SN09222A0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/02/2022 13:25 (SGT) SUBMITTED BY: Renee VERSION: 1 (10/02/2022 13:25 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 10/02/2022 13:25 (SGT) Date of Accident 07/02/2022 18:00 (SGT) Exact Location of Accident Singapore Additional Location Information LOWER DELTA ROAD TOWARDS AYE(MCE) Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBQ4770X

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAU KIM HENG NRIC No. SXXXX398D Email Address laukimheng190@gmail.com Mobile Phone No (Phone) +65-98472931 Alternative Phone No +65-98472931

# VEHICLE PARTICULARS

Manufacturer Suzuki Model UH200A 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? Yes Vehicle Category Motorcycle Transmission Auto CC 200

#### **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTMC01006191 Cover Note Number

## DRIVER

Name of Driver LAU KIM HENG NRIC No. SXXXX398D

Date Of Birth 22/05/1967 Occupation Indoor Date Of Driving Pass 21/11/2000 Driving experience 21 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-98472931 Alt. Phone Number +65-98472931 Email Address laukimheng190@gmail.com Address **BLK 528 WOODLANDS DRIVE 14** Address complement #12-523 Postcode 730528 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20220209/2015 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLD8912C Vehicle Manufacturer Volkswagen

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
nsurance 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  Gender  Phone No  Address	LAU KIM HENG Male (Phone) +65-98472931
Address Complement Post Code	-
Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- SLIGHT FBQ4770X
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- Yes

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lundersland, 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 posses sed 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) have personal information provided by me or posses sed 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

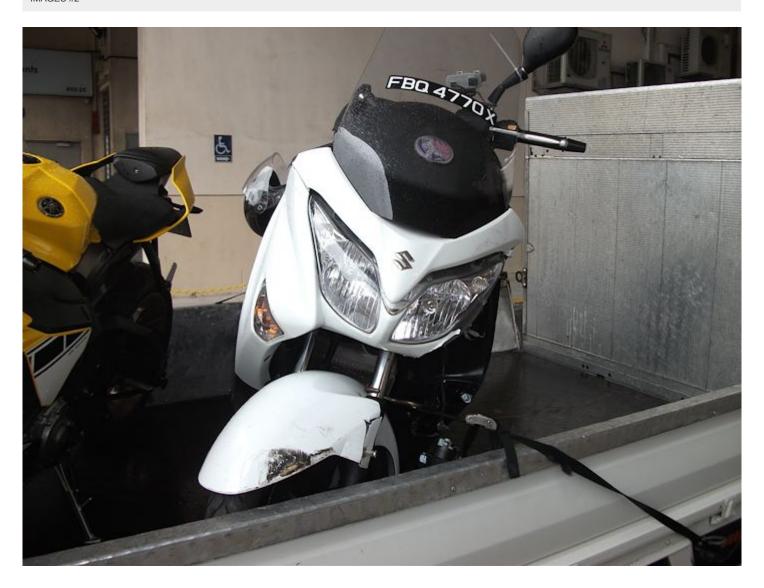
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time A = F8Q.4770XThe Policyholder's Signature (If driver is not the policyholder) / Date Personnel Witnessed by Reporting Centre Personnel Per

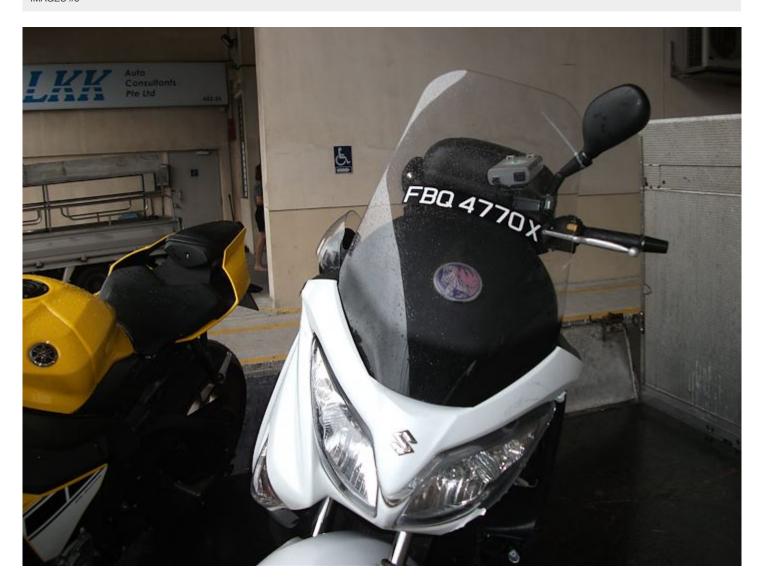
Lower Delta Road towards
AYE (MCE).

B= SLD 8912C

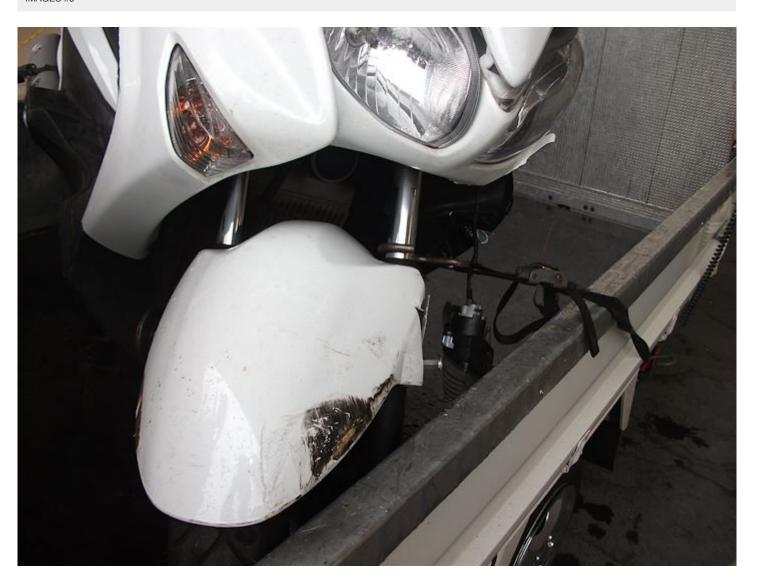
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Date of Expiry:

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Lof3 Report No. T/20220209/2015

ELECTRICAL TECHNICIAN

Station Diary No.: Vide Report No.: Date/Time Report Made: D/20220207/0065 09/02/2022 11:15 Informant's Particulars Address: Name of Informant: APT BLK 528 WOODLANDS DRIVE 14 #12-523 LAU KIM HENG WOODLANDS VISTA SINGAPORE 730528 ID Type / ID No.: Contact No.: Mobile: 98472931 Home/Office: NRIC NO / S1814398D Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Rider 22/05/1967 54 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Class: 2B,3,4

Seneral Inform	mation of the Accident			A STATE OF THE STA
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2022 18:00	Type of Location: Straight Road
Location:  LOWER DEL  Weather: Clear	TA ROAD	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBQ4770X	Lorry	SUZUKI	UH200A	White		0
SLD8912C	Car	VOLKSWAGO N	POLO GP 1.2 TSI A/T 6C13EZ SR LED	White		0

Details of V	ehicle Insurance			MARKE AVE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20220209/2015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Report No. T/20220209/2015

2 of 3

Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle Insurance	all and the second second second second		1
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4770X	TENET SOMPO INSURANCE PTE.	D21MTMC0100619	19/10/2021	18/10/2022

Details of Perso	n Involved		toletan.			
Any Pedestrian Ir	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	edestriar	Cross	ing; NA
Rider		ALIES SAND	ANALYST AND THE			A DESCRIPTION OF THE PARTY OF T
Name	LAU KIM HENG			ID No		\$1814398D
Related Vehicle	FBQ4770X (Lorry)		Conta	ct No.	98472931	
Hospital/Clinic	NG TENG FONG G	ENERAL H	OSPITAL	Class Drivin Licend Expin	g	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	07/02/2022		Date Dis	charge	07/02	/2022
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

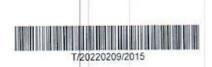
#### Brief Details.

ON THE STATED DATE TIME AND LOCATION,

I WAS RIDING MY BIKE ALONG LOWER DELTA ROAD TOWARDS AYE(MC#). I WAS THE SLIP ROAD GOING TO AYE. WHILE I WAS RIDING, THERE WAS A VEHICLE INFRONT OF ME WHICH WAS SLD8912C. THE STATED VEHICLE SUDDENLY MADE A EMERGENCY STOP. I TRIED TO OVERTAKE AND COLIDED WITH THE STATED VEHICLE. I LOSE MY BALANCE OF MY BIKE AND SKIDDED INFRONT OF THE VEHICLE. AFTER THE ACCIDENT HAPPENED. THE VEHICLE SLOWLY OVERTAKE ME AND STOPPED. THE DRIVER OF THE STATED VEHICLE WENT OUT FROM THE VEHICLE AND CHECK ON MY CONDITION, PASSERBY SAW THE ACCIDENT AND IMMEDIATELY CALLED TRAFFIC POLICE AND AMBULANCE. UPON THIER ARRIVAL, PARAMEDIC CAME TO ME AND CONVEYED ME TO NG TENG FONG GENERAL HOSPITAL WHILE TRAFFIC POLICE WERE THERE FOR FURTHER INVESTIGATION. IO ISMAIL (EXT: 65476185) WILL BE INCHARGE OF THIS CASE. NO GOVERMENT WAS PROPERTY WAS DAMAGED.

THAT'S ALL





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220209/2015

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 Informant:

Signature of Officer Recording The Report TP /
SC2 MUHAMMAD NASHIF BIN HADI PUTRA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232

Authentication Stamp NP168

Date/Time: 09/02/2022 11:15	
Classification Of C	Case:
(B)	SINGAPORE POLICE FORCE
Signature:	£.