

# 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 ..... 06/04/2021 17:23 (SGT)  
Date of Accident ..... 03/04/2021 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MARSILING DR- T JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FS998A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK JUN RUI JASPER  
NRIC No ..... S9449875I  
Email Address ..... jasperquejunrui@gmail.com  
Mobile Phone No ..... (Phone) +65-83339875  
Alternative Phone No ..... +65-83339875

### VEHICLE PARTICULARS

Manufacturer ..... Zonda  
Model ..... ZONTES / V310  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 312

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D21MTMC01000723  
Cover Note Number ..... 22/1/21-21/1/22

### DRIVER

Name of Driver ..... QUEK JUN RUI JASPER  
NRIC No ..... S9449875I

Date Of Birth .....	25/06/1994
Occupation .....	Indoor
Date Of Driving Pass .....	15/04/2019
Driving experience .....	2 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-83339875
Alt. Phone Number .....	+65-83339875
Email Address .....	jasperquekjnrui@gmail.com
Address .....	BLK 5 MARSILING DR #11-47
Address complement .....	-
Postcode .....	730005
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 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 .....	SV45E
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 .....	QUEK JUN RUI JASPER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FS998A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

Jasper Quek Jun Rui@gmail.com

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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' 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.

1. VEHICLE NO.: FS 988A  
2. INSURER CO.: SCMP  
3. ACCIDENT DATE & TIME: 03/04/21 12:36 PM

Quek 06.04.21  
Policyholder's Signature / Date & Time

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

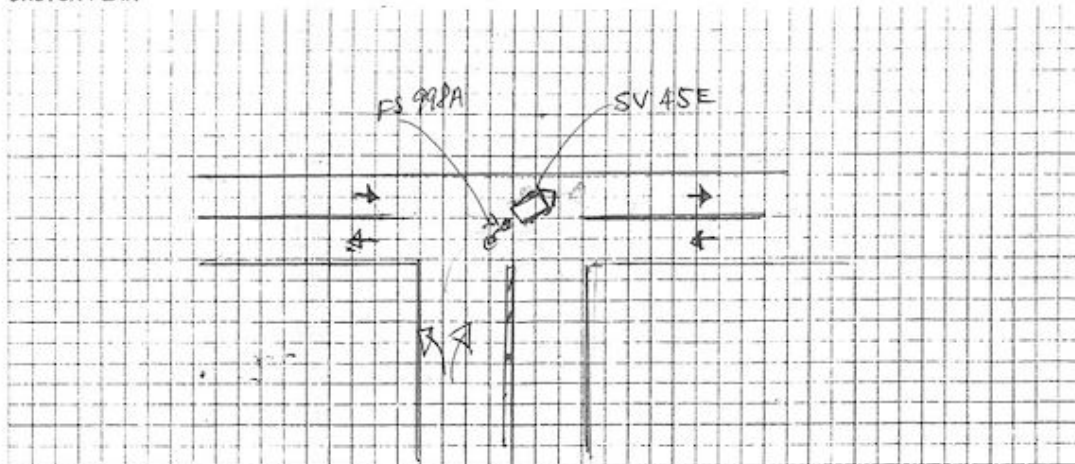
6/4/21  
Witnessed by Reporting Centre Personnel (CWL)

**Sketch Plan**

PLEASE  
TURN  
OVER

SKETCH PLAN

MARSHING DRIVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Paul* 06.04.21  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 6/4/21  
Reporting Centre Personnel's Signature  
Name: *[Signature]* (W)  
NRIC/FIN No.:

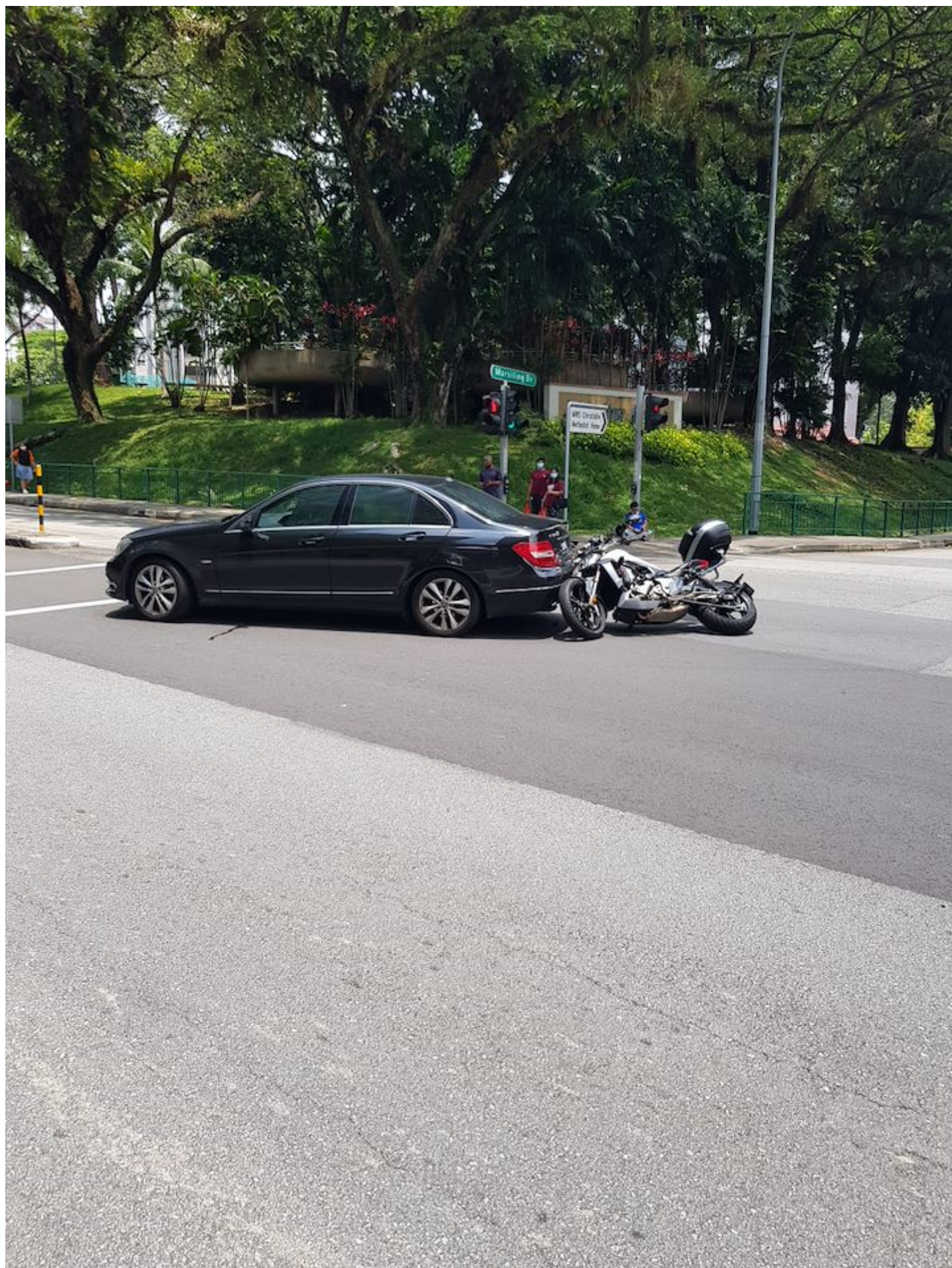
( ) Claim Own Policy ( ) Claim Third Party (✓) Reporting Only  
( ) Claim OD/TP at other workshop ( )























**SINGAPORE  
POLICE FORCE**



T/20210404/7011

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

1 of 3

Report No. T/20210404/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2021 15:12		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: QUEK JUN RUI JASPER			Address: 5 MARSILING DRIVE #11-47 SINGAPORE 730005		
ID Type / ID No.: NRIC NO / S9449875I			Contact No.: Home/Office: Mobile: 83339875		
Nationality: SINGAPORE CITIZEN			Email: jasperquekjunrui@gmail.com		
Sex: Male	Age: 26	Date of Birth: 25/06/1994	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Information technology security specialist			Driving Licence Information: Class: 2B,2A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/04/2021 12:30	Type of Location: T-Junction
Location:  marsiling drive				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FS0998A	Motorcycle	ZONTES	V310	White	Slightly Damaged	0
	Car			Black		0

**Details of Vehicle Insurance**

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



T/20210404/7011

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

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Report No. T/20210404/7011

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS0998A	Sompo Insurance	D21MTMC0100072 3	22/01/2021	21/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	QUEK JUN RUI JASPER		ID No. S9449875I
Related Vehicle	FS0998A (Motorcycle)		Contact No. 83339875
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A Date of Expiry: NIL
Date	03/04/2021		Date 03/04/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

Was checking left blindspot and didn't notice infront car stopped for people crossing.



**SINGAPORE  
POLICE FORCE**



T/20210404/7011

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

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Report No. T/20210404/7011

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMED HUSNUL TAUFIQ BIN MD YUSOF  
Contact No.: 65476358

Authentication Stamp  
NP168

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

Date/Time:  
04/04/2021 15:12

Classification Of Case: