

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 21/09/2021 16:19 (SGT)
Date of Accident 20/09/2021 16:00 (SGT)
Exact Location of Accident 603 Clementi West Street 1, Block 603, Singapore 120603
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS1270G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GIAM TECK CHOON (YAN DECHUN)
NRIC No SXXXX921F
Email Address choon@swimeasy.net
Mobile Phone No (Phone) +65-87758898
Alternative Phone No +65-87758898

VEHICLE PARTICULARS

Manufacturer Honda
Model Forza 300
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 279

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTMC01000673
Cover Note Number -

DRIVER

Name of Driver GIAM TECK CHOON (YAN DECHUN)
NRIC No SXXXX921F

Date Of Birth	21/05/1973
Occupation	Outdoor
Date Of Driving Pass	12/10/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87758898
Alt. Phone Number	+65-87758898
Email Address	choon@swimeasy.net
Address	BLK 102 HENDERSON CRESCENT #02-18
Address complement	-
Postcode	150102
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210920/2088

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	SH7894Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	-

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.

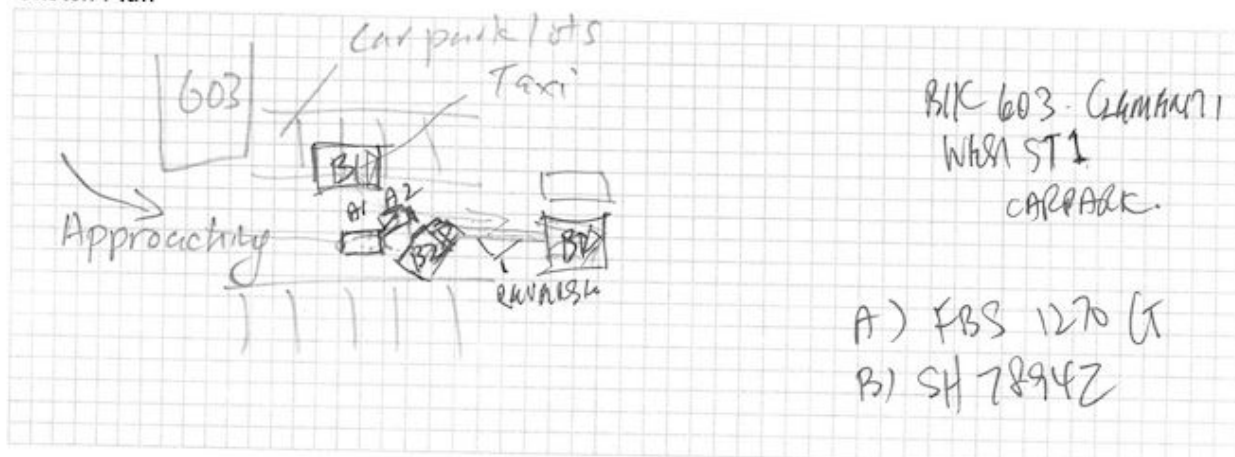
[Signature]
21/09/2021
15:54

Policyholder's Signature / Date & Time

[Signature]
21/09/2021

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 REPORT 7/20210920/2088

Declaration

We declare the foregoing particulars are true in every respect.

 21/09/2021
15:54

Policyholder's Signature / Date & Time

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

 21/09/2021

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20210920/2088

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20210920/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2021 17:49	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars				
Name of Informant: GIAM TECK CHOON		Address: APT BLK 102 HENDERSON CRESCENT #02-18 SINGAPORE 150102		
ID Type / ID No.: NRIC NO / S7316921F		Contact No.: Home/Office: Mobile: 87758898		
Nationality: SINGAPORE CITIZEN		Email: choon@swimeasy.net		
Sex: Male	Age: 48	Date of Birth: 21/05/1973	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/09/2021 16:00	Type of Location: Car Park
Location: CLEMENTI WEST STREET 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic	
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
FBS1270G	Motorcycle	HONDA	NSS300A	White	Slightly Damaged	0
SH7894Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS1270G	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01000673	20/01/2021	19/01/2022



**SINGAPORE
POLICE FORCE**



T/20210920/2088

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No, T/20210920/2088

CONTINUATION OF REPORT**Brief Details.**

On 20/09/2021 at about 1600hrs, I was riding my motorcycle bearing registration number, FBS1270G at the open carpark near Blk 603 Clementi West Street 1 when a blue taxi bearing registration number, SH7894Z suddenly reverse and hit onto the front part of motorcycle.

Before the collision, I actually stopped my motorcycle and let the taxi move instead. But the taxi suddenly reversed and hit onto my motorcycle. He then came out from his vehicle and he said that there is no damage on the motorcycle.

The driver entered his taxi and drive off without giving his particulars.

I do not have any in-vehicle camera installed on my motorcycle.

The accident took about 3 minutes.

I wish to state that I have a witness who saw the accident

The witness details are as follows :

Name : Alan Tay

Hp : 91507547

I did not suffer any injury from this accident.

My motorcycle has some damages on the front part of the motorcycle. I do not know the exact cost of the repair.



**SINGAPORE
POLICE FORCE**



T/20210920/2088

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20210920/2088

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
D /
SI IMRAN BIN MOHAMMAD
HAJAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:

Date/Time:
20/09/2021 17:49

Classification Of Case:

Authentication Stamp
NP168

