

# 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 .....	29/03/2023 17:38 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/03/2023 15:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	WOODLANDS ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBC7438K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LAW GUO HUI
NRIC No .....	S8366059G
Email Address .....	rovinlaw@hotmail.com
Mobile Phone No .....	(Phone) +65-87173318
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Wave
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 .....	125

### INSURANCE COMPANY

Name of Insurance Company .....	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number .....	MX104388

### DRIVER

Name of Driver .....	LAW GUO HUI
NRIC No .....	S8366059G
Date Of Birth .....	22/09/1983
Occupation .....	Indoor

Date Of Driving Pass .....	13/10/2015
Driving experience .....	7 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87173318
Alt. Phone Number .....	-
Email Address .....	rovinlaw@hotmail.com
Address .....	2 MENG SUAN ROAD
Address complement .....	-
Postcode .....	779205
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 .....	Side Swipe
Weather Conditions .....	Raining
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? .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED POLICE REPORT T/20230328/7010.

#### 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 .....	SML5742S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG ZHI WEI JAY
Contact Number .....	(Phone) +65-94761159
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 .....	LAW GUO HUI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBC7438K
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud-detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Please refer to attached photo

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

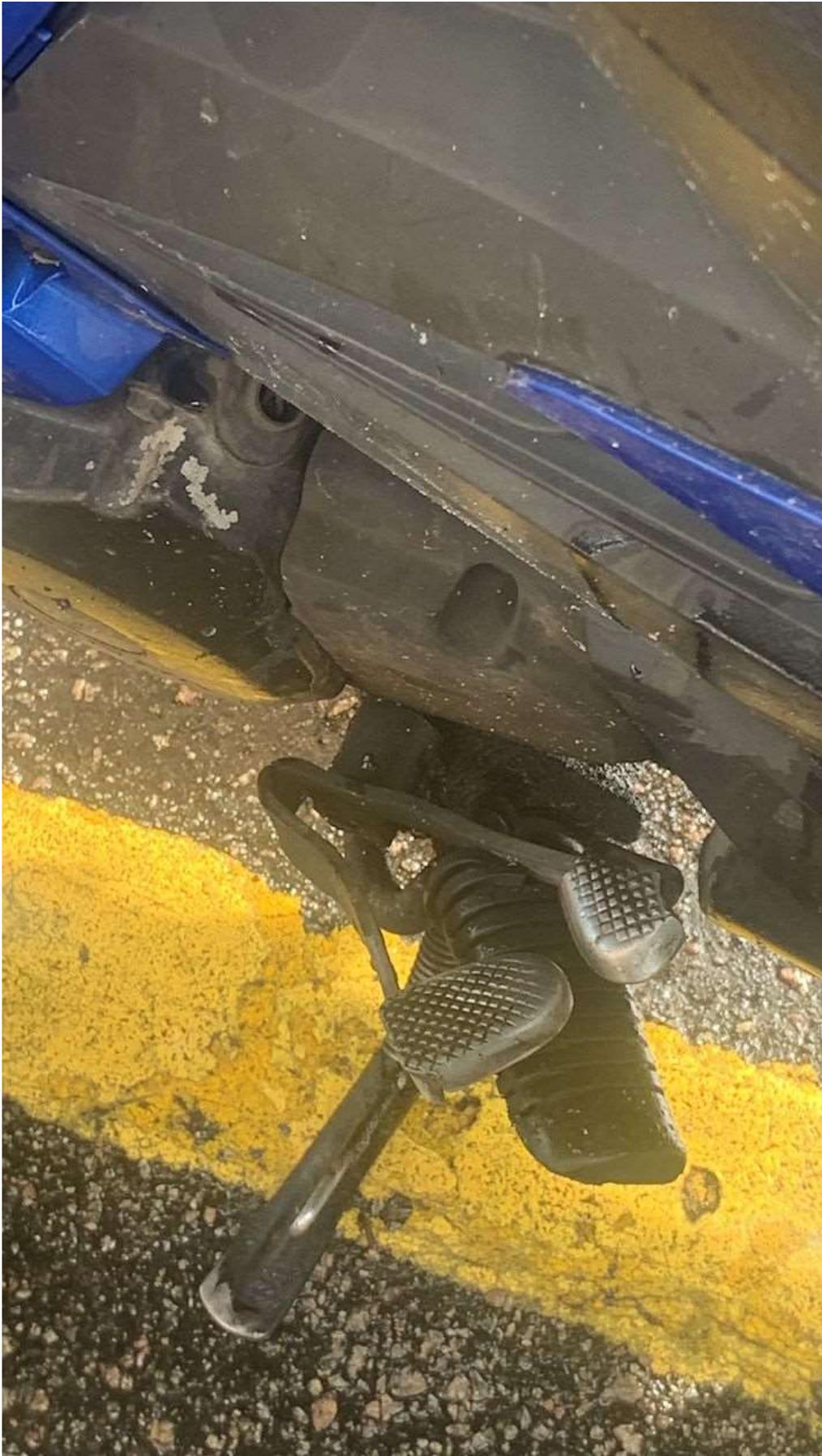
Please refer to attached police report  
T/20230328/7010.

**DECLARATION**  
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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.





























**SINGAPORE  
POLICE FORCE**



T/20230328/7010

1 of 3

Report No: T/20230328/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/03/2023 11:03	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LAW GUO HUI		Address: 2 MENG SUAN ROAD SINGAPORE 779205	
ID Type / ID No.: NRIC NO / S8366059G		Contact No.: Home/Office:	Mobile: 87173318
Nationality: MALAYSIAN		Email: ROVINLAW@HOTMAIL.COM	
Sex: Male	Age: 39	Date of Birth: 22/09/1983	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: chef		Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

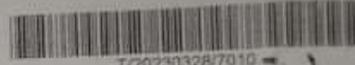
Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 24/03/2023 15:30	Type of Location: Straight Road
Location: WOODLANDS ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBC7438K	Motorcycle	HONDA		Blue	Seriously Damaged	0
SML5742S	Car	RENAULT		Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230328/7010

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T/20230328/7010

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	LAW GUO HUI	ID No.	S8366059G
Related Vehicle	FBC7438K (Motorcycle)	Contact No.	87173318
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	24/03/2023	Date	24/03/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	NG ZHI WEI JAY	ID No.	NIL
Related Vehicle	NIL	Contact No.	94761159
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

As mentioned above, I saw a car in front of me suddenly hit a kerb on the left lane. After he hit the kerb his car turned to the right lane in a S pattern, I saw it but could not have the time to dodge it. He hit into me and I was injured, I called for the ambulance then when they arrived they helped me with my injuries, I did not want to go to the hospital as it was just external injuries. The TP then parked my bike at Kranji station as it was damaged to the point where I can't ride it at that point of time.



**SINGAPORE  
POLICE FORCE**



T/20230328/7010

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230328/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
28/03/2023 11:03

Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 2  
NP168