

# 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 ..... 15/06/2022 00:14 (SGT)  
Date of Accident ..... 13/06/2022 07:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG BUKIT BATOK ROAD TOWARDS CHOA CHU KANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK8002K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ZHENG QIN BIAO  
NRIC No ..... S7865670J  
Email Address ..... zhengqinbiao2013@gmail.com  
Mobile Phone No ..... (Phone) +65-84848658  
Alternative Phone No ..... +65-84848658

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fzn150  
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 ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... PNMC2022-00000048  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZHENG QIN BIAO  
NRIC No ..... S7865670J

Date Of Birth .....	04/10/1978
Occupation .....	Indoor
Date Of Driving Pass .....	14/10/2010
Driving experience .....	11 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84848658
Alt. Phone Number .....	+65-84848658
Email Address .....	zhengqinbiao2013@gmail.com
Address .....	HDB Orchid Spring @ Yishun, 424D Yishun Avenue 11
Address complement .....	#12-328
Postcode .....	764424
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 .....	Raining
Road Surface .....	Wet

#### 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 .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 13/06/2022 AT AROUND 0730HRS, I WAS TRAVELLING IN MY FBK8002K (MOTORBIKE) ALONG BUKIT BATOK ROAD (MOST LEFT LANE) TO MY WORK PLACE AT TENGAH. SUDDENLY THE CAR INFRONT OF ME JAM BRAKE AND I JAM BRAKE AS WELL. SUDDENLY A CAR (SKP3998L) KNOCKED ME ON MY BACK (COLLISION NEAR TO LAMP POST 30, B16 BUS STOP) AND DUE TO THE IMPACT, I LOST MY BALANCE FOR A DISTANCE AND SUBSEQUENT FALL TO THE LEFT. MY MOTORBIKE WAS SEVERELY DAMAGE - UNABLE TO TURN ON. AMBULANCE (QX2140M) ATTENDED TO ME HOWEVER I REFUSED TO GET CONVEYED AS I WAS FEELING OKAY. I THEN EXCHANGED PARTICULARS WITH DRIVER OF SKP3998L AND WE AGREED ON PRIVATE SETTLEMENT AND WE LEFT THE SCENE.

ON 13/06/2022 AT AROUND 2036HRS I VISIT KHOO TECK PUAT HOSPITAL AS I FELT PAIN ON MY LEFT ELBOW AND LEFT KNEE. A X-RAY WAS DONE AND I WAS GIVEN 4 DAYS MC. I THEN SENT THE INVOICE TO THE DRIVER BUT HE INFORMED THAT HE HAVE ALREADY REPORTED TO HIS INSURANCE COMPANY AND TOLD ME TO REPORT TO MY INSURANCE COMPANY AS WELL. MY INSURANCE COMPANY THEN TOLD ME TO MAKE A POLICE REPORT REGARDING THIS INCIDENT.

#### 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 .....	SKP3998L
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Crossroad
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	HENG CHOON LENG
NRIC No .....	S6917631C
Contact Number .....	(Phone) +65-97303702
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ZHENG QIN BIAO
Gender .....	Male
Phone No .....	(Phone) +65-84848658
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LEFT ELBOW AND LEFT KNEE
Injured person in which vehicle? .....	FBK8002K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

