

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	31/05/2024 16:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/05/2024 18:50 (SGT)
Exact Location of Accident	Woodlands Centre Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD37A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIKERCHOICE PTE LTD
Company Reg No	202308503R
Email Address	BASILWANG2@GMAIL.COM
Mobile Phone No	(Phone) +65-86664988
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fs150f
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	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	139400673-000004

DRIVER

Name of Driver	BASIL WANG ZHUANG ZHEN
NRIC No	T0211972I
Date Of Birth	20/04/2002
Occupation	Outdoor

Driving Pass Date	22/02/2021
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86664988
Alt. Phone Number	-
Email Address	BASILWANG2@GMAIL.COM
Address	27 MARSILING DR #02-239
Address complement	-
Postcode	730027
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 on collision
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	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

REFER POLICE REPORT - T/20240523/7146
VIDEO FAOOTAGE 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	SHD6335D
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	BASIL WANG ZHUANG ZHEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD37A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

It was green light for me to head towards ~~woodland~~ woodlands rd from woodlands centre road. Taxi was coming down from BKE towards woodlands centre rd where he beat the red light and I couldn't stop in time therefore I hit his side and fall on the ground. I was injured quite serious with a spine fracture from the incident.

Refer police report
Video Footage Attached.



Declaration

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



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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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 B7P lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

[Signature] 31/5/24

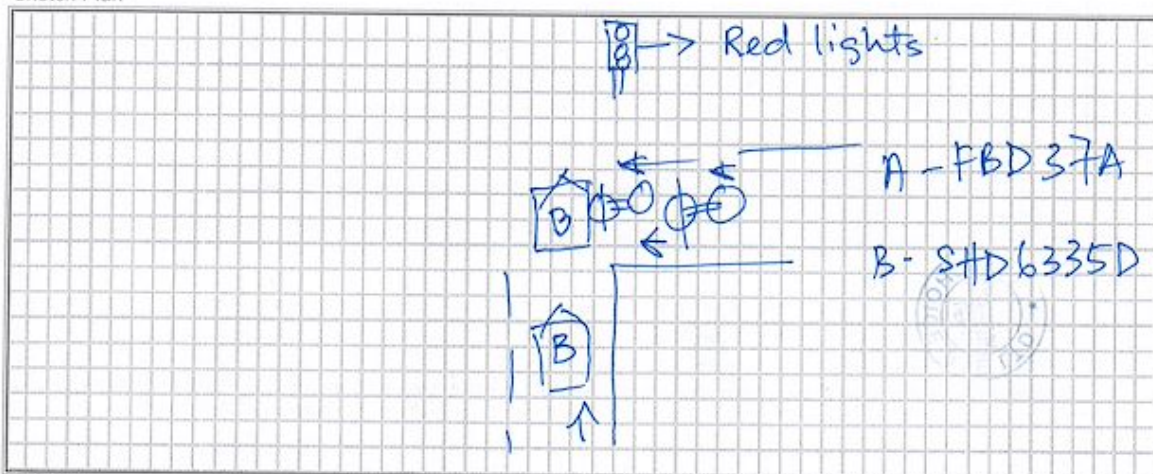
[Signature]

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

31/5/24

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

Sketch Plan























**SINGAPORE
POLICE FORCE**



T/20240523/7146

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

1 of 3

Report No. T/20240523/7146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2024 23:51		Vide Report No.: L/20240521/0081		Station Diary No.:
Informant's Particulars				
Name of Informant: BASIL WANG ZHUANG ZHEN		Address: 27 MARSILING DRIVE #02-239 SINGAPORE 730027		
ID Type / ID No.: NRIC NO / T0211972I		Contact No.: Home/Office: Mobile: 86664988		
Nationality: SINGAPORE CITIZEN		Email: BASILWANG2@GMAIL.COM		
Sex: Male	Age: 22	Date of Birth: 20/04/2002	Type of Informant: Rider	
Race: Chinese		Language: English		
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2024 18:50	Type of Location: Straight Road
Location: WOODLANDS CENTRE ROAD				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD37A	Motorcycle	HONDA	Fs150r	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBD37A	NTUC Income Insurance Co-Operative Limited	5139400673-000004	15/09/2023	14/09/2024



**SINGAPORE
POLICE FORCE**



T/20240523/7146

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

2 of 3

Report No. T/20240523/7146

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BASIL WANG ZHUANG ZHEN	ID No.	T02119721
Related Vehicle	FBD37A (Motorcycle)	Contact No.	86664988
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious

Brief Details.

