

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 11/01/2022 17:49 (SGT)
Date of Accident 18/10/2021 08:00 (SGT)
Exact Location of Accident Bukit Batok East Ave 6, Singapore
Additional Location Information & BUKIT BATOK EAST AVE 2 JUNCT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR8338E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FELICIA CHUA HWEE KHIM
NRIC No S9839789B
Email Address FCHK08@GMAIL.COM
Mobile Phone No (Phone) +65-96216177
Alternative Phone No +65-96216177

VEHICLE PARTICULARS

Manufacturer Honda
Model adv150
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? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 149

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D20MTMC01007505
Cover Note Number -

DRIVER

Name of Driver FELICIA CHUA HWEE KHIM
NRIC No S9839789B

Date Of Birth	01/12/1998
Occupation	Outdoor
Date Of Driving Pass	12/10/2020
Driving experience	1 YEAR
Gender	Female
Mobile Number	(Phone) +65-96216177
Alt. Phone Number	+65-96216177
Email Address	FCHK08@GMAIL.COM
Address	296B BUKIT BATOK ST 22 #27-70
Address complement	-
Postcode	652296
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 - Cross Junction
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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO: T/20211120/2076

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7578T
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 FELICIA CHUA HWEE KHIM
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBR8338E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:












**SINGAPORE
POLICE FORCE**


T/20211120/2076

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Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20211120/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2021 15:54	Vide Report No.: J/20211018/0131	Station Diary No.: 44
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Informant's Particulars

Name of Informant: FELICIA CHUA HWEE KHIM		Address: APT BLK 296B BUKIT BATOK STREET 22 #27-70 SINGAPORE 652296	
ID Type / ID No.: NRIC NO / S9839789B		Contact No.: Home/Office: Mobile: 96216177	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 22	Date of Birth: 01/12/1998	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: MARKETING AND OPERATION EXECUTIVE.		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/10/2021 08:00	Type of Location: X-Junction
Location: BUKIT BATOK EAST AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR8338E	Motorcycle	HONDA	ADV150A	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR8338E	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100635 6	31/10/2021	30/10/2022



**SINGAPORE
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T/20211120/2076

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Report No. T/20211120/2076

Police Station Of Origin:
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370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FELICIA CHUA HWEE KHIM	ID No.	S9839789B
Related Vehicle	FBR8338E (Motorcycle)	Contact No.	96216177
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	18/10/2021	Date Discharge	18/11/2021
No. of Days granted Medical Leave	33	Degree of Injury	Serious

Brief Details.

On the 18/10/2021 at around 0800hrs, as I was riding my bike bearing FBR8338E at along Bukit Batok East Avenue 6 towards Jalan Jurong Kechil, I met into an accident with a yellow taxi. I could not recalled the registration plate number of the taxi. As I can recall, I was going straight and approaching the cross junction of Bukit Batok East Avenue 6 and Bukit Batok Street 25. The traffic light was green and it was in my favor. Subsequently, there is a yellow taxi whom is turning right on a discretionary right turn. As I was riding near to the junction, the yellow taxi started to inch forward and blocked the first lane. I tried to switch to the second lane however I did not managed to stop in time and hence met into an accident with the taxi. I could not recall what happened next. Subsequently, I woke up and realized that I was in the hospital.

I wish to state that I was admitted to National University Hospital for one month from 18/10/2021 to 18/11/2021 and was given 33 days of MC. The NUH doctor told me that I had a head concussion(blood clot) and I had to undergo surgery to implant metal on my right leg. My bike and helmet are not equip with a camera.



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T/20211120/2076

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Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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Report No. T/20211120/2076

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 / Sgt 2 TENGKU MUHAMMAD ALFIAN BIN TENGKU AZMI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2021 15:54
Officer In Charge Of Case: TP / GIJ  SI VILTON HIA WEE SIANG  Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP166 SIGNATURE	