

# 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 .....	25/05/2022 15:45 (SGT)
Date of Accident .....	23/04/2022 05:30 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	TOWARDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBR1545U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG SAU CHOY (HUANG XIAOCAI)
NRIC No .....	SXXXX040G
Email Address .....	garywong0804@gmail.com
Mobile Phone No .....	(Phone) +65-97397079
Alternative Phone No .....	+65-97397079

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Mx king t150
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 .....	Manual
CC .....	150

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	D22MTMC01000990
Cover Note Number .....	-

### DRIVER

Name of Driver .....	WONG SAU CHOY (HUANG XIAOCAI)
NRIC No .....	SXXXX040G

Date Of Birth .....	04/08/1972
Occupation .....	Indoor
Date Of Driving Pass .....	20/03/2002
Driving experience .....	20 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97397079
Alt. Phone Number .....	+65-97397079
Email Address .....	garywong0804@gmail.com
Address .....	BLK 684C WOODLANDS DRIVE 62 #02-165
Address complement .....	-
Postcode .....	733684
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 .....	Side Swipe
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 East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220519/2048 AND T/20220505/2067

#### 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 .....	SJF6241G
Vehicle Manufacturer .....	-
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 .....	WONG SAU CHOY (HUANG XIAOCAI)
Gender .....	Male
Phone No .....	(Phone) +65-97397079
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	FBR1545U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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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' 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.

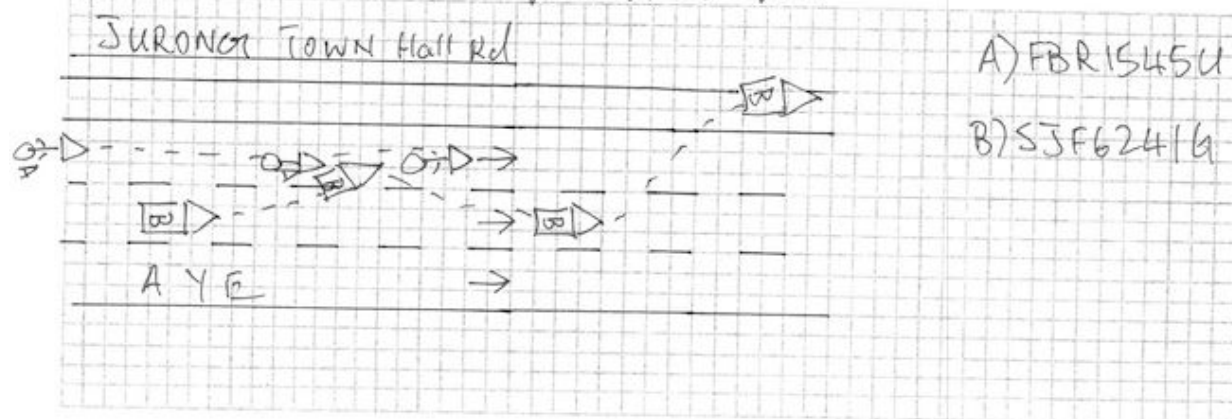
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

AYE TOWARDS QUAS





Describe Circumstances of the Accident

Refer police report 1/20220519/2048

Declaration

I/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

 25/05/2022  
Witnessed by Reporting Centre Personnel



































































## POLICE FORCE

T/20220519/2048

1 of 1

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No: T/20220519/2048

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2022 13:02 Vide Report No.: Station Diary No.: 47

## Informant's Particulars

Name of Informant: WONG SAU CHOY			Address: APT BLK 684C WOODLANDS DRIVE 62 #02-165 SINGAPORE 733684		
ID Type / ID No.: NRIC NO: S7250040G			Contact No.: Home/Office: Mobile: 97397079		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 04/08/1972	Type of Informant: Rider		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/04/2022 05:30	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR1545U	Motorcycle	YAMAHA	MX KING T150 MANUAL	Red		0
SJF6241G	Car					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220519/2048

Report No. T/20220519/2048

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBR1545U	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01000990	04/03/2022	03/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG SAU CHOY	ID No.	S7250040G
Related Vehicle	NIL	Contact No.	97397079
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 23/04/2022 at 5.28am, I was going to work, while riding my motorcycle FBR1545U along AYE towards Tuas, I was riding over the flyover at Jurong Town Hall Road, my motorcycle side swiped with another car SJF6241G.

I was sent to NTFH by ambulance, I spent 8 days in hospital and was given 90 days MC. The Traffic Police investigation officer Pan Jianhong called me on 25/04/2022 asking me to provide statement but I was still not move. I was discharged on 01/05/2022.

When I was able to move, I lodged a police report T/20220505/2067 on 05/05/2022, at that time, I did not know the registration number of the other car.


When I went home that day, I received a letter from Traffic Police and realised that the car number is as stated above.

On 18/05/2022 when I was able to move, I went to Traffic Police to give statement to the investigation officer.

I am lodging this police report to include the registration number of the other car for the purpose of insurance claims.



19/05/2022 13:02  
T/20220519/2048

 **SINGAPORE  
POLICE FORCE**

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Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No.: 1800-7679999

T/20220519/2048  
3 of 3  
Report No. T/20220519/2048

**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: L/ Other PANG SHIJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2022 13:02
Officer In Charge Of Case: TP / GIT / Other INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case:

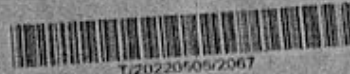
NP168





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220505/2067

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Report No: T/20220505/2067

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider Name	WONG SAU CHOY	ID No.	S7250040G
Related Vehicle	FBR1545U (Motorcycle)	Contact No.	97397079
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/04/2022	Date Discharge	01/05/2022
No. of Days granted Medical Leave	90	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date, time, location, I was riding on my motorcycle, FBR1545U, towards Tuas area. At the point of time, I was riding on lane 2 and there was a red colour car ahead of me.

I change to lane 3 and while I was riding on lane 3, the red car which was on lane 2 suddenly cut into my lane. As I could not react in time, my right handle bar collided to his left rear and subsequently I skidded on the road.

I was conveyed by Ambulance to Ng Teng Fong Hospital and was admitted for 08 days. I was given 90 days of MC from 23/04/2022 to 21/07/2022.

I suffered humeral Shaft Fracture, Knee laceration, Avulsion fracture of middle phalanx of finger.

I do not know the damages of my motorcycle as it is currently at TP compound.

Woodlands East NPC  
No. 3 Woodlands Drive 63  
Singapore 737890  
Tel: 6767 9999 Fax: 6764 365

SPT 62416



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220505/2067

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Report No: T/20220505/2067

**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:

L /

SGT 2 CHIEW WEI CHENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
05/05/2022 15:11Officer In Charge Of Case:  
TP / GIT /  
Other INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Classification Of Case:

NP168