

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 14/07/2021 13:53 (SGT)
Date of Accident 20/06/2021 14:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALJUNIED ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ6280E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PHUA BOON HIONG (PAN WENRONG)
NRIC No S7144181D
Email Address phuawinson@gmail.com
Mobile Phone No (Phone) +65-83185452
Alternative Phone No +65-83185452

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV150 ABS CVT
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 149

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number P2367113
Cover Note Number -

DRIVER

Name of Driver PHUA BOON HIONG (PAN WENRONG)
NRIC No S7144181D

| | |
|--|-----------------------------------|
| Date Of Birth | 10/12/1971 |
| Occupation | Outdoor |
| Date Of Driving Pass | 21/01/1989 |
| Driving experience | 32 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83185452 |
| Alt. Phone Number | +65-83185452 |
| Email Address | phuawinson@gmail.com |
| Address | APT BLK 72 GEYLANG BAHRU #09-3000 |
| Address complement | - |
| Postcode | S330072 |
| 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 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 | Geylang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008486999 |
| Alt. Police Station Phone No | (Fax) +65-68486799 |
| Police Station Address | 1 Cassia Link Singapore 397618 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE 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 | SLN367B |
| 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 | PHUA BOON HIONG (PAN WENRONG) |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBQ6280E |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

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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.

Pha
 Policyholder's Signature / Date &
 Time 14 JUL 2021
 Sketch Plan 1300hrs

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



Witnessed by Reporting Centre
 Personnel

| | | | | |
|---|---|--|---|-------------------------------|
| | | | | A - FBQ 6280Z B - SLN 367B |
| ↑ | ↑ | | ↑ | |

Describe Circumstances of the Accident

please refer to police report.

Declaration

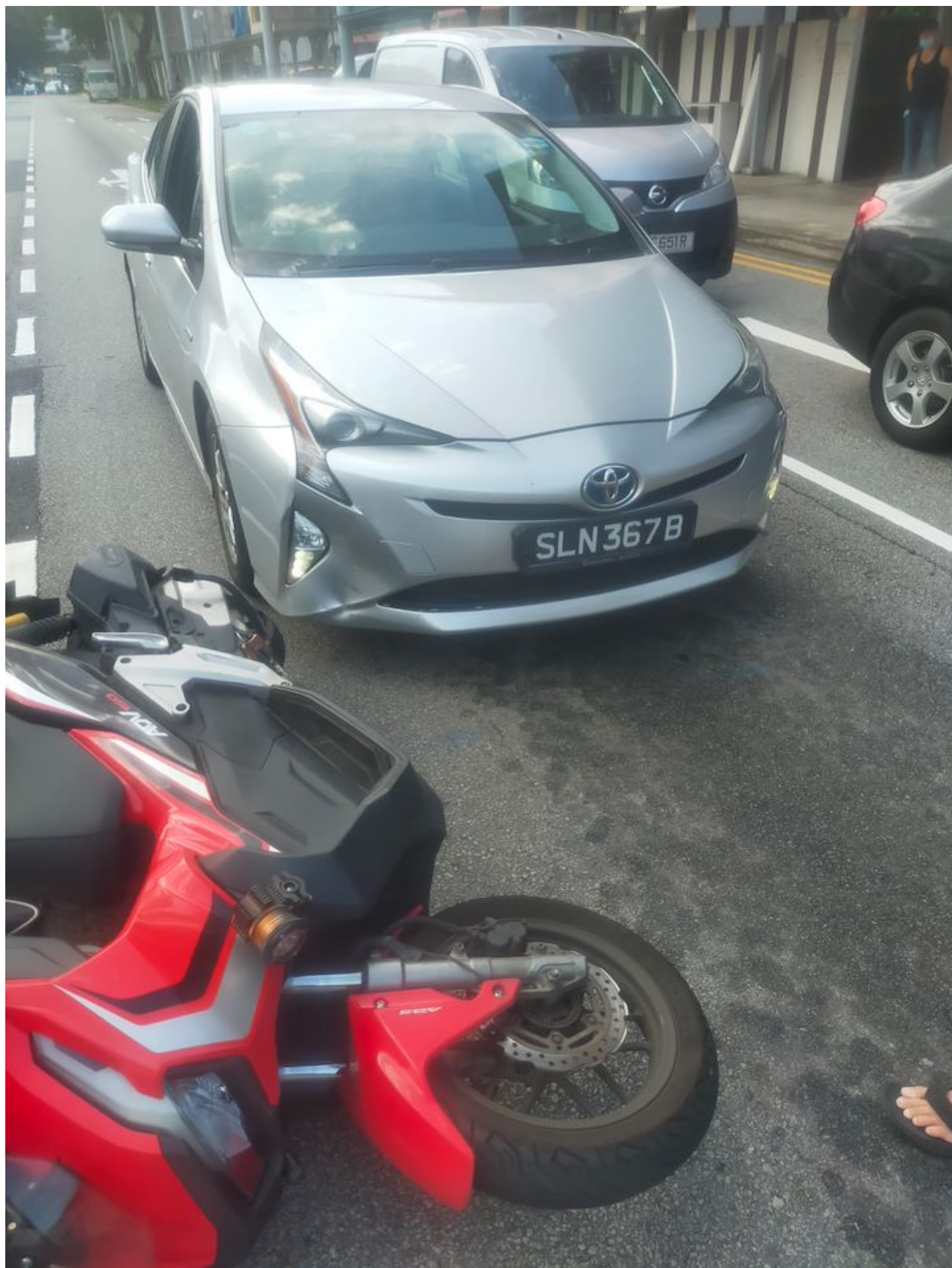
We declare the foregoing particulars are true in every respect.

