

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	31/05/2021 14:22 (SGT)
Date of Accident	21/05/2021 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK RESERVOIR ROAD X BEDOK NORTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7083S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	POH AH KUI
NRIC No	SXXXX589J
Email Address	GIMCHENGP@GMAIL.COM
Mobile Phone No	(Phone) +65-93255399
Alternative Phone No	+65-93255399

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cbf190wh
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	190

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTMC01007514
Cover Note Number	-

DRIVER

Name of Driver	POH AH KUI
NRIC No	SXXXX589J

Date Of Birth	07/06/1961
Occupation	Outdoor
Date Of Driving Pass	04/07/1979
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93255399
Alt. Phone Number	+65-93255399
Email Address	GIMCHENGP@GMAIL.COM
Address	BLOCK 616 BEDOK RESERVIOR ROAD #05-1092
Address complement	-
Postcode	470616
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	Collided into Motorcyclist
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 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	GBH1285Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	CHEAH HA MENG
NRIC No	SXXXX903D
Contact Number	(Phone) +65-97552022
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

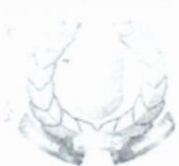
Name of injured person	POH AH KUI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN7083S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DÉCLARATION



SINGAPORE
POLICE FORCE

TO: Kelley
SI motoring



T/20210529/2028

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

Report No. T/20210529/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2021 12:19	Vide Report No.: G/20210521/0134	Station Diary No.:
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Informant's Particulars

Name of Informant: POH AH KUI			Address: 616 BEDOK RESERVOIR ROAD #05-1092 EUNOS GROVE SINGAPORE 470616		
ID Type / ID No.: NRIC NO / S1500589J			Contact No.: Home/Office: Mobile: 93255399		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 07/06/1961	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2021 18:00	Type of Location: X-Junction
Location: BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN7083S	Motorcycle	HONDA	CBF190X MANUAL	Black		0
GBH1285Y	Lorry	TOYOTA	DYNA 150 5MT	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN7083S	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100751 4	29/11/2020	28/11/2021



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	POH AH KUI	ID No.	S1500589J
Related Vehicle	FBN7083S (Motorcycle)	Contact No.	93255399
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	21/05/2021	Date Discharge	26/05/2021
No. of Days granted Medical Leave	12	Degree of Injury	Serious
Driver			
Name	CHEAH HA MENG	ID No.	S2538903D
Related Vehicle	GBH1285Y (Lorry)	Contact No.	97552022
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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 STATED MENTIONED FOR DATE, TIME AND LOCATION

I WAS ALONG AT BEDOK RESERVOIR ROAD JUNCTION OF BEDOK NORTH RD, AT LANE 2 AS THE GREEN LIGHT WAS STILL ON. AS I WAS GOING STRAIGHT AT THE INTERSECTION, I SAW A BLUE CAR TURNING RIGHT WHEN I HAVE THE RIGHT OF WAY, BUT I BRAKED AND SLOW DOWN TO AVOID COLLISION WITH THE BLUE CAR. UNEXPECTEDLY, THE LORRY ACCELERATES FOLLOWING THE BLUE CAR BY TURNING RIGHT AND HIT ME ON MY RIGHT SIDE. MY MOTORBIKE WAS MOVED BY SOMEONE BEFORE THE POLICE CAME EVEN WHEN I DID NOT INSTRUCT ANYONE TO DO THAT KNOWING THAT IT SHOULD BE LEFT AT THE ORIGINAL SPOT. I SUFFER AN INJURY ON MY RIGHT HAND WHICH I HAVE UNDERWENT A SURGERY AND WAS TOLD THAT IT WILL NOT RECOVER 100%. I ALSO HAVE SOME MINOR INJURIES ON MY LEFT HAND AND HIT MY ABDOMEN AS WELL. I WAS SEND TO CHANGI GENERAL HOSPITAL AND GIVEN 12 DAYS OF MC. CASE INCHARGE WILL BE IO INTAN. NO GOVERMENT PROPERTY WAS DAMAGED.

THAT'S ALL



SINGAPORE
POLICE FORCE



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

Report No. T/20210529/2028

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:

TP /

SC MUHAMMAD NASHIF BIN HADI PUTRA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Signature Of Informant:

Date/Time:

29/05/2021 12:19

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Signature:



SINGAPORE
POLICE FORCE



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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210529/2028

CONTINUATION OF REPORT