

# 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 .....	18/02/2023 14:01 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/02/2023 00:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UPPER SERANGOON ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBM7502E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHOO KWONG SING
NRIC No .....	S2708822H
Email Address .....	francis4436@gmail.com
Mobile Phone No .....	(Phone) +65-98212763
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	FS150F
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Motorcycle
Transmission .....	Manual
CC .....	149

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMMPHQ22-000220

### DRIVER

Name of Driver .....	CHOO KWONG SING
NRIC No .....	S2708822H
Date Of Birth .....	11/12/1963
Occupation .....	Indoor

Date Of Driving Pass .....	17/01/1986
Driving experience .....	37 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98212763
Alt. Phone Number .....	-
Email Address .....	francis4436@gmail.com
Address .....	APT BLK 63 KALLANG BAHRU #11-441 (S) 330063
Address complement .....	-
Postcode .....	-
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	OUNG SIEW CHING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHF181J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	CHOO KWONG SING
Gender .....	Male
Phone No .....	(Phone) +65-98212763
Address .....	APT BLK 63 KALLANG BAHRU #11-441 (S) 330063
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNHEALTH 24-HR CLINIC (TOA PAYOH) - 3 DAYS
Injured person in which vehicle? .....	FBM7502E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	OUNG SIEW CHING
Gender .....	Female
Phone No .....	(Phone) +65-98969345
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNHEALTH 24-HR CLINIC (TOA PAYOH) - 3 DAYS
Injured person in which vehicle? .....	FBM7502E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

**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 re-evaluate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

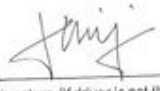
**8. Consent under the Personal Data Protection Act (PDPA)**

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")

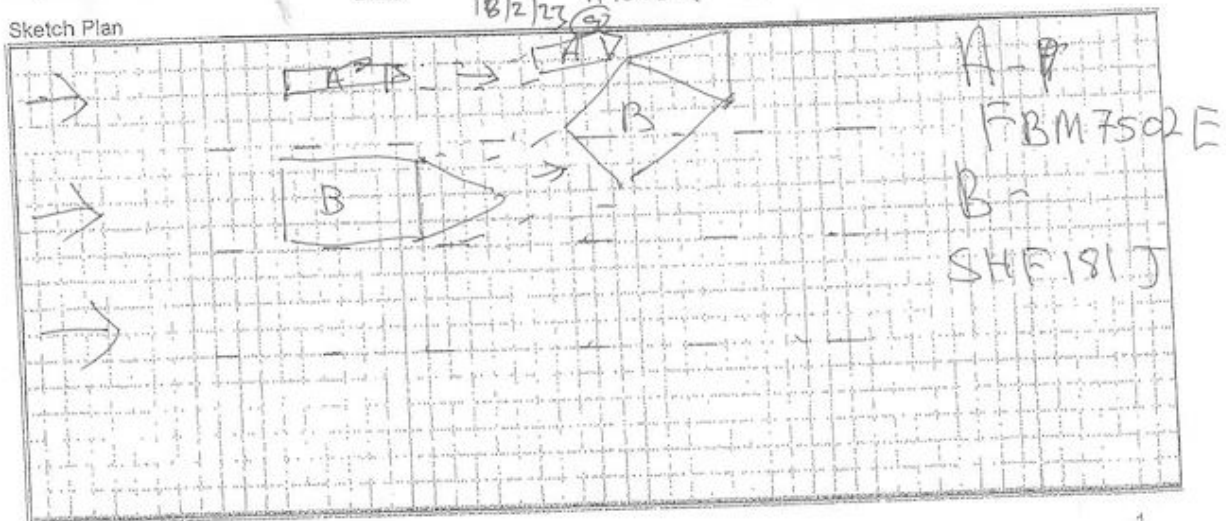
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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  
18/2/23 11:00 am

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

**Sketch Plan**



Describe Circumstance of the Accident

As per police Report

Declaration

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



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

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

















































**SINGAPORE  
POLICE FORCE**



T/20230217/2045

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20230217/2045X

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/02/2023 13:17	Vide Report No.:	Station Diary No.: 64
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**Informant's Particulars**

