

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 Actual 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 21/10/2022 11:27 (SGT)
Reported by Both
Date of Accident 19/10/2022 16:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information OUTSIDE 63 SIMS PLACE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS7345K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOO KAM LOONG
NRIC No S7264069A
Email Address 11.KAMLOONG@GMAIL.COM
Mobile Phone No (Phone) +65-83213961
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMAX155
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 160

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5123085222-01

DRIVER

Name of Driver SOO KAM LOONG
NRIC No S7264069A
Date Of Birth 25/11/1972
Occupation Outdoor

Date Of Driving Pass	07/06/1993
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83213961
Alt. Phone Number	-
Email Address	11.KAMLOONG@GMAIL.COM
Address	BLK 5 #06-40
Address complement	UPPER ALJUNIED LANE
Postcode	360005
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20221020/2018 AND SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM9769S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOO KAM LOONG
Gender	Male
Phone No	(Phone) +65-83213961
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	49
Injuries Sustained	SUFFERED RIGHT BIG TOE CONTUSION AND LEFT LEG ABRASIONS
Injured person in which vehicle?	FBS7345K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

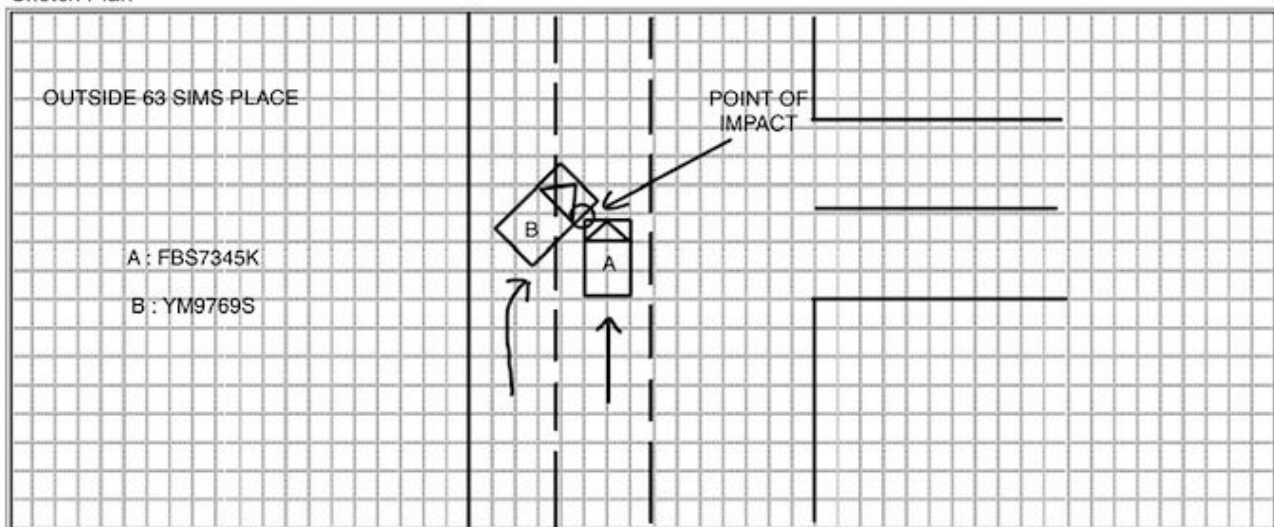
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 21/10/2022
1230HRS
Policyholder's Signature / Date & Time

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

 VINCENT SOH
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT ATTACHED

Declaration

I/We declare the foregoing particulars are true in every respect.

