

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 Authorised 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 Report	24/11/2020 14:45
Date Of Accident	23/11/2020 13:45
Exact Location Of Accident	YISHUN STREET 23 X-JUNCTION YISHUN AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3497Y
Insured/Policyholder	
Name Of Registered Owner	ALLMOTORING.SG
Co Reg No	53294502J
Email Address	FEDWU@ALLMOTORING.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64646499

Vehicle Particulars

Manufacturer	BMW
Model	Z4-2.5 I ROADSTER (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA450360
Cover Note Number	

Driver

Name of Driver	KHOA WEI KANG
NRIC No	S8608977G
Date Of Birth	02/04/1986
Occupation	INDOOR
Date Of Driving Pass	06/03/2007
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94575052
Fax Number	
Contact Number	
Email Address	ALLEN.KHOA@GMAIL.COM

Address	1 YISHUN STREET 23 #02-29
Postcode	768441
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAN CHIEW KIAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FU8075A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOTORCYCLIST
Approximate Age
Injuries Sustain
Injured person in which vehicle? FU8075A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PILLION RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle? FU8075A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201123/2103

1 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20201123/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2020 17:04	Vide Report No.: L/20201123/0086	Station Diary No.: 22
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Informant's Particulars

Name of Informant: KHOA WEI KANG			Address: 1 YISHUN STREET 23 #02-29 SINGAPORE 768441		
ID Type / ID No.: NRIC NO / S8608977G			Contact No.: Home/Office: Mobile: 94575052		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 02/04/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2020 13:45	Type of Location: X-Junction
Location: YISHUN STREET 23				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU8075A	Motorcycle				Slightly Damaged	1
SJQ3497Y	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
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T/20201123/2103

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111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No. T/20201123/2103

CONTINUATION OF REPORT

Driver			
Name	KHOA WEI KANG	ID No.	S8608977G
Related Vehicle	SJQ3497Y (Car)	Contact No.	94575052
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 23/11/2020 at 1345hrs, I was driving my car along Yishun Avenue 6 and my mother was in the car as well. As I was driving, I was approaching a traffic light X-junction between Yishun Avenue 6 and Yishun street 23. I wanted to make a right turn onto Yishun street 23. The traffic light was green and I was slowly inching my way out to ensure that there was no cars before going forward onto Yishun street 23.

I spotted a motorcycle heading towards me at a relatively high speed and I stopped my car immediately. The motorcycle crashed head on to my front bumper and the motorcycle fell onto the road. Both the rider and the pillion rolled onto the road. I stopped my car and called the police. I also called the ambulance and made a check on the rider. I observed that both the rider and pillion sustained a few abrasions on their body. Fortunately, my mother and I is not injured. Shortly afterwards, the ambulance arrived and conveyed the two of them to Khoo Teck Puat Hospital. The traffic police was also at the scene and they took Car camera memory card for investigation and advised me to lodge a police report. My car's front bumper was seriously damaged as there is a big crack on it and it is dented. The motorcycle was slightly damaged as there was a few scratches on it.

Finally, I am lodging this report as advised by the traffic police and to claim my insurance.



**SINGAPORE
POLICE FORCE**



T/20201123/2103

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3


Report No. T/20201123/2103

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 RIAN SUFFIAN BIN SAMSUDIN <i>RS</i>	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 17:04
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:

Authentication Stamp
NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 24/2020 1123 / 0086

I, Sgt Fdz1
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of 7PHQ
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 Black Mio SD Card 32 GB (10) load
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Khoa Wei Kang S86089776
(Name, NRIC or Passport No. / Rank and No.)

of B11 Yishun St 23 #02-29 S768441
(Address / Police Station / NPC / NPP)

on 23/11/2020 at 1450hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

[Signature] Y
(Signature)
S86089776 X
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
Signature
Sgt Fdz1 717241
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 Jeyg
65476178

Accident Photo



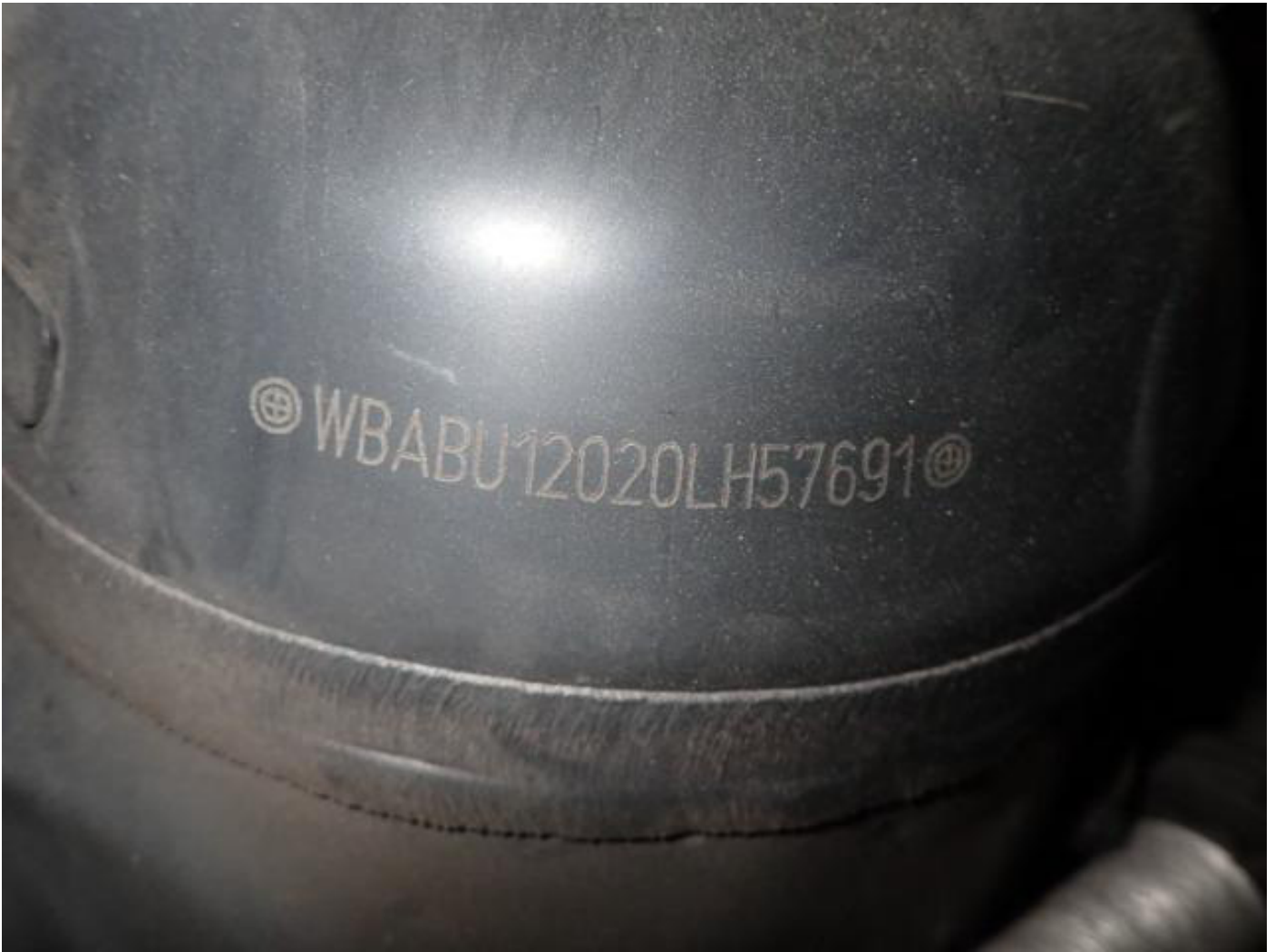
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

