

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	23/05/2023 14:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/05/2023 22:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG GATEWAY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9620D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DON TIANG QIAN SHANG
NRIC No	T0202962B
Email Address	DOB02ANDIC@GMAIL.COM
Mobile Phone No	(Phone) +65-90997608
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15V3
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	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	DON TIANG QIAN SHANG
NRIC No	T0202962B
Date Of Birth	15/01/2002
Occupation	Indoor

Date Of Driving Pass	14/02/2022
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90997608
Alt. Phone Number	-
Email Address	DOB02ANDIC@GMAIL.COM
Address	140B CORPORATION DRIVE #14-30
Address complement	-
Postcode	612140
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	Collided into Motorcyclist
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT G/20230522/7000

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	SHA8716R
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	DON TIANG QIAN SHANG
Gender	Male
Phone No	(Phone) +65-90997608
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

I was sending delivery for grab, was sending to NG TENG FONG general hospital tower b so I had to make a right turn from surong gateway road, when I stopped at the stop light, I was waiting for the red arrow to turn green. And when it turned green I moved off, next thing I knew I was on the floor, I got myself off the bike as my leg was under the bike, I looked back and realized the taxi behind me rear ended me. When I approached the taxi uncle for the camera, he did not want to pass the footage to me.

Declaration

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

11:46
23/05/2023
Policyholder's Signature / Date & Time

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

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

SKETCH PLAN

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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 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

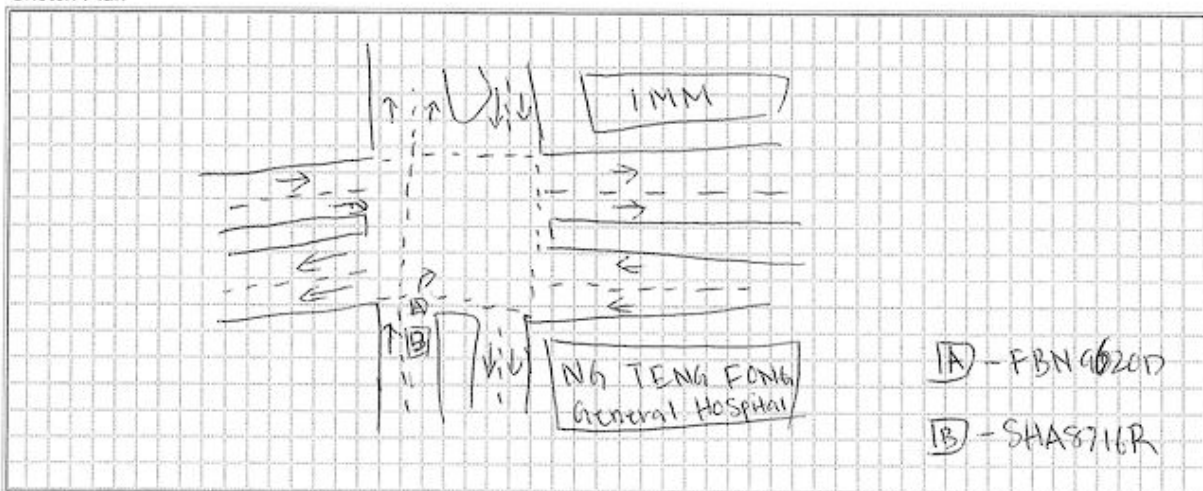
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

11:36
23/05/2023
Policyholder's Signature / Date & Time

11:36
23/05/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan























**SINGAPORE
POLICE FORCE**



D/20230522/7000

1 of 2

POLICE REPORT (NP299)

Report No. D/20230522/7000

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 22/05/2023 01:21	Vide Report No.	Station Diary No.
Name Of Informant DON TIANG QIAN SHANG	Address 140B CORPORATION DRIVE #14-30 SINGAPORE 612140	
ID Type / ID No. NRIC NO / T0202962B	Contact No. Home/Office:	Mobile: 90997608
Nationality SINGAPORE CITIZEN	Email Address don02andic@gmail.com	
Occupation Motorcycle delivery man	Sex Male	Age 21
Institution/School Name	Date of Birth 15/01/2002	Race Chinese
Date/Time Of Incident 20/05/2023 22:30 - 20/05/2023 22:40	Location Of Incident 1 JURONG EAST STREET 21 NG TENG FONG GENERAL HOSPITAL SINGAPORE 609606	

Brief details.

i was sending delivery for grab,was sending to ng teng foong general hospital tower b so i had to make a right turn from jurong gateway road,when i stopped at the stop light,i was waiting for the red arrow to turn green.and when it turned green i moved off,next thing i knew i was on the floor,i got myself off the bike as my leg was under the bike,i looked back and realized the taxi behind me rear ended me.when i approached the taxi uncle for the camera,he did not want to pass the footage to me.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2023 01:21
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20230522/7000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230522/7000

Subjects Involved			
Suspect			
Person Name	tan hock guan		
ID Type	NRIC NO	ID No	S0242112G
Gender	Male	Race	Chinese
Language	Chinese	Occupation	Taxi driver
Victim			
Person Name	DON TIANG QIAN SHANG		
ID Type	NRIC NO	ID No	T0202962B
Gender	Male	Age	21
Race	Chinese	Language	English
Occupation	Motorcycle delivery man	Address	140B CORPORATION DRIVE #14-30 SINGAPORE 612140
Mobile No	90997608	Is Informant A Victim?	Yes
Person Name	DON TIANG QIAN SHANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2023 01:21
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: FBN 9620 D.
 Name (as shown in NRIC): Don Tiong Qian Shang NRIC/FIN/Passport No: T0202962 B
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 140 B Corporation Drive #14-30 Singapore (612)140
 Contact (Tel): _____ Mobile No.: 90997608
 Email Address: _____
 Date of Accident: 20/05/2023 Time of Accident: 2230
 Place of Accident: Jurong Gate Way Road
 Insurance Company: Sompo Insurance.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To add on police report and insurance certificate
To add on m/f.

 Policyholder / Actual Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:

Horizon Medical Pte Ltd (Lim Clinic and Surgery)

Blk 109 Lorong 1 Toa Payoh #01-312 Singapore 310109
 Tel : 62527473 Fax: 62567833
 GST and UEN Co Reg No: 200311757E

DON TIANG QIAN SHANG - T0202962B
 140B CORPORATION DRIVE #14-30
 SINGAPORE 612140

Invoice #170221
 Date 23/05/2023
 Ref No 31739906

Tax Invoice

Provider: Dr Lim Heng Wei M04323J

Item	Qty	Sub Total
CONSULTATION	1	\$30.00
MEFRIL(PONSTAN)250MG	10	\$3.00
ANAREX TABLETS (NORGESIC)	10	\$4.00
SUNTACID TABLET	10	\$3.00
GENTAMICIN CREAM 0.3 %(5GM)	5	\$5.00
Sub-Total:		\$45.00
GST 8%:		\$3.60
Total:		\$48.60

Cash	\$8.60	23 May 2023
NETS	\$40.00	23 May 2023

Outstanding Balance: \$0.00

Medications cannot be refunded or exchanged.


HORIZON MEDICAL PTE. LTD.
 trading as LIM CLINIC AND SURGERY
 Block 109 Lorong 1 Toa Payoh
 #01-312 Singapore 310109
 Tel: 6252 7473 Fax: 6256 7833

Horizon Medical Pte Ltd (Lim Clinic and Surgery)

Blk 109 Lorong 1 Toa Payoh #01-312 Singapore 310109
Tel : 62527473 Fax: 62567833
GST and UEN Co Reg No: 200311757E

Patient: **DON TIANG QIAN SHANG**
IC: T0202962B
ID: 31739906

Date : 23 May 2023
MC: #1878

Medical Certificate

This is to certify that the patient is Unfit for Duty from 23 May 2023 to 27 May 2023 for 5 days.


Dr Lim Heng Wei M04323J

Note: This medical certificate is not valid for absence from court.

DR. LIM HENG WEI
M.B.B.S. (S'PORE)
04323J