Your NCD will be affected due to late reporting

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 witholding 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	19/11/2024 15:17 (SGT)
Reported by	Owner
Date of Accident	17/11/2024 12:00 (SGT)
Exact Location of Accident	Bedok Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBV2699G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH KEE HUAT
NRIC No	S6934226D
Email Address	BLUMKOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97548801
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Triumph
Model	STREET TRIPLE R 675 MANUAL
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	675
Vehicle Fuel	Petrol
First Regisration Date	19/03/2009
Chassis no	SMTTMD41669398587
Effective Date/Time of Ownership	30/07/2024 05:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01643066

DRIVER

Name of Driver	ZHAO WENLONG
Work Permit No	G3498520R
Date Of Birth	24/12/1989
Occupation	Indoor
Driving Pass Date	27/06/2022
Driving License Pass Class	2
Driving License Validity	Valid
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82220678
Alt. Phone Number	-
Email Address	BLUMKOH@HOTMAIL.COM
Address	202 UPPER EAST COAST ROAD #12-03
Address complement	-
Postcode	455284
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	FBP2344L
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	NABIL QUSYAIRI
Contact Number	(Phone) +65-90213429
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	ZHAO WENLONG
Gender	Male
Phone No	(Phone) +65-82220678
Address	202 UPPER EAST COAST ROAD #12-03
Address Complement	-
Post Code	455284
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBV2699G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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.

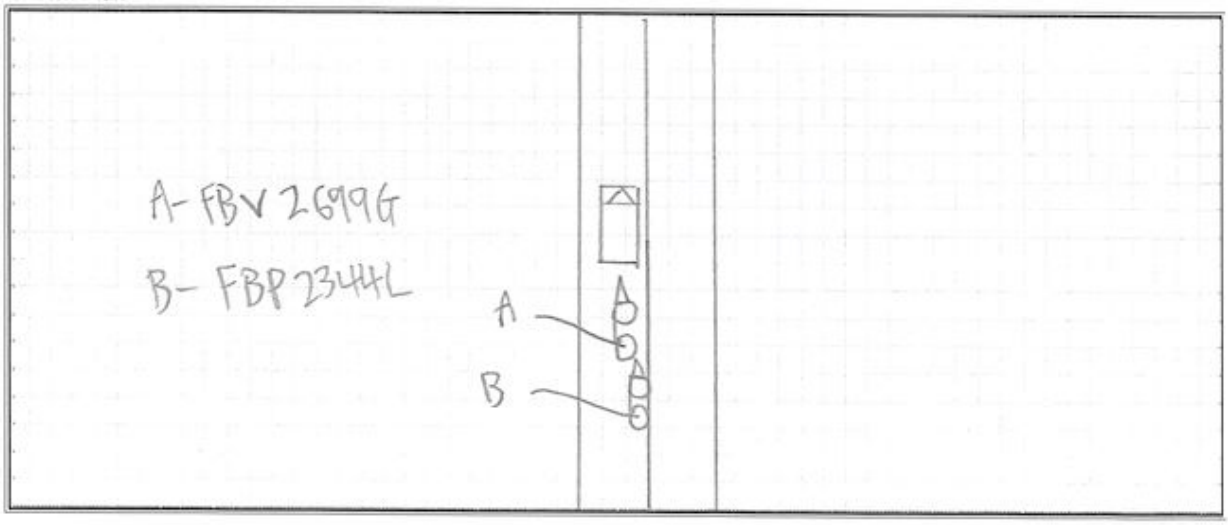
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

Describe Circumstance of the Accident

refer to police report.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

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

2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

SINGAPORE POLICE FORCE

T/20241118/2074

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20241118/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/11/2024 18:19		23

Informant's Particulars

Name of Informant: ZHAO WENLONG			Address: 202 UPPER EAST COAST ROAD #12-03 EASTERN LAGOON SINGAPORE 455284
ID Type / ID No.: FIN NO / G3498520R			Contact No.: Home/Office: Mobile: 82220678
Nationality: CHINESE			Email:
Sex: Male	Age: 34	Date of Birth: 24/12/1989	Type of Informant: Rider
Race: Chinese			Language: English
Occupation: Senior cook			Driving Licence Information: Class: 2B,2A,2,3C Date of Expiry: 17/07/2029

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2024 12:00	Type of Location: Straight Road
Location: BEDOK ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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 Passenger
FBP2344L	Motorcycle	YAMAHA			Slightly Damaged	0
FBV2699G	Motorcycle	TRIUMPH			Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20241118/2074

Report No. T/20241118/2074

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Rider			
Name	ZHAO WENLONG	ID No.	G3498520R
Related Vehicle	FBV2699G (Motorcycle)	Contact No.	82220678
Hospital/Clinic	LIFEPLUS MEDICAL GROUP (Bedok)	Class of Driving Licence & Expiry	Class: 2B,2A,2,3C Date of Expiry: 17/07/2029
Date Treatment	18/11/2024	Date Discharge	18/11/2024
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 17/11/2024, at about 12pm, while I was travelling along Bedok Rd, somewhere near to Simpang Bedok eating place, there was a car making a u-turn in front of my motorcycle. I slowed down my motorcycle and suddenly, another motorcycle came from the rear and hit onto the right side of my motorcycle. This caused me to fell onto my left side and skidded. I injured my right knee and part of my right leg. My motorcycle rear (signal lights and mudguard were damaged and there were scratches on my motorcycle body). The rider of FBP2344L (Nabil Qusyairi HP:90213429) came and exchanged contact numbers with me. We initially decided to settle this amongst ourselves.

However, on 18/11/2024, I felt pain on my leg and decided to seek medical attention. I was given 5 days of Medical Leave.

SINGAPORE POLICE FORCE

T/20241118/2074

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20241118/2074

CONTINUATION OF REPORT

Signature of Officer Recording The G / SR STAFF SGT MUHAMMAD RAIHAN BIN OMAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2024 18:19
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:

NP168