

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 15/03/2022 17:23 (SGT)
Date of Accident 09/03/2022 07:45 (SGT)
Exact Location of Accident Jln Terusan, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FL3533A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE HONG JEE
NRIC No SXXXX054B
Email Address mljpfgm@gmail.com
Mobile Phone No (Phone) +65-93822258
Alternative Phone No +65-93822258

VEHICLE PARTICULARS

Manufacturer Yamaha
Model TRICITY 155
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01003304
Cover Note Number -

DRIVER

Name of Driver LEE HONG JEE
NRIC No SXXXX054B

| | |
|--|---------------------------|
| Date Of Birth | 18/10/1957 |
| Occupation | Indoor |
| Date Of Driving Pass | 07/10/1985 |
| Driving experience | 36 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93822258 |
| Alt. Phone Number | +65-93822258 |
| Email Address | mljpfgm@gmail.com |
| Address | BLK 31 BALAM ROAD #14-121 |
| Address complement | - |
| Postcode | 370031 |
| 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? | No |
| 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 | Jurong Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18002659999 |
| Alt. Police Station Phone No | (Fax) +65-62664987 |
| Police Station Address | Blk 158 Yung Loh Road #01-58 Singapore 610158 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220314/2103

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 | XE4680A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|---|--------------|
| Name of Driver | WANG GUODONG |
| Passport No/FIN | GXXXX369N |
| 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 | LEE HONG JEE |
| Gender | Male |
| Phone No | (Phone) +65-93822258 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | FL3533A |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

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' 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.

[Signature] 15/03/2022
13 10 hrs
Policyholder's Signature / Date &
Time

[Signature] 15/03/2022
Driver's Signature (If driver is not the policyholder) / Date
& Time

[Signature] 15/03/2022
Witnessed by Reporting Centre
Personnel

Sketch Plan




Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/2022-0314/2103

Declaration

We declare the foregoing particulars are true in every respect.

 15/03/2022
13:10 hrs.

Policyholder's Signature / Date & Time

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

 15/03/2022

Witnessed by Reporting Centre Personnel











**SINGAPORE
POLICE FORCE**



T/20220314/2103

1 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20220314/2103

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 14/03/2022 20:52 | | Vide Report No.: | | Station Diary No.: 63 | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE HONG JEE | | | Address: APT BLK 31 BALAM ROAD #14-121 SINGAPORE 370031 | | |
| ID Type / ID No.: NRIC NO / S1238054B | | | Contact No.: Home/Office: Mobile: 93822258 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 64 | Date of Birth: 18/10/1957 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: SELF EMPLOYED | | | 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: 09/03/2022 07:45 | Type of Location: X-Junction |
| Location: JALAN TERUSAN | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------------|--------|-----------------|-------|------------------|-----------------|
| FL3533A | Motorcycle | YAMAHA | TRICITY 155 ABS | Grey | Slightly Damaged | 0 |
| XE4680A | PRIME MOVER | MAN | | White | No Damage | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---------------------------------|-----------------|------------|-------------|
| FL3533A | TENET SOMPO INSURANCE PTE. LTD. | D21MTMC01003304 | 22/05/2021 | 21/05/2022 |



**SINGAPORE
POLICE FORCE**



T/20220314/2103

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

2 of 3

Report No. T/20220314/2103

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|--|--------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | LEE HONG JEE | ID No. | S1238054B |
| Related Vehicle | FL3533A (Motorcycle) | Contact No. | 93822258 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | 14/03/2022 | Date Discharge | 14/03/2022 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |
| Driver | | | |
| Name | WANG GUODONG | ID No. | G2503369N |
| Related Vehicle | XE4680A (PRIME MOVER) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 09.03.2022 at about 0745hrs, I was riding my motorcycle; FL3533A along Jln Terusan and had stopped at the red light junction heading towards Buroh Drive. When the light turned green, suddenly a vehicle; XE4680A from the rear collided onto me. The driver then got down and apologized for his mistake. We exchanged particulars and took photos of the scene. I was not heavily injured however felt some pain on my left arm, shoulder and back. I try to ignore the pain but it got worse hence I went to see the doctor on 14.03.2022 and was granted 5 days medical leave.

I wished to state that I did not fell from my motorcycle when the collision occurred.



**SINGAPORE
POLICE FORCE**



T/20220314/2103

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

3 of 3

Report No. T/20220314/2103

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:
J / STAFF SGT MOHAMMED
AMIRULHAFIZ BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2022 20:52

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

Classification Of Case:

NP168