

# 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 ..... 05/07/2021 15:11 (SGT)  
Date of Accident ..... 17/06/2021 08:35 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... TOWARDS MCE BEFORE TUNNEL  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK5575T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ANG HOCK CHUAN (HONG FUQUAN)  
NRIC No ..... SXXXX618F  
Email Address ..... ang\_hock\_chuan@spf.gov.sg  
Mobile Phone No ..... (Phone) +65-98717802  
Alternative Phone No ..... (Home) +65-62959999

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Czd300a  
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 ..... Auto  
CC ..... 292

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MTMC01004647  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANG HOCK CHUAN (HONG FUQUAN)  
NRIC No ..... SXXXX618F

Date Of Birth .....	20/03/1978
Occupation .....	Outdoor
Date Of Driving Pass .....	13/12/2019
Driving experience .....	1 YEAR AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98717802
Alt. Phone Number .....	(Home) +65-62959999
Email Address .....	ang_hock_chuan@spf.gov.sg
Address .....	BLK 665C PUNGGOL DRIVE #04-538
Address complement .....	-
Postcode .....	823665
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 .....	Side Swipe
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 vehicle 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

PLEASE REFER TO POLICE REPORT T/20210623/2122

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMA603B
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Gray
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 .....	ANG HOCK CHUAN (HONG FUQUAN)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	FBK5575T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

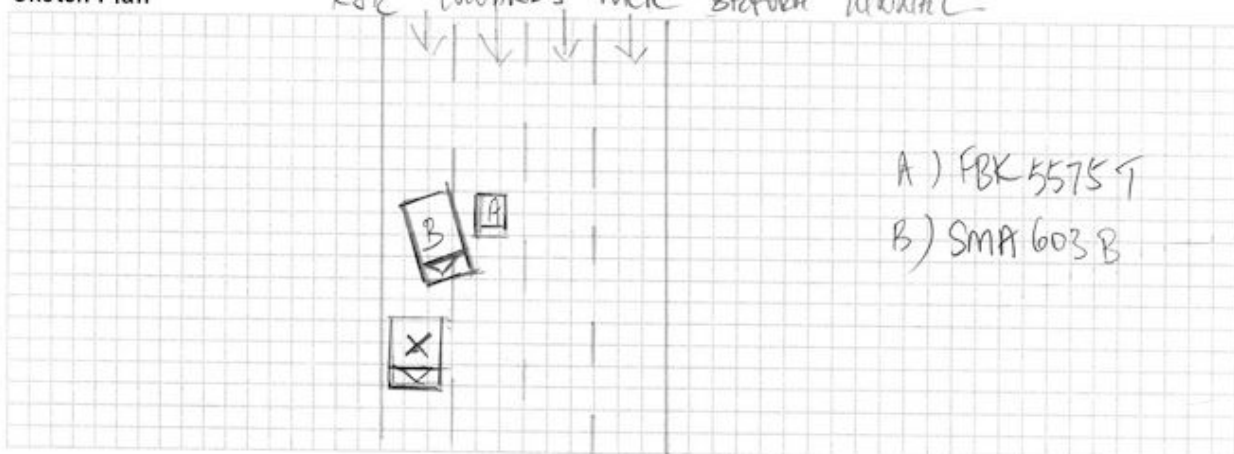
**SKETCH PLAN****IMPORTANT NOTICE**

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. The 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.
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.

 5/7/2021  
Policyholder's Signature / Date & Time

 05/07/2021  
Driver's Signature (if driver is not the policyholder) / Date & Time

 05/07/2021  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

REFERENCE TO POLICY REPORT 7/20210623/2122

## Declaration

We declare the foregoing particulars are true in every respect.