Phua
Policyholder's Signature / Date &
Time 14 JUL 2021
1300hrs

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



[Signature]
Witnessed by Reporting Centre
Personnel





T/20210620/2062

1 of 3
Report No. T/20210620/2062

SINGAPORE POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
20/06/2021 20:35

Vide Report No.: _____ Station Diary No.: 64

Informant's Particulars

Name of Informant:
PHUA BOON HIONG

Address:
APT BLK 72 GEYLANG BAHRU #09-3000 SINGAPORE 330072

ID Type / ID No.: _____
NRIC NO / S7144181D

Contact No.: _____
Home/Office: _____ Mobile: 83185452

Nationality:
SINGAPORE CITIZEN

Email: _____

Sex: Male Age: 49 Date of Birth: 10/12/1971

Type of Informant:
Rider

Race:
Chinese

Language: _____ Institution / School Name: _____

Occupation:
Motorcycle delivery man

Driving Licence Information:
Class: 2B,3,4 Date of Expiry: _____

General Information of the Accident

| | | | | |
|---|--|---------------------------|---|---------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 20/06/2021 14:35 | Type of Location: Straight Road |
| Location: ALJUNIED ROAD | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: 60 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: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|----------------|-------|------------------|-----------------|
| FBQ6280E | Motorcycle | HONDA | ADV150 ABS CVT | Red | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry |
|-------------|---------------------------------|--------------|------------|----------|
| FBQ6280E | AXA INSURANCE SINGAPORE PTE LTD | P2367113 | 18/11/2020 | 17/11/21 |

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999


T/20210620/2062

2 of 3
Report No: T/20210620/2062

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------|--|--------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | PHUA BOON HIONG | ID No. | S7144181D |
| Related Vehicle | FBQ6280E (Motorcycle) | Contact No. | 83185452 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | 20/06/2021 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |

Brief Details.
On above mentioned date and time, I was travelling along Aljunied Rd and stopped at the junction of Lorong 20 Geylang. As the traffic light turned green, I accelerated but suddenly I felt an impact on the rear of my motorbike causing me to fall. The front right side of the car behind me collided with the rear of my motorbike. The driver stopped and called for police while several passer-bys helped me as my leg got caught under my bike. I was conveyed by ambulance soon after.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999





Barcode: T/20210620/2062

Report No. T/2021062

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 the certificate with you now, please fax a copy to 65474885 stating the **report number** as refer

| | |
|--|---|
| Signature Of Officer Recording The Report: G / Sgt 2 EUGENE JOEL TEO  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 20/06/2021 20:35 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202 | Classification Of Case: |
| Authentication Stamp NP168  |  SIGNATURE |