Name of Informant: CHOO KWONG SING		Address: APT BLK 63 KALLANG BAHRU #11-441 SINGAPORE 330063	
ID Type / ID No.: NRIC NO / S2708822H		Contact No.: Home/Office: Mobile: 98212763	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 11/12/1963	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: RENOVATION WORKER		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/02/2023 00:50	Type of Location: Straight Road
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: No contact between vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7502E	Motorcycle	HONDA	FS150F	Orange	Slightly Damaged	1
SHF181J	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7502E	EQ INSURANCE COMPANY LTD.	DMMPHQ22- 000220	14/03/2022	13/03/2023



**SINGAPORE  
POLICE FORCE**



T/20230217/2045

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Report No. T/20230217/2045

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CHOO KWONG SING	ID No.	S2708822H
Related Vehicle	FBM7502E (Motorcycle)	Contact No.	98212763
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/02/2023	Date Discharge	17/02/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Pillion</b>			
Name	OUNG SIEW CHING	ID No.	S2613616D
Related Vehicle	FBM7502E (Motorcycle)	Contact No.	98969345
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/02/2023	Date Discharge	17/02/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 17/02/2023 at about 0050hrs, I was riding my motorbike, FBM7502E, with my wife as a pillion, along Upper Serangoon Road heading towards Woodsville Tunnel. I was riding on the left most lane at that time, riding just past Potong Pasir MRT Station when I noticed that there was a car, SHF181J, on the lane to my right travelling at a faster speed than me. All of a sudden, the car cut into my side of the lane and was about to collide into my motorbike. In an attempt to avoid the collision, I swerved the motorbike to my left and as a result hit onto the roadside kerb and my motorbike toppled over. My wife and I fell over together with the motorbike. The car then left the scene without providing any assistance to me.

Another car driver who happened to be driving behind us when the accident happened stopped and assisted me and my wife. The car driver also provided me with his in-car camera footage. My motorbike was unable to start after the accident. I sustained abrasions on my legs and arms and am feeling pain on my back, hip, waist and right arm. My wife sustained some scratches on her arms and legs and is feeling pain on her waist. Both me and my wife went to seek medical attention and were both given 3 days of Medical leave.



**SINGAPORE  
POLICE FORCE**



T/20230217/2045

3 of 3

Report No. T/20230217/2045

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**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:

A/  
SGT 3 KALVIN NG YONG KIAT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/02/2023 13:17

Officer In Charge Of Case:  
TP / HRT /  
\*STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148 \*

Classification Of Case:

NP168



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORCYCLE-PTE USE**  
**Third Party**

Certificate No.: DMMPHQ22-000220

Form: MY1  
Excess:

1. Index Mark and Registration Number of Vehicles  
FBM7502E

2. Engine No. and Chassis No.  
KC27E2114463 / PMKKC27A0JB106713

3. Name of Policyholder  
CHOO KWONG SING

4. Effective Date of the Commencement of Insurance for the purpose of the Act  
14/03/2022

5. Date of Expiry of Insurance  
13/03/2023

6. Person or Classes of Persons entitled to drive\*  
Restricted to Named Drivers Only  
1) The Policyholder / Insured  
2) Person's whose Name is specified in the Policy.

EQI Motor Accident  
Hotline

**6311 3211**



\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

7. Limitations as to use\*

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

THE POLICY DOES NOT COVER

- (1) Use for hire or reward
- (2) Use for racing pace-making reliability trial or speed-testing
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business
- (4) Use for any purpose in connection with the Motor Trade

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I\WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

**BIKE PRODUCTION PTE LTD**

Co Reg No: 200007407G

610 Serangoon Road

Singapore 216210

Tel: 63922555 Fax: 63925400

HP: Bike Production Pte Ltd

UNWTSY/HO/A000338/Ban Hock Hin Co. Pte



A Member of Citystate

Authorised Signatory  
EQ Insurance Company Limited

Please note that this vehicle  
is under hire purchase with  
**Bike Production Pte Ltd**  
No transfer or endorsement is allowed  
unless with our written consent