

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 22/05/2021 09:40 (SGT)
Date of Accident 21/05/2021 19:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information COMPASSVALE RD TWDS COMPASSVALE ST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC1080C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SNG HONG CHUAN (SUN HONGCHUAN)
NRIC No SXXXX543A
Email Address nigel.sng@me.com
Mobile Phone No (Phone) +65-81009468
Alternative Phone No +65-81009468

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1400

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P2407363
Cover Note Number -

DRIVER

Name of Driver SNG HONG CHUAN (SUN HONGCHUAN)
NRIC No SXXXX543A

Date Of Birth	06/11/1976
Occupation	Indoor
Date Of Driving Pass	13/10/1994
Driving experience	26 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81009468
Alt. Phone Number	+65-81009468
Email Address	nigel.sng@me.com
Address	72 TANAH MERAH KECHIL AVE
Address complement	#07-42
Postcode	465535
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ1463C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	HO YONG CHENG
Contact Number	(Phone) +65-90058350
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	HO YONG CHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ1463C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

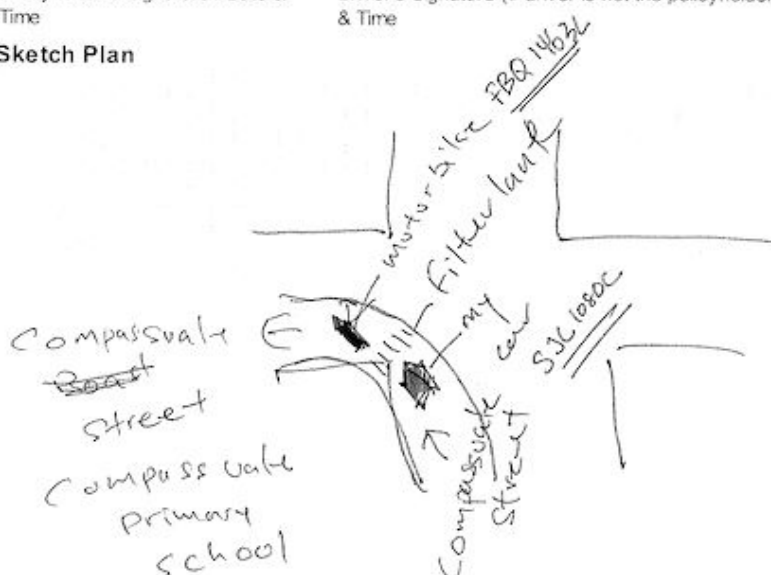
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police reports.

Declaration

We declare the foregoing particulars are true in every respect.

  27/5/2021











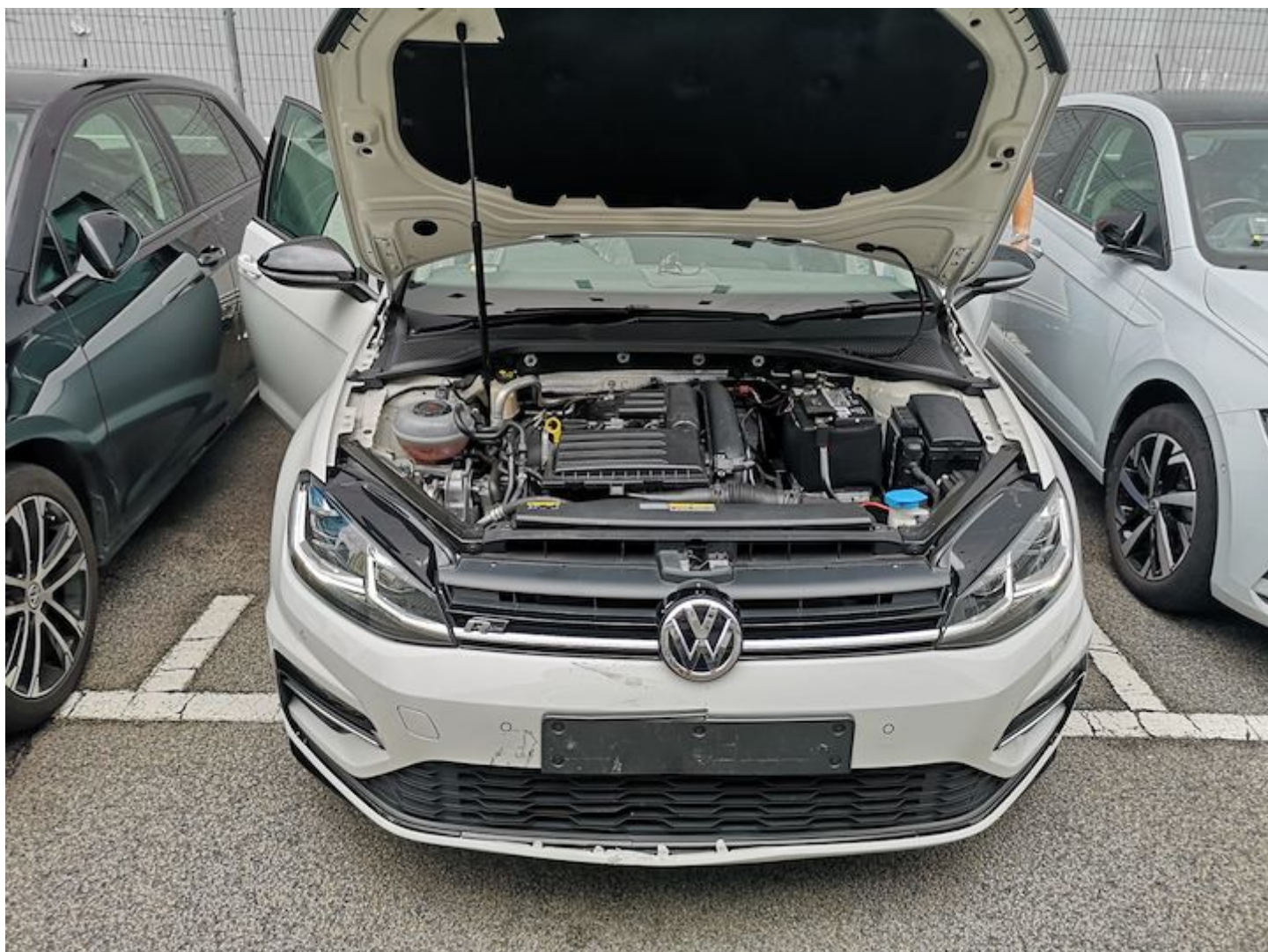














**SINGAPORE
POLICE FORCE**



G/20210521/7065

1 of 2

POLICE REPORT (NP299)

Report No. G/20210521/7065

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 21/05/2021 21:01	Vide Report No.	Station Diary No.
Name Of Informant SNG HONG CHUAN	Address 72 TANAH MERAH KECHIL AVENUE #07-42 SINGAPORE 465535	
ID Type / ID No. NRIC NO / S7636543A	Contact No. Home/Office: Mobile: 81009468	
Nationality SINGAPORE CITIZEN	Email Address nigel.sng@me.com	
Occupation Managing director/Chief executive officer	Sex Male	Age 44
Institution/School Name	Date of Birth 06/11/1976	Race Chinese
Date/Time Of Incident 21/05/2021 19:00 - 21/05/2021 19:30	Location Of Incident 72 TANAH MERAH KECHIL AVENUE #07-42 SINGAPORE 465535	

Brief details.

On 21st May 2021 between 7pm to 7:30pm, i am driving from compassvale road filtering towards compassvale street (the filter lane next to compassvale primary school) there is a bike by rider Ho Yong Cheng FBQ1463C tel 90058350 in front of me also filtering, we are both moving towards filter lane. I check right for vehicle and blind spot with no traffic (clear) and i move on where the bike stop, hence hit the bike FBQ 1463C on the rear.

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: 21/05/2021 21:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



G/20210521/7065

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210521/7065

Report number: F/20210521/0199

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: 21/05/2021 21:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	