

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 | 16/09/2024 23:14 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 15/09/2024 21:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG SEMBAWANG ROAD TOWARDS CANBERRA ROAD NEAR LAMP POST 16F |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK5930B

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LEE KIN LEONG |
| NRIC No | SXXXX279C |
| Email Address | Mbsborneo@gmail.com |
| Mobile Phone No | (Phone) +65-81625683 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Suzuki |
| Model | UH200AL5 BURGMAN 200 ABS |
| Variant | NA |
| 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 | 200 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MC/01213132/01 |

DRIVER

| | |
|--|----------------------|
| Name of Driver | LEE KIN LEONG |
| NRIC No | SXXXX279C |
| Date Of Birth | 24/11/1988 |
| Occupation | Indoor |
| Driving Pass Date | 24/05/2021 |
| Driving License Pass Class | 2B |
| Driving License Validity | Valid |
| Driving experience | 3 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81625683 |
| Alt. Phone Number | - |
| Email Address | Mbsborneo@gmail.com |
| Address | 167 YISHUN RING ROAD |
| Address complement | #07-747 |
| Postcode | 760167 |
| 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? | No |
| Number of vehicles involved in the accident | 3 |
| 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 | Yishun North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008529999 |
| Alt. Police Station Phone No | (Fax) +65-68522299 |
| Police Station Address | 31 Yishun Central Singapore 768827 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO.T/20240916/2052 LODGE AT YISHUN NORTH NPC
On the above-mentioned date, time and location I was riding my motorcycle on right lane. There was a white color car SJC3698H changing lane with a high speed and another black vehicle number SJC9311J jam brake and lose control. It did a flip and hit the front of my vehicle. I fell off my bike and hit on the road concrete divider. I was conveyed to Khoo Teck Puat Hospital via Ambulance Services. I was seen by doctor and was given a total of 03 days mc and medications.

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 SJC9311J
Vehicle Manufacturer Subaru
Vehicle Model Forester
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver NA
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name P1
Gender Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJC3698H
Vehicle Manufacturer Toyota
Vehicle Model Estima
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver NA
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE KIN LEONG
Gender Male
Phone No (Phone) +65-81625683
Address 167 YISHUN RING ROAD
Address Complement #07-747
Post Code 760167
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBK5930B
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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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:

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR**

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

FORM 10 (REVISED) 01/2014 (A)

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20240916/2052

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:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

ANG QI HAO, VICTOR

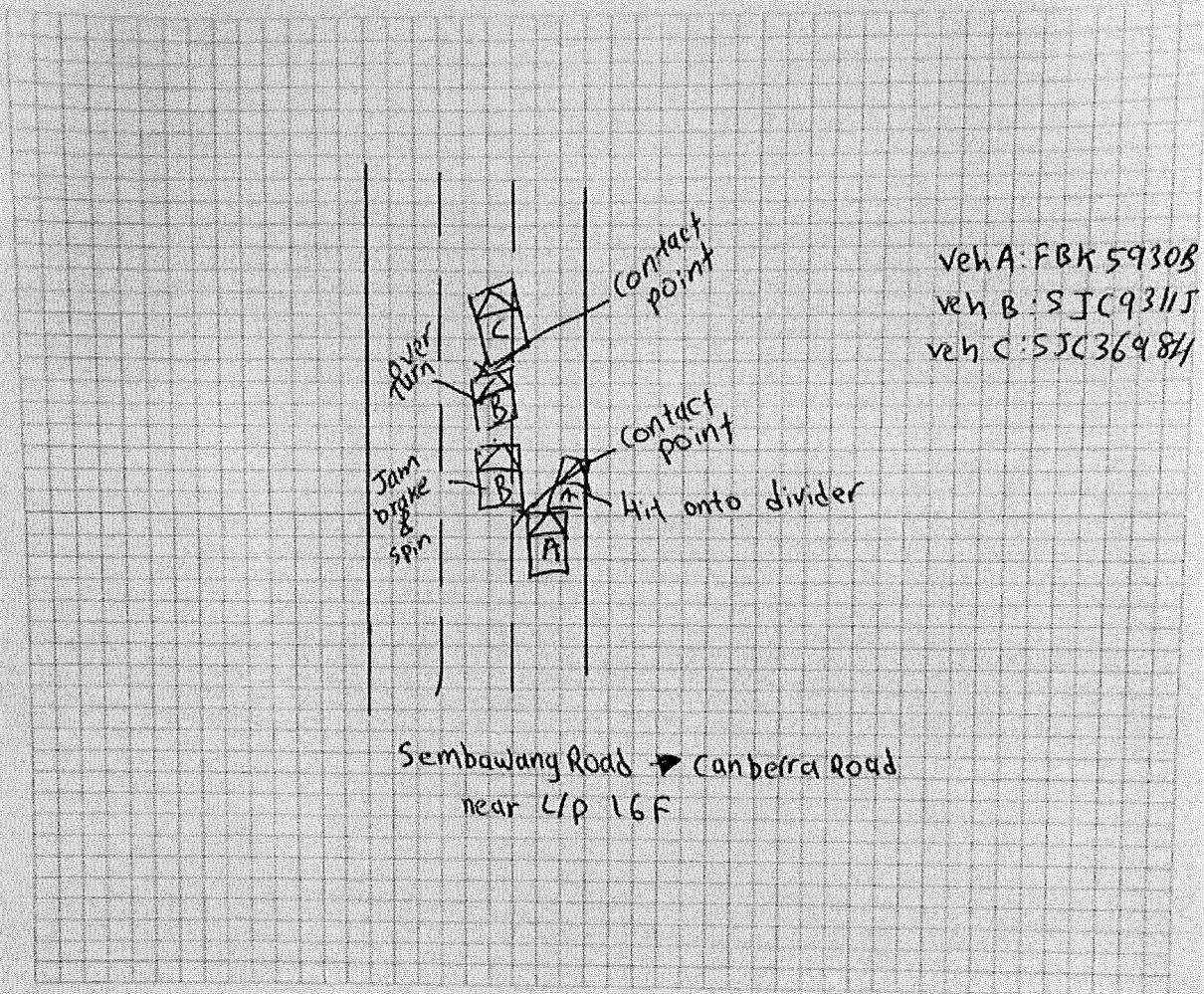
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Signature was verified on 11/11/2024

ACCIDENT DIAGRAM




 Policyholder's Signature
 Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
 REPORTING OFFICER
 ANG QI HAO, VICTOR

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



**SINGAPORE
POLICE FORCE**



T/20240916/2052

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3
Report No. T/20240916/2052

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|-------------------------------------|--|--------------------------|
| Date/Time Report Made: 16/09/2024 15:17 | | Vide Report No.: L/20240915/0141 | | Station Diary No.: 60 |
| Informant's Particulars | | | | |
| Name of Informant: LEE KIN LEONG | | | Address: 167 YISHUN RING ROAD #07-747 SINGAPORE 760167 | |
| ID Type / ID No.: NRIC NO / S8868279C | | | Contact No.: Home/Office: Mobile: 81625683 | |
| Nationality: MALAYSIAN | | | Email: | |
| Sex: Male | Age: 35 | Date of Birth: 24/11/1988 | Type of Informant: Rider | |
| Race: Chinese | | | Language: | |
| Occupation: ACCOUNT MANAGER | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

| | | | | |
|--|------------------------------|------------------------------------|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 15/09/2024 21:00 | Type of Location: Straight Road |
| Location: SEMBAWANG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|--------|--------------------------------|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of Passenger |
| FBK5930B | Motorcycle | SUZUKI | UH200AL5 BURGMAN 200 ABS | White | Slightly Damaged | 1 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20240916/2052

2 of 3

Report No. T/20240916/2052

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|-----------------------------------|------------------------------------|
| Rider | | | |
| Name | LEE KIN LEONG | ID No. | S8868279C |
| Related Vehicle | FBK5930B (Motorcycle) | Contact No. | 81625683 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 15/09/2024 | Date Discharge | 16/09/2024 |
| No. of Days granted Medical Leave | 03 | Degree of | NIL |

Brief Details.

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SINGAPORE
POLICE FORCE



T/20240916/2052

3 of 3

Report No. T 20240916 2052

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

| | |
|--|--|
| Signature of Officer Recording The L / SGT 1 MOHAMAD ASHRUF KHAN S/O MOHAMED AKHBAR KHAN | |
| Signature Of Interpreter: Not applicable | |
| Officer In Charge Of Case: TP / GIT / SI KAMALIAH BINTE KAMIS Contact No.: 65476433 | |

NP168

| | |
|--------------------------------|--|
| Signature Of Informant: | |
| Date/Time: 16/09/2024 15:17 | |
| Classification Of Case: | |

Vehicle Details

| <i>Vehicle No.</i> | <i>Make / Model</i> |
|--------------------------------|--|
| FBK5930B | SUZUKI / UH200AL5 BURGMAN 200 ABS |
| Vehicle Type : | Vehicle Attachment 1 : |
| P01 - Passenger Scooter | No Attachment |
| Vehicle Scheme : | Chassis No. : |
| Normal | MLCC9112100402312 |
| Propellant : | Engine No. : |
| Petrol | H405402312 |
| Motor No. : | Engine Capacity : |
| - | 200 cc |
| Power Rating : | Maximum Power Output : |
| - | - |
| Maximum Laden Weight : | Unladen Weight : |
| 350 kg | 163 kg |
| Year Of Manufacture : | Original Registration Date : |
| 2015 | 06 Nov 2015 |
| Lifespan Expiry Date : | COE Category : |
| - | D - Motorcycle |
| Quota Premium : | COE Expiry Date : |
| \$5,912.00 | 05 Nov 2025 |
| Road Tax Expiry Date : | PARF Eligibility Expiry Date : |
| 05 May 2025 | - |
| Inspection Due Date : | Intended Transfer Date : |
| 05 May 2025 | 26 Sep 2024 |
| CO2 Emission : | CEV/VES Rebate Utilised Amount : |
| | |