

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 17/06/2022 16:07 (SGT)
Date of Accident 16/06/2022 16:20 (SGT)
Exact Location of Accident Ang Mo Kio Street 52, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE5994Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KWONG KOK HWA
NRIC No SXXXX268G
Email Address kwonggraymond@unitedlifestyle.com
Mobile Phone No (Phone) +65-96437257
Alternative Phone No +65-96437257

VEHICLE PARTICULARS

Manufacturer Sym
Model GTS200
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 Auto
CC 172

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number D22MTMC01000024
Cover Note Number -

DRIVER

Name of Driver KWONG KOK HWA
NRIC No SXXXX268G

Date Of Birth	22/06/1959
Occupation	Outdoor
Date Of Driving Pass	25/04/1991
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96437257
Alt. Phone Number	+65-96437257
Email Address	kwonggraymond@unitedlifestyle.com
Address	BLK 17 TELOK BLANGAH CRESCENT #20-276
Address complement	-
Postcode	090017
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 - Major/Minor Rd
Weather Conditions	AFTER RAIN
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220617/2031

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	SJG676U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SEAH YONG SENG
NRIC No	SXXXX064E
Contact Number	(Phone) +65-98236167
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	KWONG KOK HWA
Gender	Male
Phone No	(Phone) +65-96437257
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBE5994Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 :

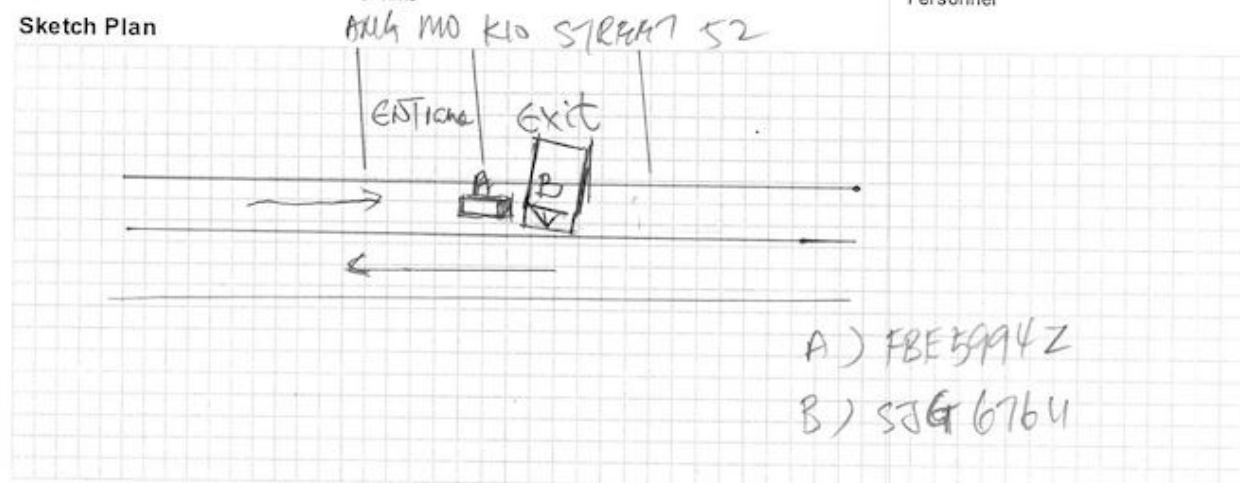
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

17/06/22
3:10pm
Policyholder's Signature / Date & Time

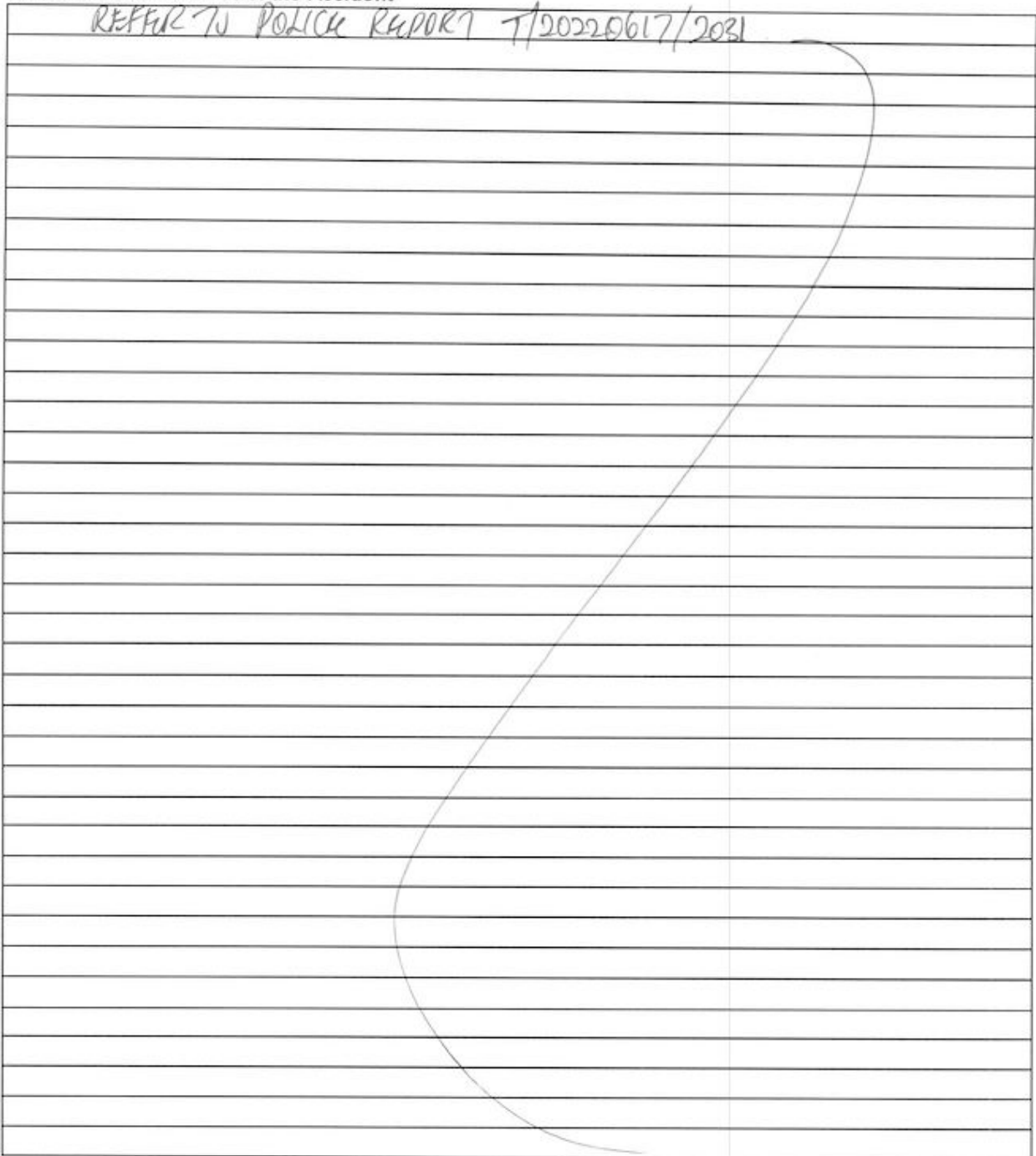
Driver's Signature (if driver is not the policyholder) / Date & Time

17/06/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20220617/2031



Declaration

We declare the foregoing particulars are true in every respect.

3.10pm
17/06/22
Policyholder's Signature / Date & Time

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

17/06/2022
Witnessed by Reporting Centre Personnel










































**SINGAPORE
POLICE FORCE**


T/20220617/2031

1 of 3

Report No. T/20220617/2031

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2022 12:08	Vide Report No.: F/20210616/0119	Station Diary No.: 34
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Informant's Particulars

Name of Informant: KWONG KOK HWA			Address: APT BLK 17 TELOK BLANGAH CRESCENT #20-276 SINGAPORE 090017	
ID Type / ID No.: NRIC NO / S1345268G			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 96437257
			Email:	
Sex: Male	Age: 62	Date of Birth: 22/06/1959	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Sales Representative			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/06/2022 16:20	Type of Location: Straight Road
Location: ANG MO KIO STREET 52				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5994Z	Motorcycle	SYM	GTS200	Black	Seriously Damaged	0
SJG676U	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5994Z	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01000024	02/01/2022	01/01/2023


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569929
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Report No. T/20220617/2031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KWONG KOK HWA	ID No.	S1345268G
Related Vehicle	FBE5994Z (Motorcycle)	Contact No.	96437257
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/06/2022	Date Discharge	16/06/2022
No. of Days granted Medical Leave	15	Degree of Injury	Serious
Driver			
Name	Seah Yong Seng	ID No.	S7116064E
Related Vehicle	SJG676U (Car)	Contact No.	98236167
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mention date, time and place, I was riding on the said road along AMK St 52 towards AMK ST 53. My intention was to travel straight. While proceeding to Blk 588 AMK, I saw one vehicle coming out from the carpark turning right. Thinking it will stop near the stop line, as such, I continued further. However, the said vehicle did not stop and continued to turn left. As I am not able to stop in time, as such I hit onto the right side of the vehicle.

Due to the said accident, I was convey by ambulance as I was injured. Traffic Police was at scene at that point of time and advised me to lodge a police report for their investigations.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20220617/2031

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Report No. T/20220617/2031

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:
F /
Other TAN THIAM HUAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/06/2022 12:08

Officer In Charge Of Case:
TP / GIT /
SI CHONG GUAN FATT
Contact No.: 65472077

Classification Of Case:

NP168