

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 03/06/2022 12:15 (SGT)
Date of Accident 27/05/2022 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHOA CHU KANG WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK9367B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PHANG YOK MIN
NRIC No SXXXX054A
Email Address romoi3328@gmail.com
Mobile Phone No (Phone) +65-97507532
Alternative Phone No (Home) +65-97507532

VEHICLE PARTICULARS

Manufacturer Kymco
Model Downtown
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 199

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D22MTMC01001149
Cover Note Number -

DRIVER

Name of Driver PHANG YOK MIN
NRIC No SXXXX054A

Date Of Birth	25/02/1960
Occupation	Outdoor
Date Of Driving Pass	07/02/1984
Driving experience	38 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97507532
Alt. Phone Number	(Home) +65-97507532
Email Address	romoi3328@gmail.com
Address	BLK 619 CHOA CHU KANG NORTH 7
Address complement	#10-401
Postcode	680619
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20220528/2002

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	SKG7153D
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	PHANG YOK MIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND, HIP AREA, RIGHT KNEE, RIGHT ANKLE & RIGHT RIBCAGE.
Injured person in which vehicle?	FBK9367B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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")

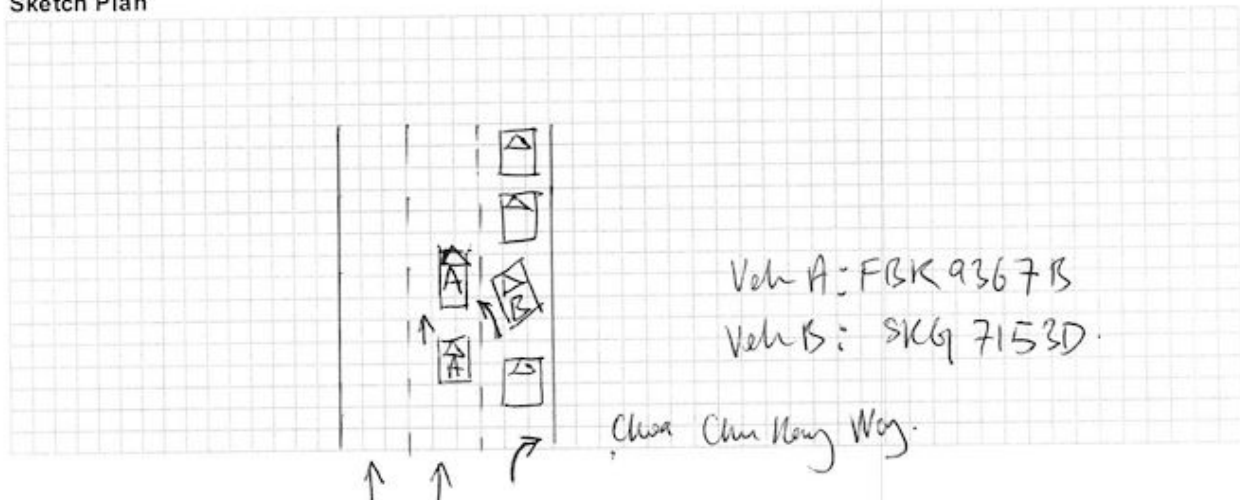
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

Refer to Police Report No: T/20220528/2002.

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

Witnessed by Reporting Centre Personnel




































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20220528/2002

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Report No. T/20220528/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2022 01:48		Vide Report No.: J/20220527/0099		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: PHANG YOK MIN			Address: APT BLK 619 CHOA CHU KANG NORTH 7 #10-401 SINGAPORE 680619		
ID Type / ID No.: NRIC NO / S1442054A			Contact No.: Home/Office:		Mobile: 97507532
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 25/02/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2022 17:30	Type of Location: T-Junction
Location: CHOA CHU KANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBK9367B	Motorcycle	KYMCO	DOWNTOWN 200I	White	Slightly Damaged	0
SKG7153D	Car				Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK9367B	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01001149	04/04/2022	03/04/2023



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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



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Report No. T/20220528/2002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PHANG YOK MIN	ID No.	S1442054A
Related Vehicle	FBK9367B (Motorcycle)	Contact No.	97507532
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/05/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 27/05/2022 at 1730hrs, I was riding along Choa Chu Kang Way towards Sungei Kadut on the right lane. As I was approaching the T-Junction of Choa Chu Kang Way and Choa Chu Kang North 6, a vehicle bearing SKG7153D was queueing on the right most lane to turn right into Choa Chu Kang North 6. All of sudden, the vehicle made a lane change to the left and I could not brake in time and hit onto my motorbike. I then skid on the floor onto the left lane and passerby assisted me. The driver then drove to the side of Choa Chu Kang Way and stopped at the side.

Police then attended to me J/20220527/0099. I was then conveyed to Ng Teng Fong General Hospital by ambulance. I suffered scratch on my right hand, hip area, right knee and right ankle. I also felt pain on my right ribcage. I then obtained 5 days outpatient sick leave from 27/05/2022 to 31/05/2022 inclusively.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20220528/2002

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Report No. T/20220528/2002

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 1 Lim Jing Yi

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/05/2022 01:48

Officer In Charge Of Case:

TP / GIT /

SGT 2 PHUA TIAK YEE

Contact No.: 65476200

Classification Of Case:

NP168