  
5/7/2021.  
Policyholder's Signature / Date & Time

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

  
05/07/2021  
Witnessed by Reporting Centre Personnel











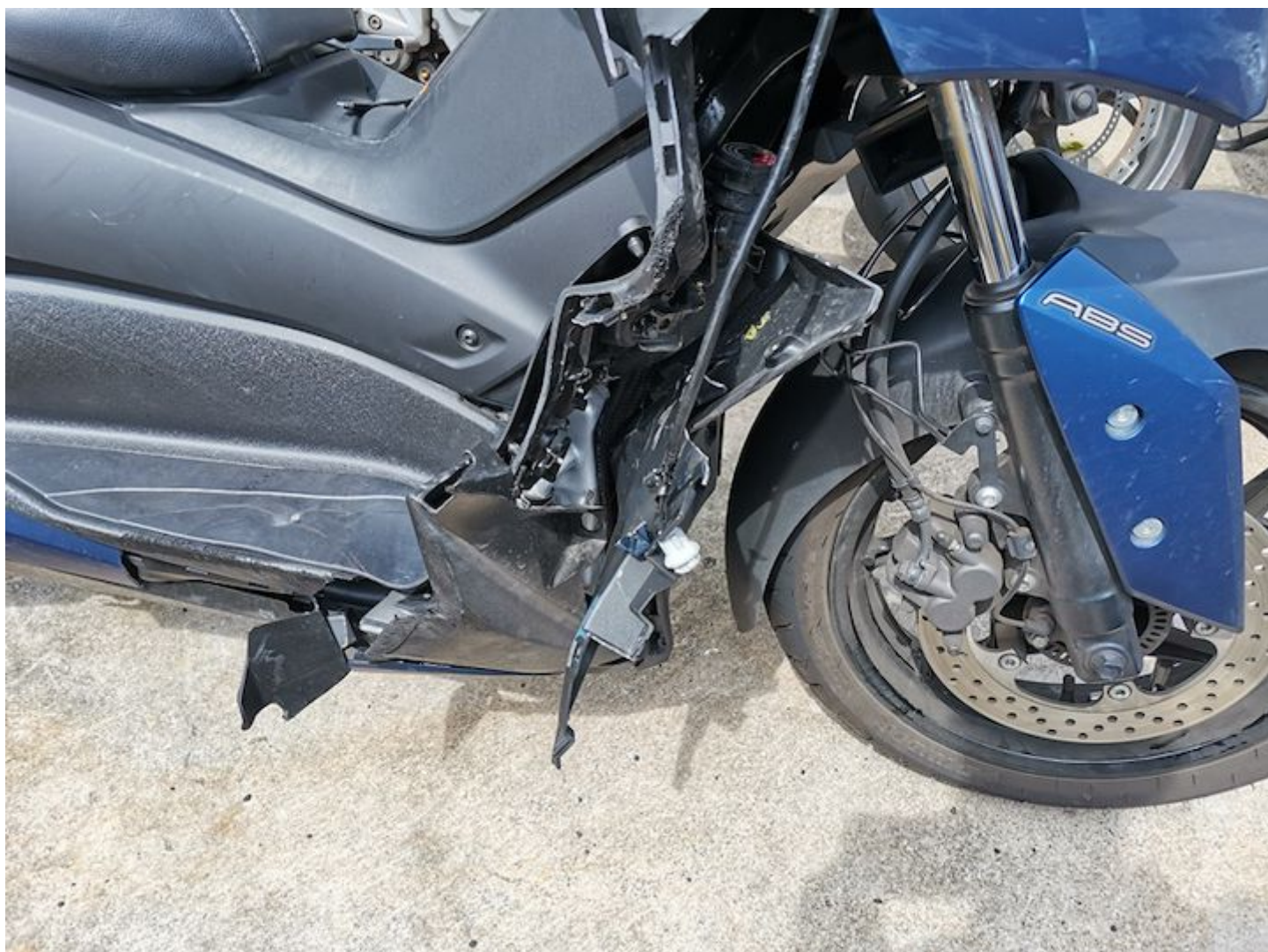
























































**SINGAPORE  
POLICE FORCE**



T/20210623/2122

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

1 of 3

Report No. T/20210623/2122

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/06/2021 22:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG HOCK CHUAN			Address: APT BLK 665C Punggol Drive #04-538 SINGAPORE 823665		
ID Type / ID No.: NRIC NO / S7807618F			Contact No.: Home/Office: 62959999      Mobile: 98717802		
Nationality: SINGAPORE CITIZEN			Email: ANG_Hock_Chuan@spf.gov.sg		
Sex: Male	Age: 43	Date of Birth: 20/03/1978	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/06/2021 08:35	Type of Location: Straight Road
Location:  KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK5575T	Motorcycle	YAMAHA	CZD300A / XMAX300	Blue	Seriously Damaged	0
SMA603B	Car	MERCEDES BENZ		Grey	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK5575T	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC01004647	27/06/2020	26/06/2021



**SINGAPORE  
POLICE FORCE**



T/20210623/2122

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

2 of 3

Report No. T/20210623/2122

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG HOCK CHUAN	ID No.	S7807618F
Related Vehicle	FBK5575T (Motorcycle)	Contact No.	62959999
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/06/2021	Date Discharge	19/06/2021
No. of Days granted Medical Leave	17	Degree of Injury	Serious

**Brief Details.**

On 17 June 2021 at about 0835 hrs, while I was riding my motorcycle FBK5575T (Yamaha/Xmax Blue) along KPE towards MCE. I was travelling along the second lane of the expressway. While there is one motorcar SMA 603B (Merc/Grey) which was at the first lane of the expressway. The driver suddenly swerved his vehicle to the left side which cut into my path and collided onto me. As a result, I sustained multiple abrasions on my right side of my body and hand. My right leg was also fractured and was given 17 days of hospitalization leave from TTSH.





**SINGAPORE  
POLICE FORCE**



T/20210623/2122

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

3 of 3

Report No. T/20210623/2122

**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:

E /

SI ANG HOCK CHUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/06/2021 22:26

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD

FUAT

Contact No.: 65476066

Classification Of Case:

Authentication Stamp

NP168