

## 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 First Submission .....        | 13/09/2024 10:45 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 12/09/2024 10:50 (SGT)              |
| Exact Location of Accident .....      | Singapore                           |
| Additional Location Information ..... | Bukit Batok St 22 traffic Junction  |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS13P

#### INSURED/POLICYHOLDER

|                                |                             |
|--------------------------------|-----------------------------|
| Is company? .....              | No                          |
| Name Of Registered Owner ..... | KHOO KIEN LEONG, RICHARD    |
| NRIC No .....                  | SXXXX242G                   |
| Email Address .....            | RICHARD_KHOO01@YAHOO.COM.SG |
| Mobile Phone No .....          | (Phone) +65-98436080        |
| Alternative Phone No .....     | -                           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | B.M.W.                    |
| Model .....  | S1000XR                   |
| 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 .....   | 999                       |
| Vehicle Fuel .....   | Petrol                    |
| First Registration Date .....  | 22/09/2020                |
| Chassis no .....   | WB10D0306KZ479598         |
| Effective Date/Time of Ownership .....   | 09/11/2020 03:11 (SGT)    |

#### INSURANCE COMPANY

|   |  |
|---|--|
| Name of Insurance Company .....         | Auto & General Insurance (Singapore) Pte. Limited. |
| Policy Number / Cover Note Number ..... | P20709776R0  |

#### DRIVER

|  |   |
|--|---|
| Name of Driver .....   | KHOO KIEN LEONG, RICHARD                              |
| NRIC No .....  | SXXXX242G   |
| Date Of Birth .....  | 31/07/1977  |
| Occupation .....   | Indoor  |
| Driving Pass Date .....  | 29/05/2015  |
| Driving License Pass Class .....                                   | 2   |
| Driving License Validity .....                                     | Valid   |
| Driving experience .....   | 9 YEARS AND 4 MONTHS                                  |
| Gender .....   | Male  |
| Mobile Number .....  | (Phone) +65-98436080                                  |
| Alt. Phone Number .....  | -   |
| Email Address .....  | RICHARD_KHOO01@YAHOO.COM.SG                           |
| Address .....  | BLK 296C BUKIT BATOK STREET 22 33-94 SINGAPORE 653296 |
| Address complement .....   | -   |
| Postcode .....   | -   |
| 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 .....   | Collision - Head to Rear |
| 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 .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

Refer to sketch Plan

#### 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 .....             | GBJ3631H           |
| Vehicle Manufacturer .....                    | Toyota             |
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| 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 .....                              | Khoo Kien Leong, Richard                   |
| Gender .....  | Male                                       |
| Phone No .....  | (Phone) +65-98436080                       |
| Address .....   | -  |
| Address Complement .....                                  | -  |
| Post Code .....   | -  |
| Approximate Age Years Old .....                           | -  |
| Injuries Sustained .....                                  | Neck Pain, back pain, leg pain right side. |
| Injured person in which vehicle? .....                    | FBS13P                                     |
| Were seat belts worn? .....                               | No   |
| Was this injured conveyed to hospital by ambulance? ..... | Yes  |

Describe Circumstance of the Accident

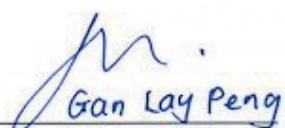
Refer to Report No. T/20240912/7083

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

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



# SKETCH PLAN

## IMPORTANT NOTICE

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

*[Signature]*  
10:30am  
13/9/24

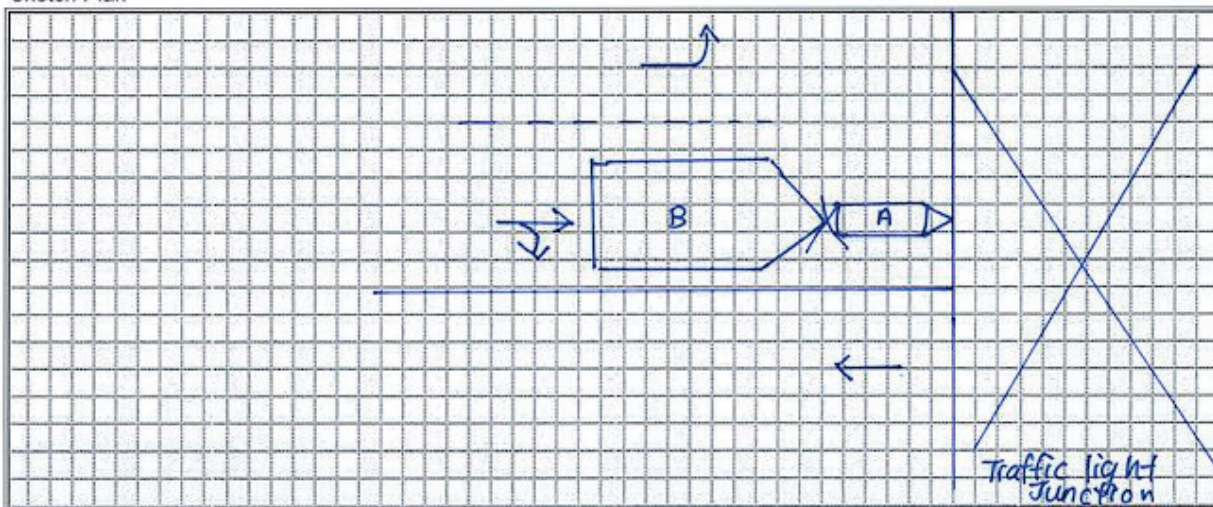
Policyholder's Signature / Date & Time

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

*[Signature]*  
Gan Lay Peng

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

## Sketch Plan













**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240912/7083

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Report No. T/20240912/7083

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
FARHANA BINTE MOHAMED FAUZI ALKHATIB  
Contact No.: 63767000

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
12/09/2024 18:27

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20240912/7083

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20240912/7083

CONTINUATION OF REPORT

|  |                              |                                |   |
|--|------------------------------|--------------------------------|---|
| Details of Person Involved             |                              |                                |   |
| Any Pedestrian Involved: No            |                              |                                |   |
| No. of Pedestrians Injured: NIL        |                              | Use of Pedestrian Crossing: NA |   |
| Rider                                  |                              |                                |   |
| Name                                   | KHOO KIEN LEONG, RICHARD     |                                | ID No. S7723242G  |
| Related Vehicle                        | FBS13P (Motorcycle)          |                                | Contact No. 98436080  |
| Hospital/Clinic                        | NATIONAL UNIVERSITY HOSPITAL |                                | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3,4,5<br>Date of Expiry: NIL |
| Date Treatment                         | 12/09/2024                   |                                | Date Discharge 12/09/2024   |
| No. of Days granted Medical Leave (MC) | 03                           | Degree of Injury               | Slight  |

**Brief Details.**

I was riding my motorcycle, registration number FBS13P, along Bukit Batok Street 22 and had stopped in the right-turning lane at the junction of Bukit Batok Street 22 and Bukit Batok East Ave 6, as the traffic light was red. While waiting for the light to change, I was suddenly rear-ended by a motorvan with the registration number GBJ3631H.

The impact caused me to be thrown backward, resulting in me falling to the right side of my motorcycle. In the fall, the motorcycle's engine and fuel tank pinned my right leg, trapping me under the motorcycle. I remained trapped for about a minute until I was assisted by the motorvan driver and co-driver to free myself.

After freeing myself from under the motorcycle, I moved to the pavement. I was experiencing sharp pain in my neck, spine, and right leg, so I called emergency services. The emergency medical technicians who arrived on the scene assessed my condition and recommended a thorough examination at the hospital due to the severity of the pain.

Currently, my motorcycle has been impounded, and I need to retrieve the accident video footage once I have collected the motorcycle.



**SINGAPORE  
POLICE FORCE**



T/20240912/7083

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20240912/7083

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |  |                    |  |
|--|------------|-------------------------------------|--|--------------------|--|
| Date/Time Report Made:<br>12/09/2024 18:27     |            | Vide Report No.:<br>J/20240912/0052 |  | Station Diary No.: |  |
| <b>Informant's Particulars</b>                 |            |                                     |  |                    |  |
| Name of Informant:<br>KHOO KIEN LEONG, RICHARD |            |                                     | Address:<br>296C BUKIT BATOK STREET 22 #33-94 SINGAPORE 653296       |                    |  |
| ID Type / ID No.:<br>NRIC NO / S7723242G       |            |                                     | Contact No.:<br>Home/Office: Mobile: 98436080                        |                    |  |
| Nationality:<br>SINGAPORE CITIZEN              |            |                                     | Email:<br>RICHARD_KHOO01@YAHOO.COM.SG                                |                    |  |
| Sex:<br>Male                                   | Age:<br>47 | Date of Birth:<br>31/07/1977        | Type of Informant:<br>Rider  |                    |  |
| Race:<br>Chinese                               |            |                                     | Language:<br>English   |                    |  |
| Occupation:<br>Regional sales manager          |            |                                     | Driving Licence Information:<br>Class: 2B,2A,2,3,4,5 Date of Expiry: |                    |  |

|  |                              |   |  |   |
|--|------------------------------|---|--|---|
| <b>General Information of the Accident</b>                   |                              |   |  |   |
| Type of Accident:  | Injury<br>Attended by Police | Drink Drive:<br>No                          | Date/Time of Accident:<br>12/09/2024 10:50 | Type of Location:<br>X-Junction         |
| Location:<br><br>BUKIT BATOK STREET 22                       |                              |   |  |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        |  |   |
| Traffic Flow:<br>Dual Carriage Way                           |                              | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Light                |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |   |  | Anyone conveyed by<br>ambulance:<br>Yes |

| <b>Details of Vehicle Involved</b> |            |      |         |       |           |                 |
|------------------------------------|------------|------|---------|-------|-----------|-----------------|
| Vehicle No.                        | Type       | Make | Model   | Color | Condition | No of Passenger |
| FBS13P                             | Motorcycle | BMW  | S1000XR | Black |           | 0               |

| <b>Details of Vehicle Insurance</b> |  |              |                |             |
|-------------------------------------|--|--------------|----------------|-------------|
| Vehicle No.                         | Insurance Company                                    | Insurance No | Effective Date | Expiry Date |
| FBS13P                              | AUTO & GENERAL INSURANCE<br>(SINGAPORE) PTE. LIMITED | P20709776R01 | 22/09/2023     | 21/09/2024  |