SN09224J0006 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 19/04/2022 13:16 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (19/04/2022 13:16 (SGT))

Your NCD will be affected due to late reporting

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.
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	19/04/2022 13:16 (SGT)
Date of Accident	14/04/2022 07:51 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	(PIE) AFTER PASIR RIS DRIVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2848S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO RUI XIANG
NRIC No	SXXXX020Z
Email Address	rui88xiang@gmail.com
Mobile Phone No	(Phone) +65-93231256
Alternative Phone No	+65-93231256

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16st
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	Manual
CC	153

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC01002360
Cover Note Number	-

DRIVER

Name of Driver	HO RUI XIANG
NRIC No	SXXXX020Z

Date Of Birth	14/11/1988
Occupation	Indoor
Date Of Driving Pass	15/03/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93231256
Alt. Phone Number	+65-93231256
Email Address	rui88xiang@gmail.com
Address	BLK 763 YISHUN STREET 72 #01-434
Address complement	-
Postcode	760763
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 - Change/cross lane
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20220414/7024

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	SHD5903X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	HO RUI XIANG
Gender	Male
Phone No	(Phone) +65-93231256
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH2848S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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6. 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.
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' 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.

19 APR 2022 1245HRS.

Policyholder's Signature / Date & Time

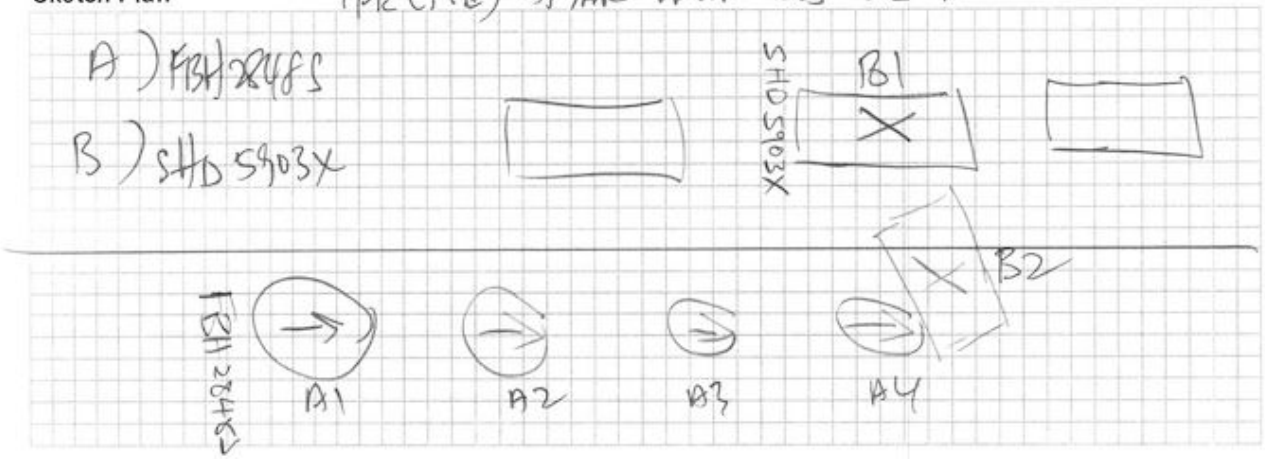
Driver's Signature (if driver is not the policyholder) / Date & Time

19/04/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE (PLE) AFTER ROSIR RLS DR. 12



Describe Circumstances of the Accident

REFER TO POLICE REPORT L/2022-04-14/7024

Declaration

I/We declare the foregoing particulars are true in every respect.

19APR2022 1245HRS

Policyholder's Signature / Date & Time

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

19/04/2022

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

SINGAPORE POLICE FORCE

L/20220414/7024

POLICE REPORT (NP299)

Report No. L/20220414/7024

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made	Vide Report No.	Station Diary No.
14/04/2022 13:26		

Name Of Informant HO RUI XIANG	Address 763 YISHUN STREET 72 #01-434 SINGAPORE 760763			
ID Type / ID No. NRIC NO / S8844020Z	Contact No. Home/Office: Mobile: 83231256			
Nationality SINGAPORE CITIZEN	Email Address RUI88XIANG@GMAIL.COM			
Occupation Aircraft maintenance assistant engineer	Sex Male	Age 33	Date of Birth 14/11/1988	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 14/04/2022 07:30 - 14/04/2022 08:30	Location Of Incident 763 YISHUN STREET 72 #01-434 SINGAPORE 760763			

Brief details.

I was travelling to work on my bike
(FBH 2848S) from Yishun to Changi.

At around 745am, along TPE, opposite of IKEA Tampines going towards Changi, that's where the accident happened.

I was on Lane one, I was travelling below 90km/h. Within a short moment, the Transcab taxi driver did a right signal and swerved right both immediately without checking its blind spot.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2022 13:26
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE POLICE FORCE

L/20220414/7024

POLICE REPORT (NP299) **CONTINUATION OF REPORT** Report No. L/20220414/7024

I sounded my horn and applied both brakes immediately but his vehicle was in my way and I knocked on to it and flew off.

I landed in front of the taxi, and landed on my right hip. There were abrasions along my right knee, left ankle, right forearm, and left hip.

There were no exchanges between the driver and I.

Shortly after, the Traffic police came and then followed by the ambulance.

Then I was sent to the hospital for treatment.

Subjects Involved			
Suspect			
Person Name	Driver of SHD 5903 X		
Gender	Male	Age	50-60
Race	Chinese	Language	Chinese
Occupation	Taxi driver	Relation To Informant	None
Victim			
Person Name	HO RUI XIANG		
ID Type	NRIC NO	ID No	S8844020Z
Gender	Male	Age	33
Race	Chinese	Language	English

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2022 13:26
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE POLICE FORCE

L/20220414/7024

POLICE REPORT (NP299) **CONTINUATION OF REPORT** Report No. L/20220414/7024

Occupation	Aircraft maintenance assistant engineer	Address	763 YISHUN STREET 72 #01-434 SINGAPORE 760763
Mobile No	83231256	Is Informant A Victim?	Yes
Person Name	HO RUI XIANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2022 13:26
Officer In-Charge Of Case:	Classification Of Case: