Your NCD will be affected due to late reporting

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 witholding 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	03/08/2022 09:18 (SGT)
Reported by	Both
Date of Accident	15/07/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK BLANGAH WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK714S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEOW ENG HWEE MARTIN
NRIC No	S8211538B
Email Address	martincheow@hotmail.com
Mobile Phone No	(Phone) +65-90099383
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV750
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	745

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/00792079/02

DRIVER

Name of Driver	CHEOW ENG HWEE MARTIN
NRIC No	S8211538B
Date Of Birth	14/04/1982
Occupation	Outdoor

Date Of Driving Pass	07/01/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90099383
Alt. Phone Number	-
Email Address	martincheow@hotmail.com
Address	BLK 70C TELOK BLANGAH HEIGHTS #25-543
Address complement	-
Postcode	103070
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	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	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH AND POLICE REPORT ATTACHED T/20220722/2077

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	CB7433S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Bus
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	CHEOW ENG HWEE MARTIN
Gender	Male
Phone No	(Phone) +65-90099383
Address	BLK 70C TELOK BLANGAH HEIGHTS #25-543
Address Complement	-
Post Code	103070
Approximate Age Years Old	40
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBK714S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

VEHICLE NO: PBK7145
DATE OF ACCIDENT: 15/7/22

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. The 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.
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.

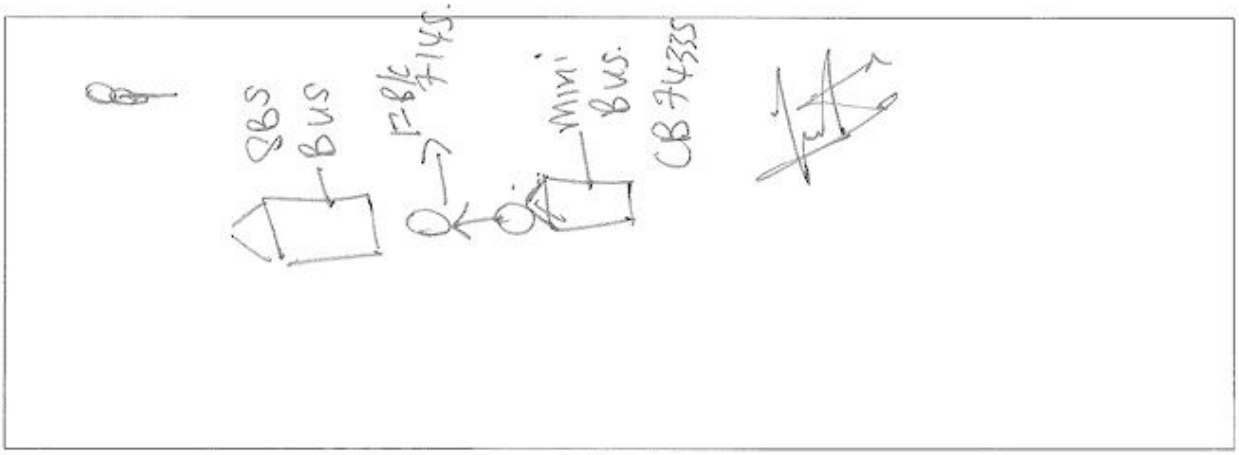
27/7

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 VEHICLE NO: PBK 7145 DATE OF ACCIDENT: 15/7/22

Refer to police report attached
7/20220722/2077

REPORTING ONLY ( ) OWN DAMAGE ( ) THIRD PARTY (✓) OWN WORKSHOP (✓)

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

IMAGES

IMAGES #2

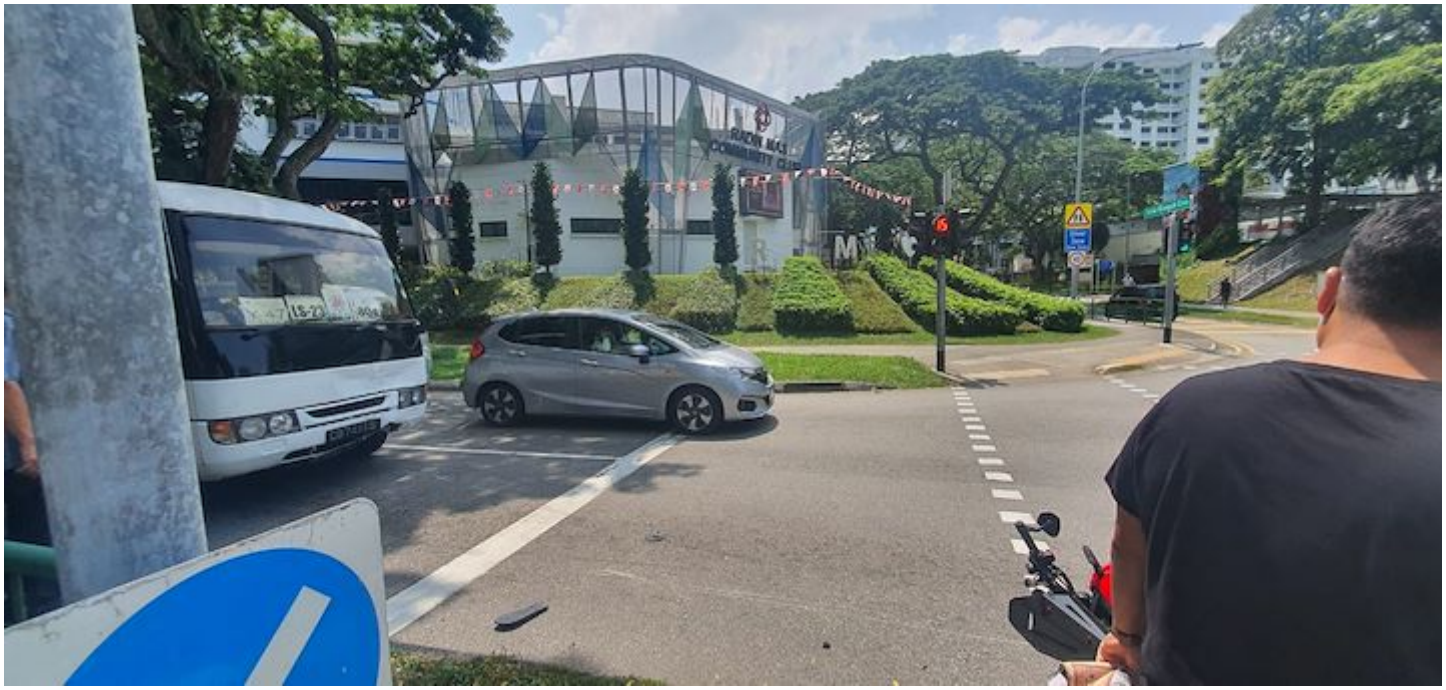
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7



IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11


S-23
Bus 14
804
CB 7433 S

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19

IMAGES #20

SINGAPORE POLICE FORCE

T/20220722/2077

Report No. T/20220722/2077

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/07/2022 17:17	A/20220715/0063	13

Informant's Particulars

Name of Informant: CHEOW ENG HWEE, MARTIN			Address: APT BLK 70C TELOK BLANGAH HEIGHTS #25-543 SINGAPORE 103070	
ID Type / ID No.: NRIC NO / S8211538B			Contact No.: Home/Office: Mobile: 90099383	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 14/04/1982	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/07/2022 13:00	Type of Location: X-Junction
Location: TELOK BLANGAH 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 - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK714S	Motorcycle	HONDA	ADV750	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK714S	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00792079/02	10/04/2020	09/04/2023

SINGAPORE POLICE FORCE

T/20220722/2077

Report No. T/20220722/2077

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEOW ENG HWEE, MARTIN	ID No.	S8211538B
Related Vehicle	FBK714S (Motorcycle)	Contact No.	90099383
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/07/2022	Date Discharge	20/07/2022
No. of Days granted Medical Leave	18	Degree of Injury	Serious

Brief Details.

On 15/07/2022 at about 1pm I was riding my motorcycle (FBK714S) and travelling along Telok Blangah Way from Safra Mt Faber downwards turning right at the junction towards the Mosque direction.

While I was waiting for traffic at the X-junction, there was a SBS bus infront of me and I notice a mini-bus behind me and when the traffic light turn green and showing green right direction sign, I moved my motorcycle.

Just when I moved my motorcycle I was collided from the rear by the mini-bus, I felt towards the ground by my right. At that point of time I was conscious but I was in a state of a shock. I do not have a helmet camera and I do not recall the bus service number.

The Ambulance and Traffic Police attended to the accident and I was convey to SGH by ambulance.

I was admitted at SGH from 15/07/2022 to 20/07/2022, I suffered a fracture on my right wrist and pain around my back and neck area.

SINGAPORE POLICE FORCE

T/20220722/2077

3 of 3

Report No. T/20220722/2077

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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: D / SGT 2 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2022 17:17
Officer In Charge Of Case: TP / GIT / SR STAFF SGT LEE GUANG HUI Contact No.: 65476423	Classification Of Case:

NP168