27/06/2022
1430HRS

Policyholder's Signature / Date & Time

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



VINCENT SOH

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















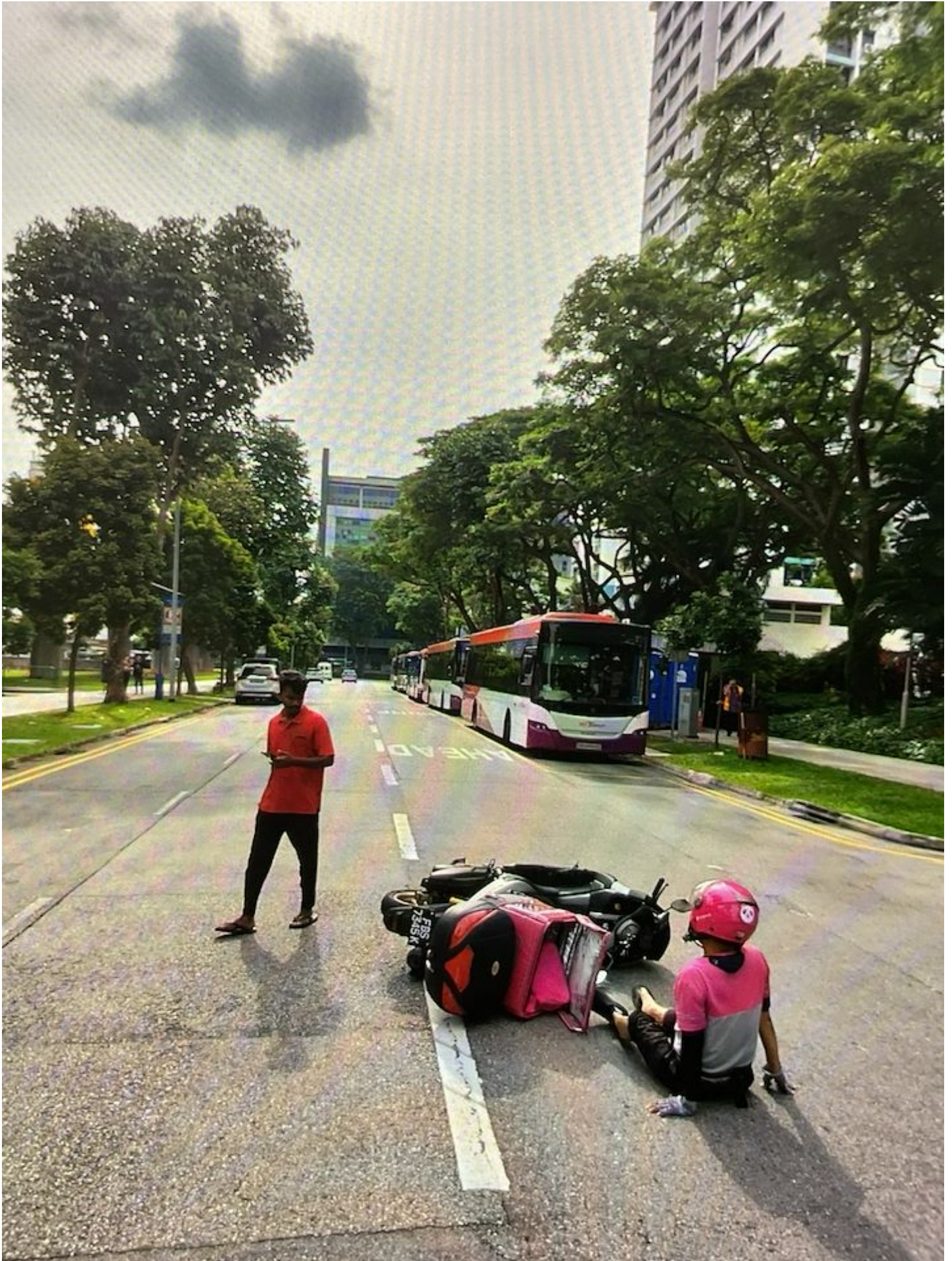














SINGAPORE POLICE FORCE



T/20221020/2018

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20221020/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2022 10:52	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: SOO KAM LOONG	Address: APT BLK 5 UPPER ALJUNIED LANE #06-40 SINGAPORE 360005		
ID Type / ID No.: NRIC NO / S7264069A	Contact No.:	Mobile: 83213961	
Nationality: MALAYSIAN	Email:	11.kamloong@gmail.com	
Sex: Male	Age: 49	Date of Birth: 25/11/1972	Type of Informant: Rider
Race: Chinese	Language:	Institution / School Name:	
Occupation: Food Delivery	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: 19/10/2022 16:20	Type of Location: Straight Road
Location: SIMS PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
FBS7345K	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Silver	Totally Damaged	0
YM9769S	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS7345K	NTUC Income Insurance Co-Operative Limited	5123085222-01	26/07/2022	25/07/2023



SINGAPORE POLICE FORCE



T/20221020/2018

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20221020/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SOO KAM LOONG	ID No.	S7264069A
Related Vehicle	FBS7345K (Motorcycle)	Contact No.	83213961
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	19/10/2022	Date Discharge	19/10/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 19/10/2022 at around 1610hrs, I was riding my motorcycle FBS7345K along Sims Place towards the direction of Lorong 17 Geylang. I was riding on the right lane of the two lane road. When I was passing the entrance to the carpark of 63 Sims Place, a lorry YM9769S from the left lane made a right turn into the carpark entrance. The lorry turned in-front of me suddenly and I was unable to stop in time. I then collided into the right side of the lorry and fell off my bike. My leg was in pain and I just sat on the floor. The driver of the lorry then stopped near the entrance of the carpark.

A passerby had called for police assistance and Traffic Police arrived shortly after alongside an ambulance. I only spoke to the Traffic Police officer briefly before the ambulance conveyed me to Raffles Hospital. At the hospital, I was given an MC for 7 days for the period of 19/10/2022 to 25/10/2022. My left leg suffered scratches and my right large toe had a slight fracture. My MC reference number is G09822055186. I did not manage to get a look at my motorcycle after the accident however the workshop informed me that the motorcycle cannot be driven anymore.

**SINGAPORE
POLICE FORCE**

T/20221020/2018

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20221020/2018

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 /

SGT 2 TAN YAN ZHI DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/10/2022 10:52

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

NP168