

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	21/10/2024 15:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/10/2024 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW882B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOO HOW HIN
NRIC No	SXXXX575Z
Email Address	Jeffreyfoo@gmail.com
Mobile Phone No	(Phone) +65-94790148
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cbx200
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	200
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTMC01000946

DRIVER

Name of Driver	FOO HOW HIN
NRIC No	SXXXX575Z
Date Of Birth	04/02/1976
Occupation	Indoor
Driving Pass Date	27/07/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94790148
Alt. Phone Number	-
Email Address	Jeffreyfoo@gmail.com
Address	617D PUNGOL DRIVE #17-819
Address complement	-
Postcode	824617
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC8802T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FOO HOW YIN
Gender	Male
Phone No	(Phone) +65-94790148
Address	617D PUNGOL DRIVE #17-819
Address Complement	-
Post Code	824617
Approximate Age Years Old	48
Injuries Sustained	-
Injured person in which vehicle?	FBW882B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time



[Signature]

21/oct/2024

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






Witnessed by Reporting Centre Personnel

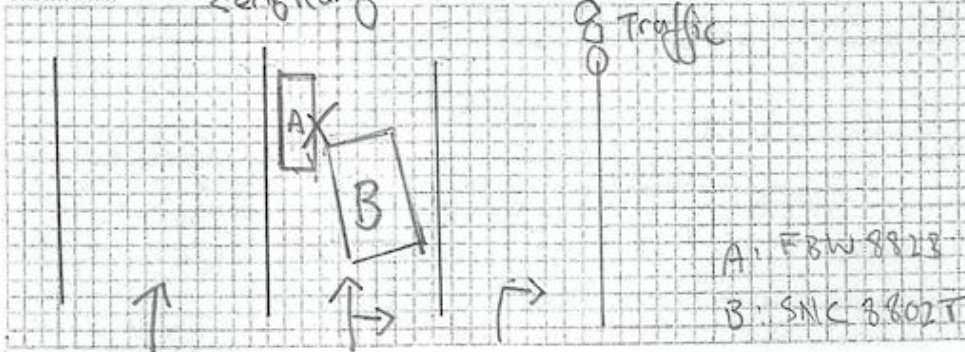
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law firms/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' law firms/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 firms/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
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Sketch Plan



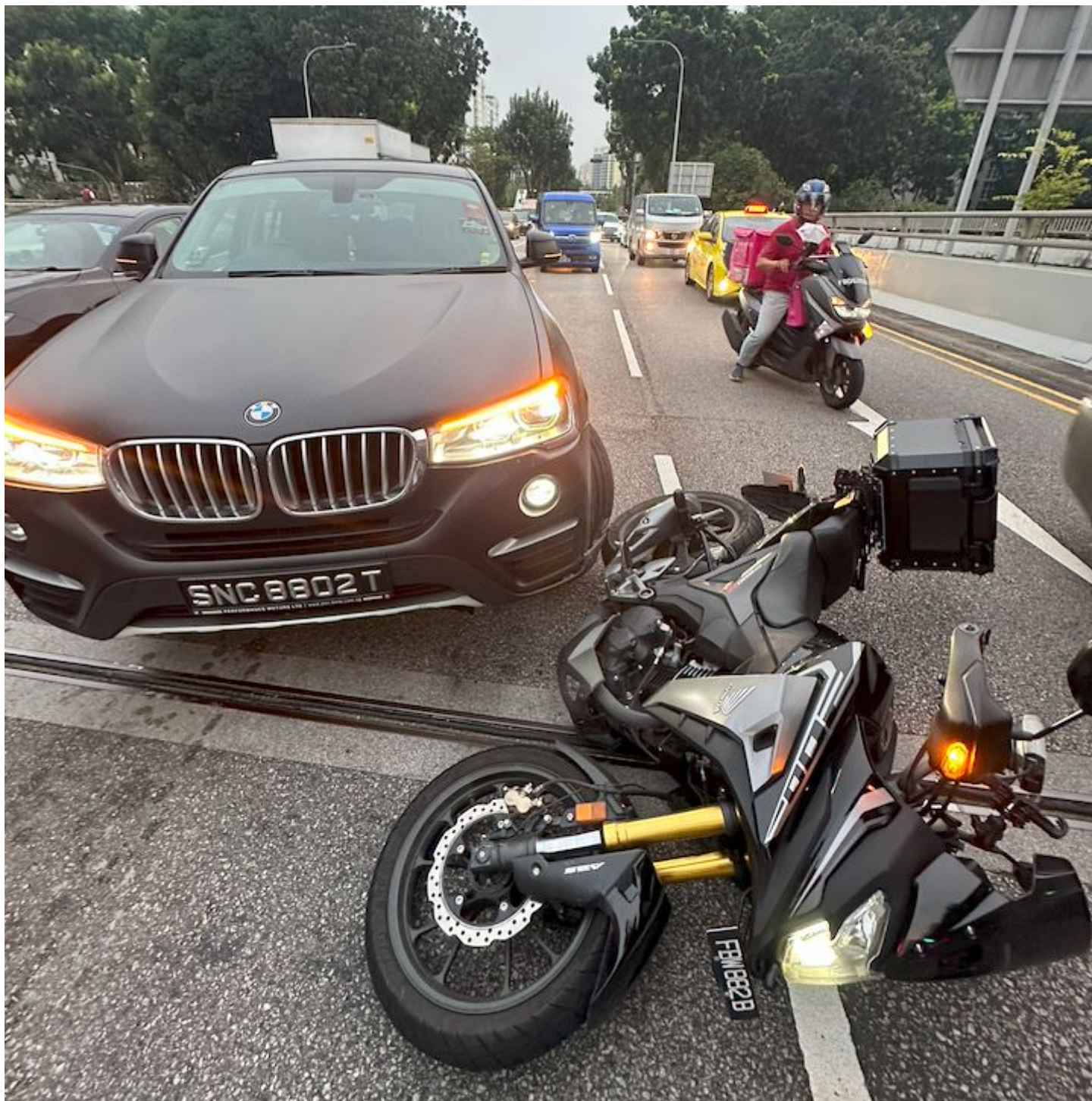














**SINGAPORE
POLICE FORCE**



F/20241019/7038

1 of 3

POLICE REPORT (NP299)

Report No. F/20241019/7038

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 19/10/2024 18:25		Vide Report No.		Station Diary No.	
Name Of Informant FOO HOW YIN		Address 617D PUNGGOL DRIVE #17-819 SINGAPORE 824617			
ID Type / ID No. NRIC NO / S7603575Z		Contact No. Home/Office: Mobile: 94790148			
Nationality SINGAPORE CITIZEN		Email Address JEFFREYFOO@GMAIL.COM			
Occupation Other information professionals		Sex Male	Age 48	Date of Birth 04/02/1976	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 18/10/2024 18:40 - 18/10/2024 18:55		Location Of Incident NIL PUNGGOL ROAD NIL			

Brief details:

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: 19/10/2024 18:25
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



F/20241019/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20241019/7038

Date/Time : 18-Oct-2024, 6:40pm

Location : Punggol Flyover

Summary : SNC8802T swayed left without checking blindspot and hit FBW882B

Driver details : Ang Yi Xiang, NRIC: S9015716G, HP : 96735531

Car : Black BMW, SNC8802T

Injury : Right Leg. 3 days (18 to 20 Oct) medical issued by Parkway Shenton Medical Clinic, Punggol Oasis.

Xray : Punggol Polyclinic

On the above date and location, I am traveling to from house to Seng Kang. On the flyover, I awaited the traffic to be cleared to overtake SNC8802T.

While slowing down, SNC8802T swayed left without checking blindspot and hit my motorbike (FBW882B). I fell to my left and my right leg was caught under the car bumper and I was stuck for few minutes. Other road users came to assist and then I am able to got my right leg between my motorbike and the car.

Subsequently, I brought my fallen bike up and ride to Punggol Road (towards Seng Kang) to take down the particulars of the driver.

There is not a lot of words exchange except for telling the driver that I cannot move my leg as it is stuck under the car. And telling him to settle the accident with insurance.

The pain in my leg started to get worst and I went to a private clinic for my leg injury. The doctor told me to go for X-ray the next day (19-Oct) and was given a medical leave for 3 days.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Contact No.:

Signature Of Informant:

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

Date/Time:
19/10/2024 18:25

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20241019/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20241019/7038

Subjects Involved			
Victim			
Person Name	FOO HOW YIN		
ID Type	NRIC NO	ID No	S7603575Z
Gender	Male	Age	48
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Other information professionals
Address	617D PUNGGOL DRIVE #17-819 SINGAPORE 824617	Mobile No	94790148
Email Address	JEFFREYFOO@GMAIL.COM	Is Informant A Victim?	Yes
Person Name	FOO HOW YIN (Informant)		

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: 19/10/2024 18:25
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	