SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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

DETAILS O	F OWN VEHICLE	
Country/State of Loss	Singapore	
Additional Location Information	Lorong ah Soo filtering towards upper payar lebar	
Exact Location of Accident	Singapore	
Date of Accident	21/12/2021 21:15 (SGT)	
Date of Submission	22/12/2021 17:33 (SGT)	

DETAILS OF OWN VEHICLE			
Vehicle Registration Number	FBL1600A		
INSURED/POLICYHOLDER			
ls company?	No		
Name Of Registered Owner	LOW JUNG JECK		
NRIC No	SXXXX366C		
Email Address	Jecknsophia@gmail.com		
Mobile Phone No	(Phone) +65-98500316		
Alternative Phone No	+65-98500316		
VEHICLE PARTICULARS			
Manufacturer	Honda		
Model	Ch400sf		
/ariant	-		
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			
our vehicle?	No - Claiming third party		
Vehicle Category	Motorcycle		
Fransmission	Auto		
CC	400		
INSURANCE COMPANY			
Name of Insurance Company	FMD Singapore Dt. Lt.		
Type of Coverage	FWD Singapore Pte. Ltd. Comprehensive		
leet Policy	No		
Policy Number			
Cover Note Number	PNMC2017-00000366-04		
DRIVER			
lame of Driver	LOW HAVE		
IRIC No	LOW JUNG JECK		

SXXXX366C

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode	15/09/1978 Indoor 08/07/2008 13 YEARS AND 5 MONTHS Male (Phone) +65-98500316 +65-98500316 Jecknsophia@gmail.com 109 Aljunied Crescent #04-78 380109
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	N-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
venicle (venicle of other venicle owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	=
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?	Yes Geylang Neighbourhood Police Centre (Phone) +65-18008486999 (Fax) +65-68486799 1 Cassia Link Singapore 397618 No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20211222/2016 LODGE AT GEYLANG NPC
ON 21/12/2021 AT ABOUT 2115HRS, I WAS RIDING MY MOTORBIKE (FBL1600A) ALONG LORONG AH SOO TOWARDS UPP
PAYA LEBAR ROAD. I THEN STOPPED MY MOTORBIKE AT THE GIVE WAY ROAD TO CHECK FOR ONCOMING TRAFFIC
BEFORE PROCEEDING. SUBSEQUENTLY, ONE CAR SJQ7200K BUMPED INTO MY MOTORCYCLE ND I FELL DOWN FROM MY
MOTORBIKE. THE MALE DRIVER OF THE SAID CAR DID NOT CHECK ON ME AND JUST MADE CHECK ON HIS CAR. THE SAID
DRIVER ALSO DID NOT EXCHANGED PARTICULARS. I THEN CALLED TRAFFIC POLICE FOR ASSISTANCE. AMBULANCE WAS
ALSO ACTIVATED BY THE TRAFFIC POLICE. I WAS THEN CONVEYED BY THE SAID AMBULANCE TO SENGKANG HOSPITAL. I
SUSTAINED SOME BACK PAIN FROM THE SAID ACCIDENT. I WAS GIVEN 3 DAYS MC. THE TRAFFIC POLICE IO INFORMED
ME TO LODGE A TRAFFIC ACCIDENT REPORT. ON 22/12/2021, I THEN CAME TO GEYLANG NPC TO LODGE A TRAFFIC
ACCIDENT 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

If yes, against whom?

DETAILS OF OTHER VEHICLE PROPERTY 1

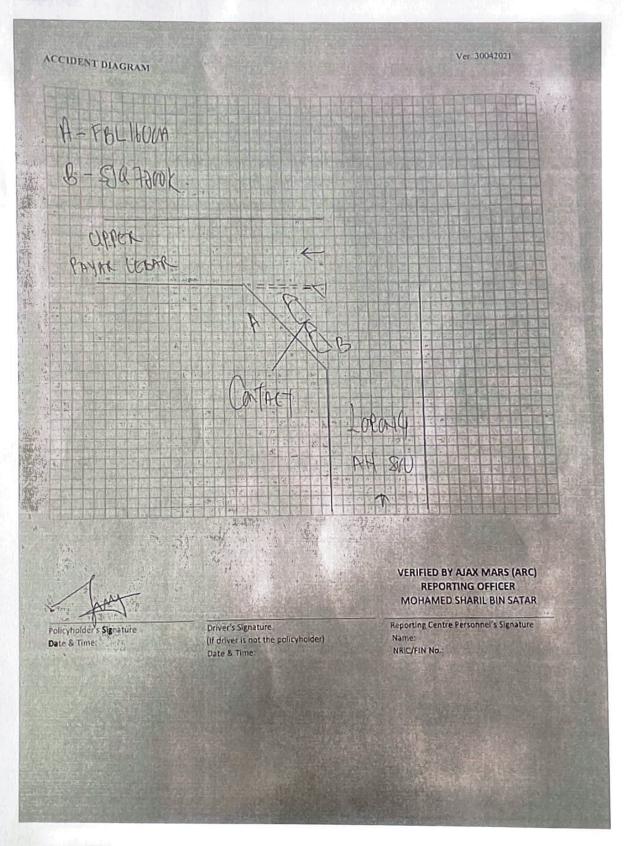
Vehicle Registration Number	SJQ7200K
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NA
Contact Number	-
Address	
Address complement	-
Postcode	Jan Ass.
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW JUNG JECK
Gender	Male
Phone No	(Phone) +65-98500316
Address	109 Aljunied Crescent
Address Complement	#04-78
Post Code	380109
Approximate Age Years Old	F
Injuries Sustained	SUSTAINED SOME BACK PAIN
Injured person in which vehicle?	FBL1600A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN #2





T/20211222/2016

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

1 of 3 Report No. T/20211222/2016

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made. 22/12/2021 10:10		Vide Report No.	Station Diary No.:
Informa	nt's Partice	ulars	新型的加入2017年已经经20	由 。
A DESCRIPTION OF STREET	Informant: ING JECK		Address: APT BLK 109 ALJUNIED CRE 380109	ESCENT #04-78 SINGAPORE
	/ ID No : O / \$786536	36C	Contact No Home/Office Mobile: 98500316	
National MALAY			Email:	415 (415)
Sex: Male	Age:	Date of Birth: 15/09/1978	Type of Informant: Rider	
Race: Chinese			Language English	Institution / School Name:
Occupat LORRY	ion: CRANE OF	PERATOR	Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

ate/Time of	THE RESERVE OF THE PARTY OF THE
ccident: 1/12/2021 21:15	Type of Location: Straight Road
1	/12/2021 21:15

LORONG AH SOO

Weather. Clear	Road Surface: Dry	Road Speed Limit
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume Moderate
Type of Collision:		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Candition	No of Passenger
FBL1600A	Motorcycle	HONDA	CB400SF	Red	Slightly Damaged	0
SJQ7200K	Car				No Damage	0

Details of V	ehicle Insurance			
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBL1600A	FWD Singapore Pte. Ltd	PNMC2017- 00000366-04	24/06/2021	23/06/2022



Report No. T/20211222/2016

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

CONTINUATION OF REPORT

Any Pedestrian I		Use of Per	destrian Cross	ing: NA
No. of Pedestrian	ns Injured: NIL	USE OFFE	Jesti Bil Cross	MONTH SEAR WENTER TO THE PERSON
Name	LOW JUNG JECK		ID No.	S7865366C
Related Vehicle	NIL		Contact No.	98500316
Hospital/Clinic	SENGKANG GENERAL HOSI LTD.	PITAL PTE.	Class of Driving Licence & Expiry Date	Class: 2B 2A,3,4,5 Date of Expiry: NIL
	21/12/2021 ed Medical Leave 03	Date Dis	charge 21/1 of Injury NIL	2/2021

Brief Details.

On 21/12/2021 at about 2115hrs, I was riding my motorbike (FBL1600A) along Lorong Ah Soo towards Upp Paya Lebar Road. I then stopped my motorbike at the give way road to check for oncoming traffic before proceeding. Subsequently, one car (SJQ7200K) bumped into my motorbike and I fell down from my motorbike.

The male driver of the said car did not check on me and just made a check on his car. The said driver also did not exchange particulars. I then called traffic police for assistance. Ambulance was also activated by the traffic police. I was then conveyed by the said ambulance to Sengkang Hospital. I sustained some back pain from the said accident.

I was given 3 days MC. The traffic police IO informed me to lodge a traffic accident report.

On 22/12/2021, I then came to Geylang NPC to lodge a traffic accident report.

