

## 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 .....	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:

DATE OF ACCIDENT:

PBK7145  
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:

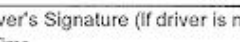
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

  
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:

PB/c 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 NOT 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





**SINGAPORE  
POLICE FORCE**



T/20220722/2077

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

1 of 3

Report No. T/20220722/2077

**REPORT OF A TRAFFIC ACCIDENT**

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

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

2 of 3

Report No. T/20220722/2077

**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 in front 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

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

3 of 3

Report No. T/20220722/2077

**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