

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 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 No
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	Male
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	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/20220209/2015

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	SLD8912C
Vehicle Manufacturer	Volkswagen
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	LAU KIM HENG
Gender	Male
Phone No	(Phone) +65-98472931
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBQ4770X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident


— Please refer to the police report : T/20220209/2015. —

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

 10/2/22
Witnessed by Reporting Centre Personnel






















**SINGAPORE
POLICE FORCE**


T/20220209/2015

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

Report No. T/20220209/2015

REPORT OF A TRAFFIC ACCIDENT

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

General Information of the Accident					
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 DELTA ROAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	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 Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20220209/2015

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

Report No. T/20220209/2015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4770X	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100619 1	19/10/2021	18/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAU KIM HENG	ID No.	S1814398D
Related Vehicle	FBQ4770X (Lorry)	Contact No.	98472931
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	07/02/2022	Date Discharge	07/02/2022
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE TIME AND LOCATION,

I WAS RIDING MY BIKE ALONG LOWER DELTA ROAD TOWARDS AYE(MCE). 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



SINGAPORE POLICE FORCE

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



T/20220209/2015

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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 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

Signature Of Informant:

Date/Time:
09/02/2022 11:15

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: