

# 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 First Submission .....	02/08/2023 16:08 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/07/2023 08:40 (SGT)
Exact Location of Accident .....	Seletar Expw., Singapore
Additional Location Information .....	(CTE) LAMP POST 508
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBP7811Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHAI KIT SOON
NRIC No .....	SXXXX010G
Email Address .....	kitsoon2005@hotmail.com
Mobile Phone No .....	(Phone) +65-96675417
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Mx king t150
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 - Reporting only
Vehicle Category .....	Motorcycle
Transmission .....	Manual
CC .....	150

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D23MTMC01002529

### DRIVER

Name of Driver .....	CHAI KIT SOON
NRIC No .....	SXXXX010G
Date Of Birth .....	10/06/1988
Occupation .....	Indoor

Date Of Driving Pass .....	03/10/2011
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96675417
Alt. Phone Number .....	-
Email Address .....	kitsoon2005@hotmail.com
Address .....	277 BEDOK SOUTH AVENUE 3 #13-31
Address complement .....	-
Postcode .....	465457
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 .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JWF1759
Vehicle Category .....	Motorcycle

#### 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 POLICE REPORT T/20230727/7021

#### 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 .....	JWF1759
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHAI KIT SOON
Gender .....	Male
Phone No .....	(Phone) +65-96675417
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBP7811Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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:

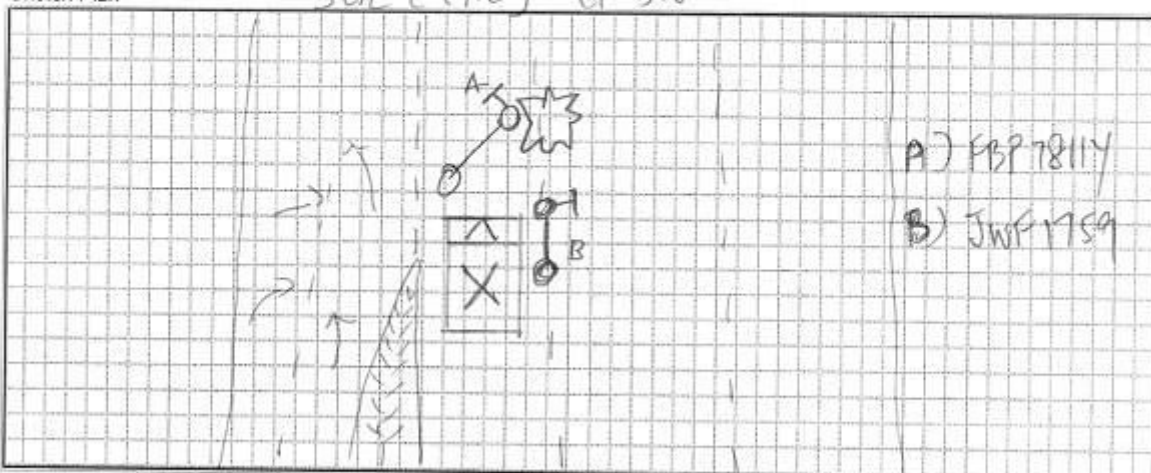
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Q 2/8/22  
Policyholder's Signature / Date & Time

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

08/08/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022


1

Describe Circumstance of the Accident


REFER TO POLICE REPORT 20230727/7021

Declaration

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

 2/8/22  
Policyholder's Signature / Date & Time

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

 02/08/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



































**SINGAPORE  
POLICE FORCE**



T/20230727/7021

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

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Report No. T/20230727/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2023 14:20	Vide Report No.: L/20230727/0038	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHAI KIT SOON	Address: 277 BEDOK SOUTH AVENUE 3 #13-31 ECO SINGAPORE 465457		
ID Type / ID No.: NRIC NO / S8876010G	Contact No.:	Mobile: 96675417	
Nationality: MALAYSIAN	Home/Office:	Email: KITSOON2005@HOTMAIL.COM	
Sex: Male	Age: 35	Date of Birth: 10/06/1988	Type of Informant: Rider
Race: Chinese	Language: English		
Occupation: Electrical engineer	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/07/2023 08:40	Type of Location: Flyover
Location:  SLE(CTE) LP508				
Lamp Post Number: 508				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP7811Y	Motorcycle	YAMAHA		Multi-Colored	Slightly Damaged	0
JWF1759	Motorcycle	YAMAHA		Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230727/7021

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

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Report No. T/20230727/7021

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7811Y	SOMPO Insurance Singapore	D23MTMC01002529	11/06/2023	10/06/2024
JWF1759			27/07/2023	28/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAI KIT SOON	ID No.	S8876010G
Related Vehicle	FBP7811Y (Motorcycle)	Contact No.	96675417
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.**

On the above mention date, i was travelling along SLE(CTE) near LP 508 and was changing lane when a malaysian Blue Yamaha bike (JWF1759) collided with the rear of my Vehicle causing both to fall to right. The two were malaysian citizens. The female pillion was conveyed via ambulance while the rider and myself made to the hospital for further checks via our own vehicle. Police attended to the scene and case card (L/20230727/0038) under IO Esmond.

**SINGAPORE  
POLICE FORCE**

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



T/20230727/7021

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Report No. T/20230727/7021

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
PHUA TIAK YEE  
Contact No.: 65476200

This report is lodged at Yishun North NPC Kiosk 2  
NP168

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

Date/Time:  
27/07/2023 14:20

Classification Of Case: