

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 Submission	19/01/2021 14:09 (SGT)
Date of Accident	31/12/2020 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	VICTORIA STREET TOWARDS KALLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2901A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOO KENG BENG
NRIC No	SXXXX895D
Email Address	singaporeess@gmail.com
Mobile Phone No	(Phone) +65-98150811
Alternative Phone No	+65-98150811

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	CHOO KENG BENG
NRIC No	SXXXX895D
Date Of Birth	08/06/1985
Occupation	Indoor

Date Of Driving Pass	28/07/2004
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98150811
Alt. Phone Number	+65-98150811
Email Address	singaporess@gmail.com
Address	526B PASIR RIS STREET 51 #05-513 SPORE 512526
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 material 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

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/POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ6084L
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 CHOO KENG BENG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBL2901A
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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 purposes) 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/are 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 used 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/Id No:

SKETCH PLAN

Refer to below 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)

Reporting Center Personnel's Signature
Name _____



SINGAPORE
POLICE FORCE



T/20201231/7011

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3, SINGAPORE 408655
Tel No: 65470000

Report No: T/20201231/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2020 12:27	Video Report No.	Station Diary No.
Informant's Particulars		
Name of Informant: CHOO KENG BENG		
Address: 526B PASIR RIS STREET 51 #05-513 SINGAPORE 512526		
ID Type / ID No. NRIC NO / S8517895D	Contact No. Home/Office	Mobile: 98150811
Nationality: SINGAPORE CITIZEN		Email: Singapore85@gmail.com
Sex: Male	Age: 35	Date of Birth: 08/06/1985
Type of Informant: Rider		
Race: Chinese	Language: English	Institution / School Name
Occupation: Crane operator (part)	Driving Licence Information: Class: 2B, 2A, 2, 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/12/2020 08:40	Type of Location: Straight Road
Location: VICTORIA STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBL2901A	Motorcycle	HONDA	CB400X+ABS	Red		0
SMJ6084L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 40865
Tel No: 65470000



T/20201231/7011

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Report No: T/20201231/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBL2901A	AXA INSURANCE SINGAPORE PTE LTD	AN3186381	19/08/2020	18/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	CHOO KENG BENG	ID No.	S85178950
Related Vehicle	FBL2901A (Motorcycle)	Contact No.	98150811
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date	31/12/2020	Date	31/12/2020
No. of Days granted Medical Leave	08	Degree of	Slight

Brief Details

I was stopping at a traffic light due to light was in red and green man is on, vehicle smy6084L hit me from the back

SINGAPORE
POLICE FORCEPolice Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No. 65470000

T/20201231/0511

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Report No. T/20201231/0511

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketchSignature Of Officer Recording The Report:
Not applicableSignature Of Interpreter:
Not applicableOfficer In Charge Of Case:
TP / TPHQ /
ABDUL RAHIM BIN SALIM
Contact No. 65476437Authentication Stamp
NP168Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
requiredDate/Time:
31/12/2020 12:27

Classification Of Case