

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 12/10/2021 11:53 (SGT)
Date of Accident 10/10/2021 12:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information Outside 122 Lorong K Telok Kurau
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS7345K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOO KAM LOONG
NRIC No S7264069A
Email Address 11.KAMLOONG@GMAIL.COM
Mobile Phone No (Phone) +65-83213961
Alternative Phone No +65-83213961

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMAX155
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 160

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5123085222
Cover Note Number -

DRIVER

Name of Driver SOO KAM LOONG
NRIC No S7264069A

Date Of Birth	25/11/1972
Occupation	Indoor
Date Of Driving Pass	07/06/1993
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83213961
Alt. Phone Number	+65-83213961
Email Address	11.KAMLOONG@GMAIL.COM
Address	BLK 5 #06-40 UPPER ALJUNIED LANE
Address complement	-
Postcode	360005
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 - Major/Minor Rd
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?	No
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
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	SMT2773E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	KRISHNA
Contact Number	(Phone) +65-91129043
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	SOO KAM LOONG
Gender	Male
Phone No	(Phone) +65-83213961
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	49
Injuries Sustained	PAIN ON LEFT ANKLE, RIGHT BUTT CHEEK, LOWER BACK AND LEFT THUMB.
Injured person in which vehicle?	FBS7345K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

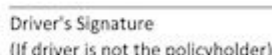
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:

12/10/202


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

05/10/2021


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Steve
 S990020














**SINGAPORE
POLICE FORCE**


T/20211011/2044

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20211011/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2021 14:14	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: SOO KAM LOONG			Address: APT BLK 5 UPPER ALJUNIED LANE #06-40 SINGAPORE 360005		
ID Type / ID No.: NRIC NO / S7264069A			Contact No.: Home/Office: Mobile: 83213961		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 25/11/1972	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: FOODPANDA DELIVERY MAN			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2021 12:00	Type of Location: Straight Road
Location: LORONG K TELOK KURAU				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
FBS7345K	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS7345K	NTUC Income Insurance Co-Operative Limited	5123085222	26/07/2021	25/07/2022



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T/20211011/2044

Report No. T/20211011/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SOO KAM LOONG	ID No.	S7264069A
Related Vehicle	NIL	Contact No.	83213961
Hospital/Clinic	Healthlink Medical Clinic and Surgery	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KRISHNA SITARAM	ID No.	S9510822I
Related Vehicle	NIL	Contact No.	NIL
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 10/10/21, at about 1215hrs, I have just delivered a food delivery at Lorong K Telok and when I was about to make another delivery while getting out of the location, I was hit by a car (SMT 2773E, dark blue Toyota).

There was a taxi in front of me and after it went off, the driver was making a reverse from his house unit at Lorong K Telok B122, and he did not look at the back of his car and he collided with my motorbike. Both me and my motorbike fell on to the ground.

The driver (Name: KRISHNA SITARAM, IC: S9510822I, HP:91129043) then called for police and ambulance. The ambulance arrived at scene but I only felt intermittent pain and SCDF did a check on me which I was fine at that moment, and thus I did not require the ambulance. However, at 10/10/2021 on the same day around 1800hrs, I felt pain at my left ankle, my right butt cheek, my lower back and my left thumb and I went to visit the doctor on 11/10/2021 at Healthlink Medical Clinic and Surgery near my house. I was then, given a 5 days MC from 11/10/2021 to 15/10/2021.



SINGAPORE POLICE FORCE



T/20211011/2044

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Report No. T/20211011/2044

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Ang Mo Kio South N.P.C
51 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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
F /
Sgt 2 OLIVIA PHUA XUE ER

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/10/2021 14:14

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

SN 75

Authentication Stamp
NP168

