

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 08/11/2021 18:09 (SGT)
Date of Accident 27/10/2021 16:30 (SGT)
Exact Location of Accident Mohamed Sultan Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS6489K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN DAORONG
NRIC No SXXXX819B
Email Address cdr6768@hotmail.com
Mobile Phone No (Phone) +65-81889231
Alternative Phone No +65-81889231

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV 150 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 Manual
CC 149

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMMCHQ21-000044
Cover Note Number -

DRIVER

Name of Driver CHEN DAORONG
NRIC No SXXXX819B

Date Of Birth	12/06/1982
Occupation	Outdoor
Date Of Driving Pass	28/09/2011
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81889231
Alt. Phone Number	+65-81889231
Email Address	cdr6768@hotmail.com
Address	BLK 359 ADMIRALTY DRIVE
Address complement	#05-190
Postcode	750359
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

PLS REFER TO THE POLICE REPORT:T/20211028/2064

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	GBJ7163R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	NEO SAY MENG
NRIC No	SXXXX367H
Contact Number	(Phone) +65-92289770
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	CHEN DAORONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBS6489K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

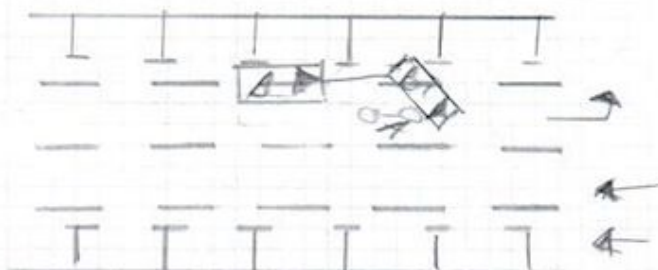
PK 2/11/21
Policyholder's Signature / Date & Time

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

Sign 08/11/21
Witnessed by Reporting Centre Personnel

Sketch Plan

A - FBS6489K
B - GBJ7163R



Describe Circumstances of the Accident

Plc refer to the police report: T/00211028/2064

Declaration

We declare the foregoing particulars are true in every respect.

8/11/21
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211028/2064

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

2 of 3

Report No. T/20211028/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEN DAORONG	ID No.	S8282819B
Related Vehicle	FBS6489K (Motorcycle)	Contact No.	81889231
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NEO SAY MENG (LIANG SHIMING)	ID No.	S8324367H
Related Vehicle	GBJ7163R (Van)	Contact No.	92289770
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 ABOVE STATED DATE, TIME AND LOCATION.

I WERE DELIVERING FOOD ALONG MOHAMED SULTAN ROAD ON A STRAIGHT ROAD. AS I WAS RIDING, NEO SAY MENG (LIANG SHIMING) THE DRIVER OF VEHICLE NO. GBJ7163R, MADE A U-TURN FROM THE LEFT SIDE OF THE LANE TO GO TO THE OTHER DIRECTION OF THE ROAD. HE WAS DRIVING SLOW AND USING DOUBLE SIGNAL LIGHT. SO DECIDED TO JUST STRAIGHT. I COLIDED WITH HIS RIGHT SIDE OF THE VAN WHEN HE WAS TURNING RIGHT. I WAS INJURED LEFT ARM AND RIGHT LEG. I WENT WAS COVAYED TO SINGAPORE GENERAL HOSPITAL AND GOT 3 DAYS OF OUTPATIENT SICK LEAVE FROM 27/10/21 TO 29/10/21. I ASSURE THAT THE MAN WHICH I COLIDED WITH WILL INFORM HIS INSURANCE COMPANY TO FOLLOW UP WITH THE NECESSARY ACTIONS TO FOLLOW UP WITH. IO: ADLINE/65476066.

THAT IS ALL































**SINGAPORE
POLICE FORCE**



T/20211028/2064

1 of 3

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

Report No. T/20211028/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2021 15:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN DAORONG			Address: APT BLK 359 ADMIRALTY DRIVE #05-190 SUN BLISS SINGAPORE 750359		
ID Type / ID No.: NRIC NO / S8282819B			Contact No.: Home/Office:		Mobile: 81889231
Nationality: CHINESE			Email:		
Sex: Male	Age: 39	Date of Birth: 12/06/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB RIDER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2021 16:30	Type of Location: Straight Road
Location: MOHAMED SULTAN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS6489K	Motorcycle	HONDA	ADV 150 ABS CVT	Black	Seriously Damaged	0
GBJ7163R	Van	NISSAN	NV200 1.5 MT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS6489K	EQ INSURANCE COMPANY LTD.	DMMCHQ21- 000044	24/06/2021	23/06/2022



**SINGAPORE
POLICE FORCE**



T/20211028/2064

2 of 3

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

Report No. T/20211028/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEN DAORONG	ID No.	S8282819B
Related Vehicle	FBS6489K (Motorcycle)	Contact No.	81889231
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NEO SAY MENG (LIANG SHIMING)	ID No.	S8324367H
Related Vehicle	GBJ7163R (Van)	Contact No.	92289770
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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SINGAPORE POLICE FORCE



T/20211028/2064

3 of 3

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

Report No. T/20211028/2064

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 TAN JUIN QI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/10/2021 15:10

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168