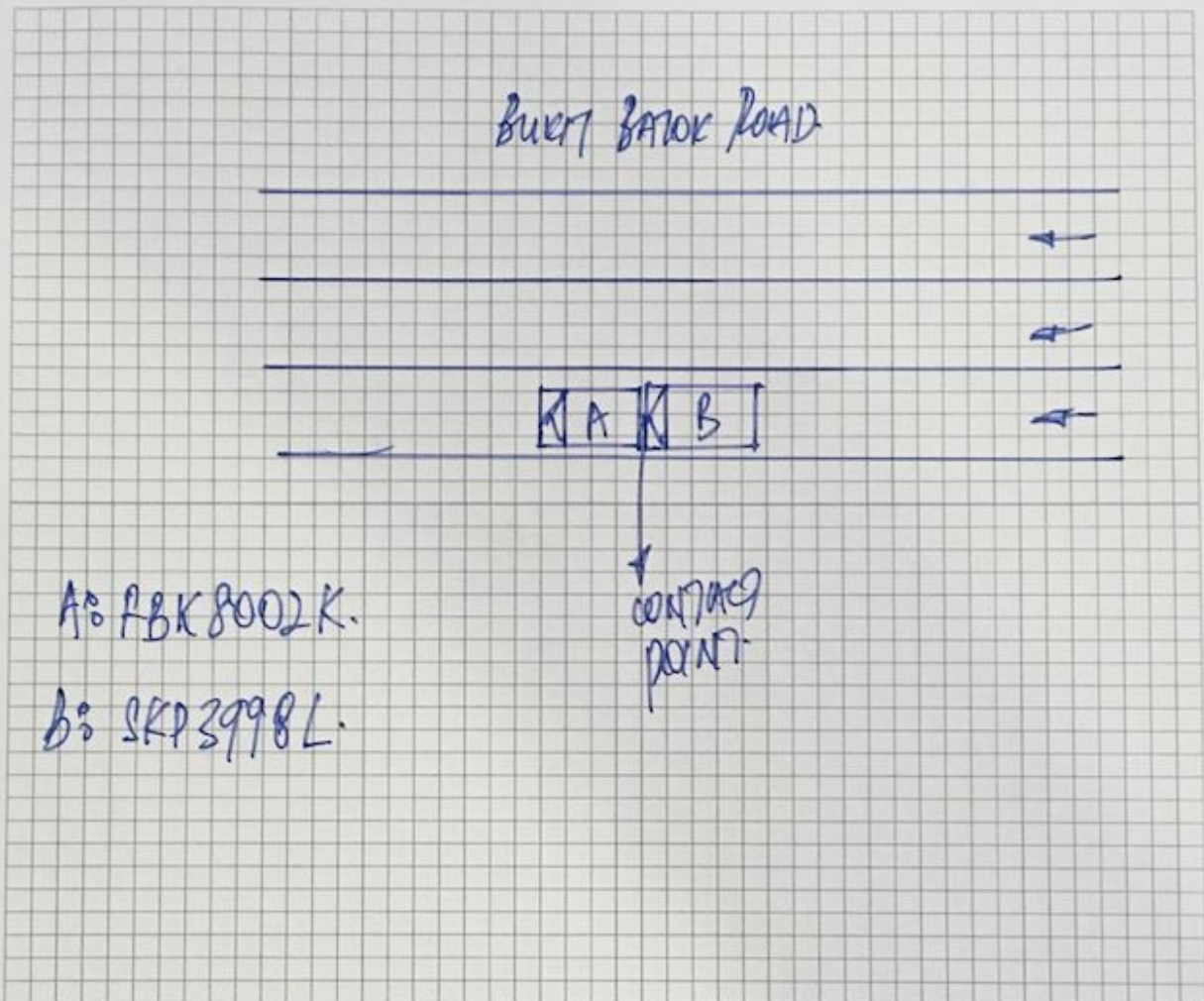
  
 Policyholder's Signature  
 Date & Time:

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

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**HASHIM BIN KAMARI**

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

ACCIDENT DIAGRAM



*[Signature]*

Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

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



**SKETCH PLAN**

REFER TO ATTACHED ACCIDENT DIAGRAM

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

AS PER ATTACHED POLICE REPORT LODGED AT YISHUN NORTH NPC.  
VIDE REPORT NO T/20220614/2020

**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:

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**HASHIM BIN KAMARI**

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



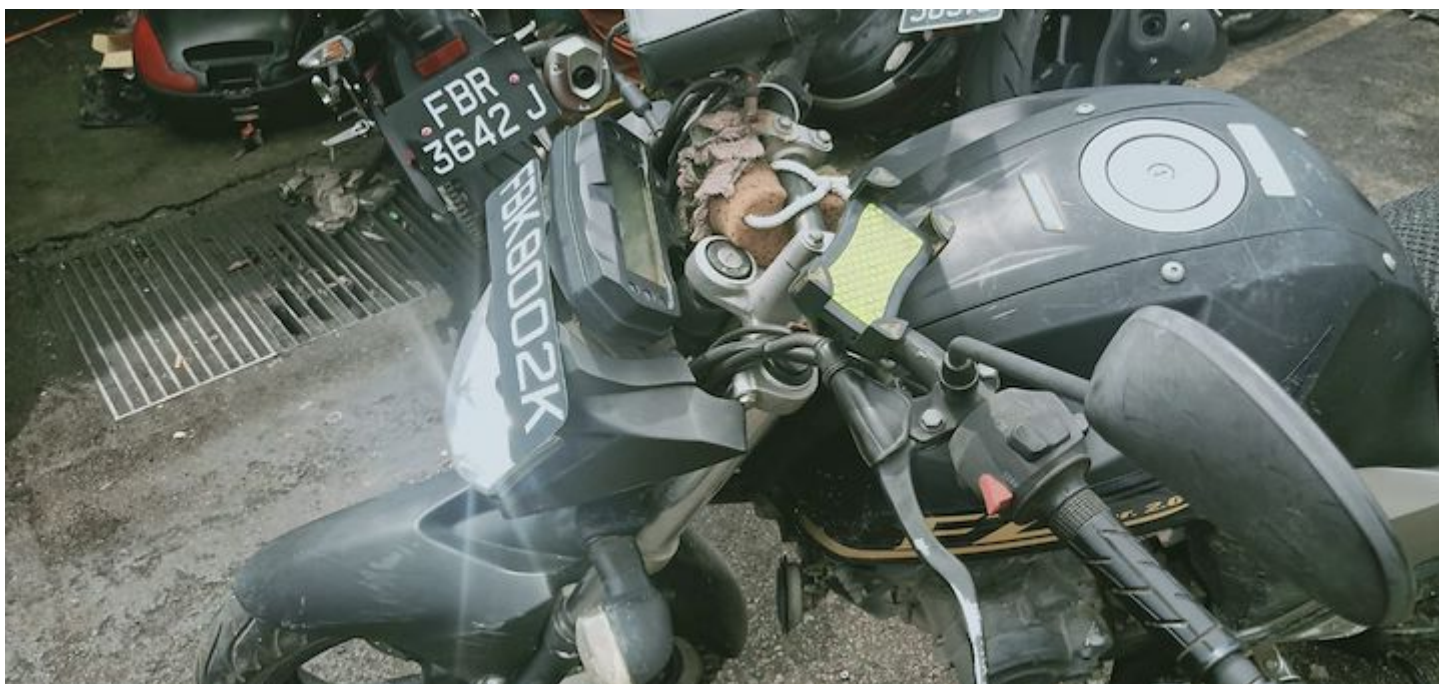














**SINGAPORE  
POLICE FORCE**



T/20220614/2020

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20220614/2020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2022 11:24	Vide Report No.:	Station Diary No.: 54
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**Informant's Particulars**

Name of Informant: ZHENG QINBIAO			Address: APT BLK 424D YISHUN AVENUE 11 #12-328 SINGAPORE 764424		
ID Type / ID No.: NRIC NO / S7865670J			Contact No.: Home/Office: Mobile: 84848658		
Nationality: SINGAPORE CITIZEN			Email: zhengqinbiao2013@gmail.com		
Sex: Male	Age: 43	Date of Birth: 04/10/1978	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION OPERATOR			Driving Licence Information: Class: 2B,3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2022 07:30	Type of Location: Straight Road
Location:  BUKIT BATOK ROAD				
Lamp Post Number: 30				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8002K	Motorcycle	YAMAHA	FZN150	Black	Seriously Damaged	0
SKP3998L	Car	HONDA	CROSSROAD 1.8L-X A	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8002K	FWD Singapore Pte. Ltd	PNMC2022-00000048	26/01/2022	25/01/2024





**SINGAPORE  
POLICE FORCE**



T/20220614/2020

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20220614/2020

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZHENG QINBIAO	ID No.	S7865670J
Related Vehicle	FBK8002K (Motorcycle)	Contact No.	84848658
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	13/06/2022	Date Discharge	14/06/2022
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 13/6/2022 at around 0730hrs, I was travelling in my FBK8002K (Motorbike) along Bukit Batok Road (Most left lane) to my work place at Tengah. Suddenly the car in front of me jam brake and i jam brake as well. Suddenly a car (SKP3998L) knocked me on my back (collision near to lamp post 30, B16 Bus stop) and due to the impact, I lost my balance for a distance and subsequent fall to the left. My motorbike was severely damage - unable to turn on. Ambulance (QX2140M) attended to me however I refused to get conveyed as I was feeling okay. I then exchanged particulars with the driver of SKP3998L and we agreed on private settlement and we left the scene.

On 13/6/2022 at around 2036hrs I visited khoo teck puat hospital as I felt pain on my left elbow and left knee. A x-ray was done and I was given 4 days MC. I then sent the invoice to the driver but he informed that he have already reported to his insurance company and told me to report to my insurance company as well. My insurance company then told me to make a police report regarding this incident.

**SINGAPORE  
POLICE FORCE**

T/20220614/2020

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20220614/2020

**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 TEO QI EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/06/2022 11:24

Officer In Charge Of Case:

TP / AEIT /

INSP (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

NP168





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fwd.com

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### Certificate of Insurance

Please call **+65-6322-2072** for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident  
regardless of whether it will lead to a claim.

Policy number: PNM2022-00000048

Plan name: Third Party

Motorcycle plate number: FBK8002K

Your name (As the policyholder): Zheng qinbiao

Coverage start date: 26/01/2022

Coverage end date: 25/01/2024

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Finance company:

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to ride Your Motorcycle understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 12/12/2021

Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6820-8888**  
or email us at **contact.sg@fwd.com** if any details in  
this Certificate of Insurance needs to be changed.