It was green light for me to head towards woodlands rd from woodlands centre rd. Taxi was coming down from BKE towards woodlands centre rd where he beat the red light and i couldn't stop in time therefore i hit his side and fall on the ground. I was injured quite serious with a spine fracture from the incident



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5139400673-000004

Cover : Comprehensive

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD37A |
| Chassis Number | : PMKKC27E0HB005344 |
| 2. Name of Policyholder | : BIKECHOICE PTE. LTD. |
| 3. Effective Date of Insurance | : 15 Sep 2023 |
| 4. Expiry Date of Insurance | : 14 Sep 2024 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| 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 so 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. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |
| (b) Use for food/parcel/other delivery services. | |
| This Policy does not cover | |
| (a) Use for racing, pace-making, reliability trial or speed-testing. | |
| (b) Use for the carriage of goods (other than samples) in connection with any trade or business. | |
| (c) Use for any purpose in connection with the Motor Trade. | |

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : CREDENCEL AGENCY PTE. LTD. (00000662786)
 Date of Issue : 14 Sep 2023 16:52 hrs

For INCOME INSURANCE LIMITED

Chief Executive



BIKECHOICE CREDIT & LEASING PTE. LTD.
3 Ang Mo Kio Street 62
Link @AMK #01-60
Singapore 569139

LEASE AGREEMENT

LN NO: ARBIKE00228

HIRER'S PARTICULARS

Mr/Mrs/Ms/Mdm/Dr/Co.: Basil Wang Zhuang Zhen

NRIC / Passport No / ROC: T0211972I

Tel No.: 86664988

Date of Birth: 20/04/2002

Marital Status (Pls circle): Single / Married Single

Address: Blk 27 Marsiling drive S(730027)

Email:

Occupation:

Nature of Industry:

ADDITIONAL DRIVER'S PARTICULARS (if any)

Mr/Mrs/Ms/Mdm/Dr/Co.: Basil Wang Zhuang Zhen

NRIC / Passport No / ROC: T0211972I

Tel No.: 86664988

Date of Birth: 20/04/2002

Marital Status (Pls circle): Single / Married Single

Address: Blk 27 Marsiling drive S(730027)

Email:

Occupation:

Nature of Industry:

LEASE DETAILS

Vehicle Make & Model: HONDA FS150F

Vehicle Reg. No. FBD37A

Body Colour: Black

Chassis No. PMKKC27E0HB005344

Engine No. KC27E017687

Lease Tenure (months): 09 May 2024 to 06 Jun 2024

Estimated Delivery Date:

Daily / Weekly / Monthly Rate: S\$

GST : S\$

Total Rate: S\$

REMARKS

VEHICLE TO BE RETURNED IN CLEAN & CONDITION AS PER DELIVERY AND ACCEPTANCE FORM

INSURANCE EXCESS : 0D (\$ 1,500) , TP (\$ 1,500) . MALAYSIA EXCESS DOUBLED.

LATE PAYMENT CHARGE (\$) PER DAY , TOWING FEE PAYABLE BY HIRER.
EGRIO FAILED COLLECTION FEE \$10, REPLACEMENT OF KEY \$260

FOR EARLY CONTRACT TERMINATION FULL CONTRACT RENTAL FEE PAYABLE BY HIRER.

1 Month Contract. \$100 deposit carried over from ARBIKE00208.

Failure to comply with the no tampering policy on Tracker will result in a fine of \$200.

Next-of-Kin : Name :

Contact :

Relationship:

NRIC:

Tyre puncture will not be covered

Significant damage or neglect of the bike may incur repair or replacement fees.

Minimum 22 Years old & 2 years riding experience