

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 16/11/2021 13:02 (SGT)
Date of Accident 13/11/2021 12:45 (SGT)
Exact Location of Accident Tampines Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS9818A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FENG XUECHAN
NRIC No SXXXX376I
Email Address feng_xuechan891125@hotmail.com
Mobile Phone No (Phone) +65-97760367
Alternative Phone No +65-81849666

VEHICLE PARTICULARS

Manufacturer Honda
Model FORZA 350
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 329

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01006210
Cover Note Number -

DRIVER

Name of Driver LIU HAIYANG
NRIC No SXXXX895D

Date Of Birth	08/03/1986
Occupation	Outdoor
Date Of Driving Pass	03/09/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81849666
Alt. Phone Number	-
Email Address	feng_xuechan891125@hotmail.com
Address	BLK 342 TAMPINES STREET 33 #10-286
Address complement	-
Postcode	520342
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FENG XUECHAN
Gender	Female

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/20211115/7047

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	SLH701B
Vehicle Manufacturer	Kia

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	LIU HAIYANG
Gender	Male
Phone No	(Phone) +65-81849666
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS9818A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	FENG XUECHAN
Gender	Female
Phone No	(Phone) +65-97760367
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS9818A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT 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:

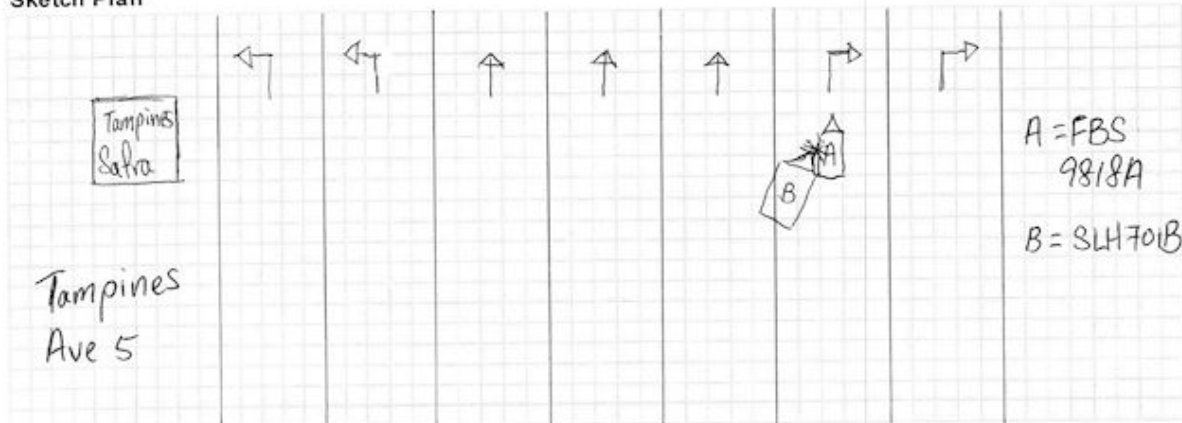
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel


Sketch Plan

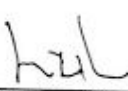
Describe Circumstances of the Accident

Report to Police Report 7/2021/115/7047

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time


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

 16/11/2021
 Witnessed by Reporting Centre
 Personnel















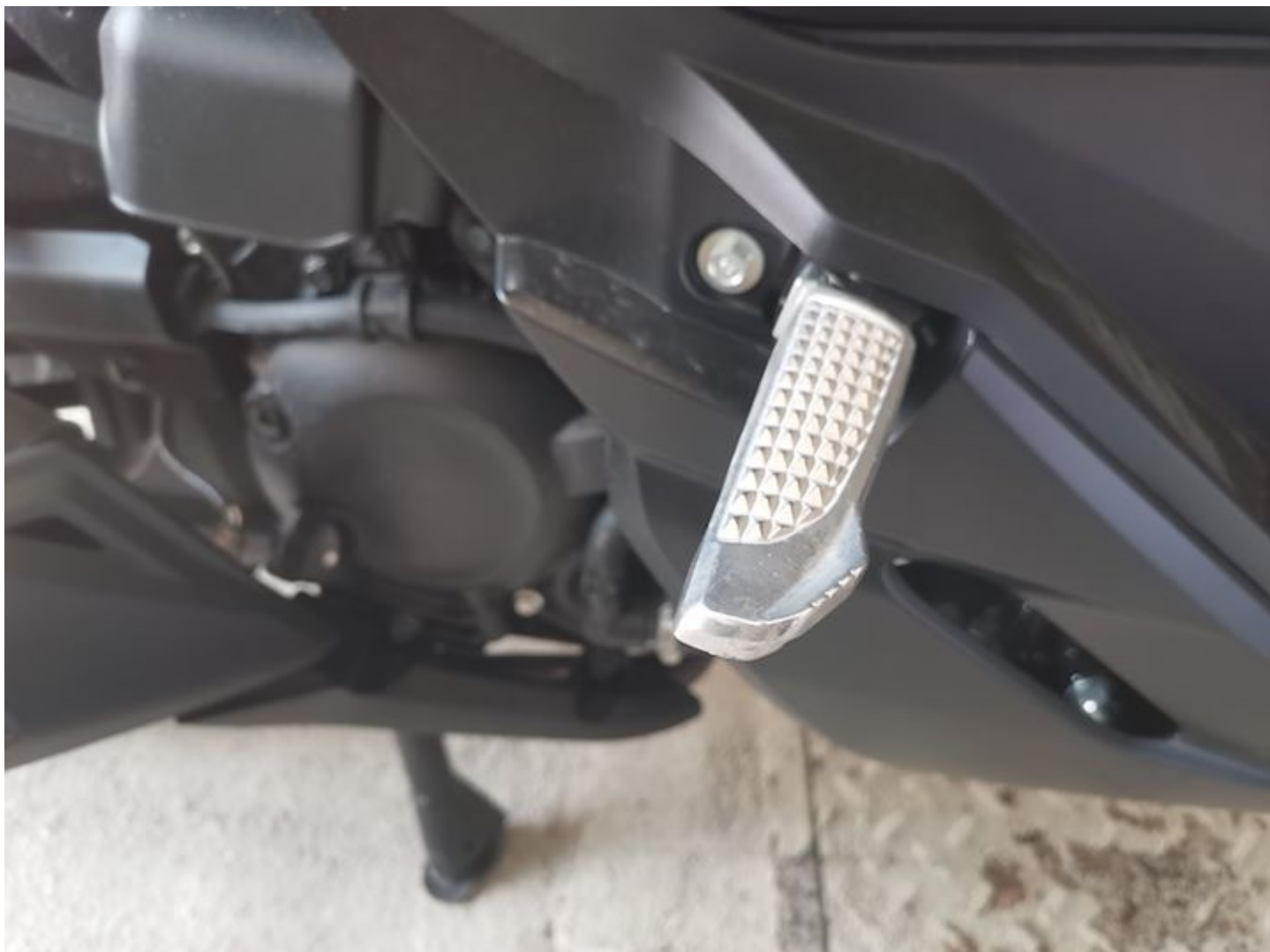


















**SINGAPORE
POLICE FORCE**



T/20211115/7047

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

1 of 3
Report No. T/20211115 7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2021 18:45	Vide Report No.: G/20211113/0140	Station Diary No.:
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Informant's Particulars

Name of Informant: LIU HAIYANG			Address: 342 TAMPINES STREET 33 #10-286 SINGAPORE 520342		
ID Type / ID No.: NRIC NO / S8664895D			Contact No.:		Mobile: 81849666
Nationality: CHINESE			Email: FENG_XUECHAN891125@HOTMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 08/03/1986	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Container Driver			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2021 12:45	Type of Location: Straight Road
Location: TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS9818A	Motorcycle	HONDA	Honda Forza 350	Black	Slightly Damaged	1
SLH701B	Car	KIA		Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211115/7047

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

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Report No. T/20211115/7047

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS9818A	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01006210	11/10/2021	10/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	FENG XUECHAN		ID No.	S8979376I
Related Vehicle	FBS9818A (Motorcycle)		Contact No.	97760367
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,3,4 Date of Expiry: NIL
Date	13/11/2021		Date	13/11/2021
No. of Days granted Medical Leave	07	Degree of	Serious	
Rider				
Name	LIU HAIYANG		ID No.	S8664895D
Related Vehicle	FBS9818A (Motorcycle)		Contact No.	81849666
Hospital/Clinic	NORTHEAST (SIMEI) MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: 2B,2A,3,4 Date of Expiry: NIL
Date	13/11/2021		Date	13/11/2021
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On the day of accident, I was travelling on my vehicle FBS9818A. I was on the turning right lane. However, a vehicle SLH701B that was on the left lane of my lane (straight lane), turned into my lane and hit me from the rear left of my vehicle causing my wife and I to fall down from my vehicle. My wife was conveyed to the hospital via ambulance. I went to a clinic to find medical assistance.



**SINGAPORE
POLICE FORCE**



T/20211115/7047

3 of 3

Report No. T/20211115 7047

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP18 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/11/2021 18:45

Classification Of Case: