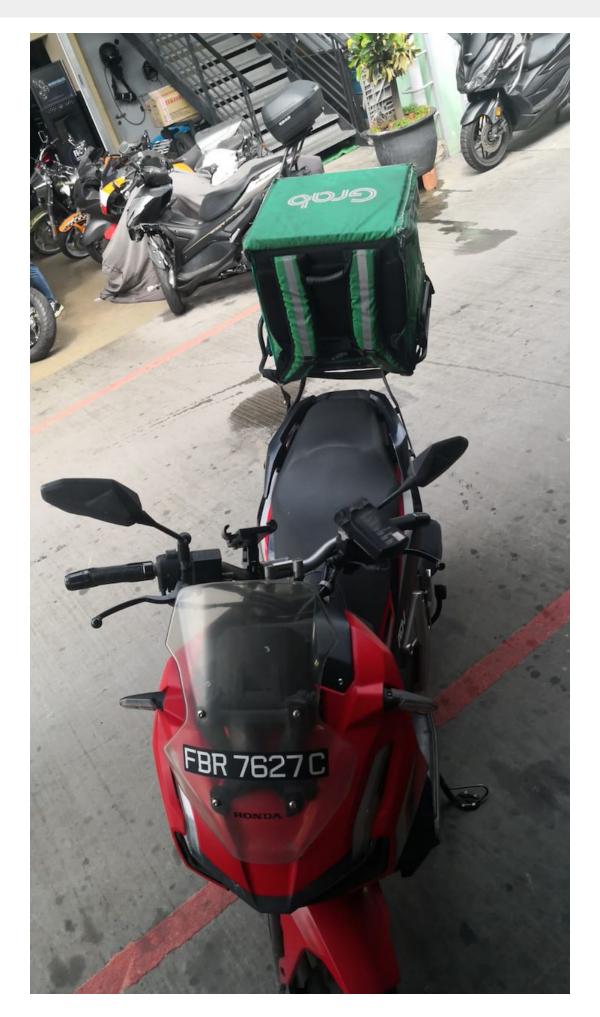
Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date





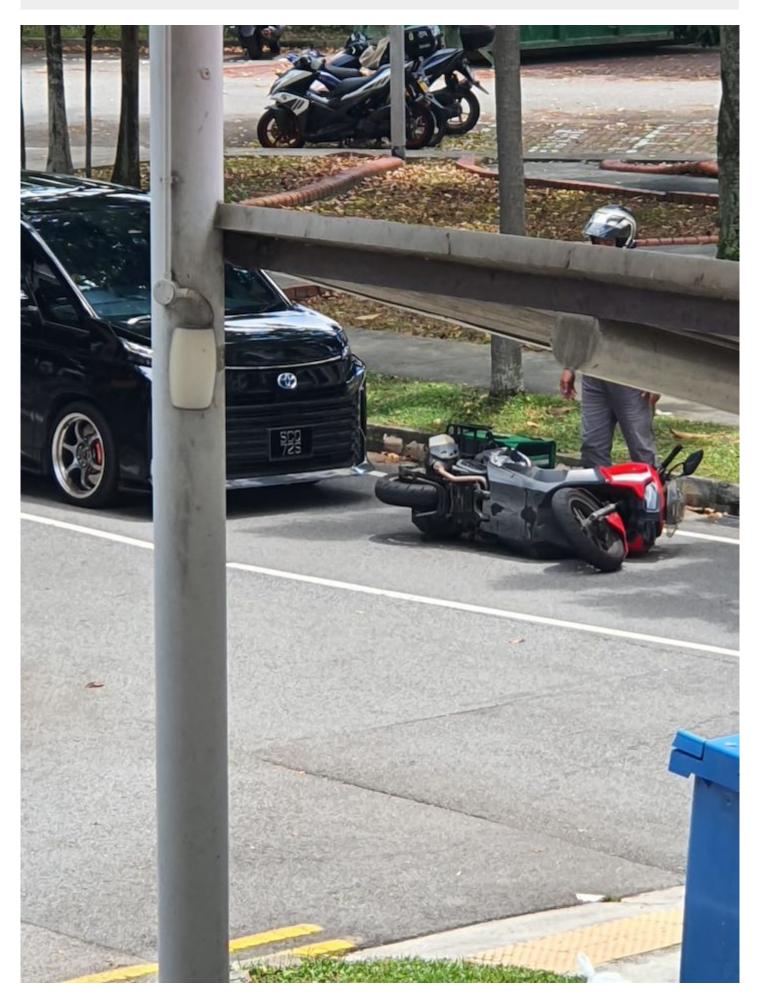




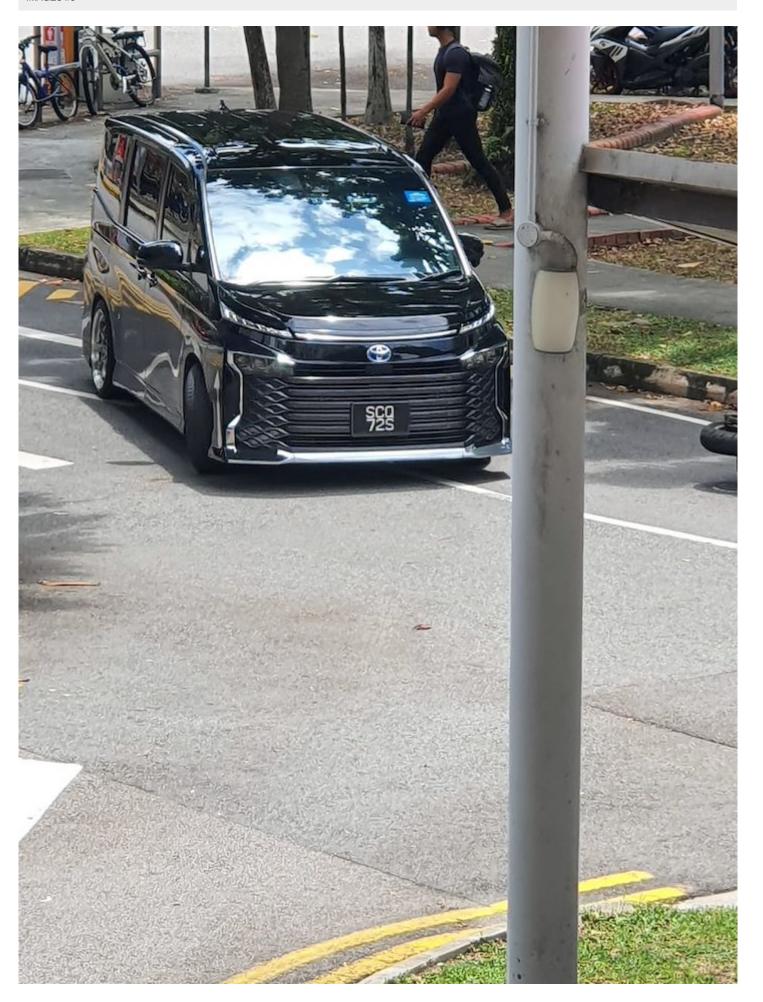
















Report No. G/20240816/7128

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 16/08/2024 17:42	Vide Report No. Station I		Station Diary No.	
Name Of Informant FOO CHEE YUNG	Address 93 PAYA LEBAR WAY #04-3045 SINGAPORE 370093			
ID Type / ID No. NRIC NO / S8467586E	Contact No. Home/Office: Mobile: 85755717			
Nationality MALAYSIAN	Email Address FCYALEK@GMAIL.COM			
Occupation food delivery	Sex Male	Age 39	Date of Birth 08/11/1984	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 16/08/2024 13:20	Location Of Incident KAMPONG KAYU ROAD			

I am a grab food delivery. I was travelling along Kampong Kayu Road when approaching the hump, I slowed down. There is a car behind me, number plate: SCQ72S, driver is a male Malay about 30 plus continuously honk me. After the hump, I stopped and signaled him with my hand to move ahead if he can't slow down. The driver then stopped also and started to shout at me. He seemed not satisfied that I slowed down at the hump. I was still on my motor cycle when he pushed me down from my bike. After which, he dragged me from below my motor cycle about 2 meters away from my motor cycle. During this incident, both my legs were hurt, with bruises. Someone came to intervene and the said driver left the place. My motor cycle: FBR7627C Honda ADV150 left side is damaged due to the push. I am lodging this report to seek assistance from the police to seek redress from the said driver. I am seeing doctor to see to my injury and insurance company to check on my motor cycle. see to my injury and insurance company to check on my motor cycle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2024 17:42		
Officer In-Charge Of Case:	Classification Of Case:		
This report is lodged at Bedok NPC			





40816/7128

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20240816/7128

Subjects Involve	d		
Suspect			
Person Name	Unknown		
Gender	Male	Race	Malay
Complexion	Dark	Build	Plump
Height About	180cm	Habits & Oddities	He was wearing a spectacle cap and bermudas.
Victim			
Person Name	FOO CHEE YUNG	1000	7.
ID Type	NRIC NO	ID No	S8467586E
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	food delivery	Address	93 PAYA LEBAR WAY #04- 3045 SINGAPORE 370093
Mobile No	85755717	Is Informant A Victim?	Yes
Person Name	FOO CHEE YUNG (Inf	formant)	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2024 17:42		
Officer In-Charge Of Case:	Classification Of Case:		

This report is lodged at Bedok NPC