SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 Authorised 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 ability.
- 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 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.

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	ACCIDENT STATEMENT
Date Of Report	02/01/2018 17:25
Date Of Accident	01/01/2018 12:05
Exact Location Of Accident	UPPER CROSS STREET CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK5543K
Insured/Policyholder	
Name Of Registered Owner	AETOS SECURITY MANAGEMENT PTE LTD
Co Reg No	200208601N
Email Address	THANTAYE@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-83458968
Alternative Phone No	OFFICE-83458968
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MT09
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18089438MFCE/54
Cover Note Number	
Driver	
Name of Driver	SOH CHER WAH
Work Permit No	G2056880T
Date Of Birth	04/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2012
Oriving Experience	5 YEARS AND 1 MONTH
Gender	MALE

(LOCAL) +65-83458968

NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions RAINING Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

WET

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA9095S

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

WEE CHENG TECK

NRIC/Passport Number

S0142821G

Contact Number

98733688

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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A: B:	786 5343 844 7095	5			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	- was a second		
- REFER TO POLICE	EREPORT (NO:	7/20180101/3069)	

	Table 1		
Tonic William		***************************************	
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DECLARATION

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

Policyhologr Signatura Date & Time V Juana

Driver's Signature
(If driver's not the policyholder)
Date & Time:
03/01/19 14454p

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.;

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- The 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 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 Sugara Date & Time:

02/01/18 1445hm

Driver's Sigylature

(If driver is not the policyholder)

Date & Time:

der)

Name:

NRIC/FIN No.:

Sketch Plan Pg. 3





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

1 of 3 Report No. T/20180101/2064

Tel No: 1800-2739999

REPOR	TOF	A	TRAFFIC	ACCIDENT

	Date/Time Report Made: 01/01/2018 16:31		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: ER WAH		Address:		
ID Type . FIN NO /	/ ID No.: G2056880)T	Contact No.: Home/Office:	Mobile: 83458968	
Nationali MALAYS	y:		Email:		
Sex: Male	Age: 28	Date of Birth: 04/11/1989	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Auxiliary police officer		er	Driving Licence Information: Class: 2B,2A,2,3C	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2018 12:05	Type of Location Bend
UPPER CRO	Traveling Toward Ro SS STREET (PRESSWAY (CHIN S			
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Contro!:		Traffic Volume: Moderate
Type of Collis Moving Vehicl	ion: e Against - Parked Ve	ehicle		Anyone conveyed by ambulance;

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBK5543K	Motorcycle				Slightly	0
01/400050	-				Damaged	
SHA9095S	Car				Slightly	3
	1				Damaged	20040

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





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

2 of 3 Report No. T/20180101/2064

Tel No: 1800-2739999

CONTINUATION OF REPORT

Name	SOH CHER WAH		ID No		G2056880T
Related Vehicle	FBK5543K (Motorcycle)			ict No.	83458968
Hospital/Clinic	NIL			of g ce & Date	Class: 2B,2A,2,3C Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Driver					
Name	WEE CHENG TECK		ID No.		S0142821G
Related Vehicle	SHA9095S (Car)			ct No.	98733688
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL)	
No. of Days grant	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

On 01/01/2018 at about 1205hrs, while I was on duty as an AETOS APO under LTA, I was attending to a road traffic accident along Upper Cross St on the right-most lane, towards Chin Swee tunnel. I had parked my motorbike on its side stand, behind the accident vehicles. Suddenly, one yellow taxi SHA9095S came towards my bike. It tried to swerve to its left but unable to avoid my bike. As such, the said taxi hit onto the left of my bike causing my bike to fall on its right side. I made a check and no one was injured. I also made a check on both vehicles and discovered scratches on the taxi's front right panel and scratches on my right box, right mirror, right handle bar-end and right side of my crash bar. That is all.



T/20180101/2064

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128 Tel No: 1800-2739999

3 of 3 Report No. T/20180101/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: A / Staff Sgt MUHAMMAD NASHIR BIN ABDUL RAHIM	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2018 16:31
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	

IC:

CONFIDENTIAL



AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

Nature of Inc	ident	THE STREET	Location of Incident			
Bike on Static Position hit by a pass-by vehicle while attending traffic accident.			CTE towards SLE (Upper Cross Street Entrance)			
Date/Day:	01 Jan 2018 Mo	nday Informant:	CPL (APF) T08246 SOH CHER WAH (A1)			
Time:	1205 Hours	Team:	ATED LTM			
Particulars of	Subject/s	<u> </u>				
Name	: WEE CH	ENG TECK				
Sex/Age	: M / 67 yr	M / 67 yrs. old				
NRIC NO	: S014282	S0142821 G				
Nationality	: Singapor	Singapore				
Occupation	: Taxi Drive	Taxi Driver				
Vehicle No	: SHA909	95S (HP: 98733688				

On 01 Jan 2018, CPL (APF) T08246 Soh Cher Wah (known as A1) was deployed for morning shift duty from 08000hr – 2000hr for LTA Traffic Marshal duties at Bukit Merah RV Point (CM 4).

On 01 Jan 2018 at about 1154hrs, A1 was dispatch to attend major accident case at CTE towards SLE at Upper Cross Street entrance on lane 1, At about 1202hrs, A1 arrived at scene and park his assigned AETOS traffic marshal motorbike (FBK 5543k) behind accident vehicle which Emas truck has not arrive and with blinker on, 02-05 meters diagonally and carry out his normal duty.

At about 1205hrs, while in conversation with the accident vehicle driver about the case, 01confort taxi yellow in colour without seeing A1 bike at the said location and accidently hit A1 bike from the side of the stationary AETOS bike and caused the bike to topple down. There was no injury sustained by the driver and A1.

Upon checking the AETOS bike, the following damages were detected: motorbike front right handle bar scratched, right side box scratched, front right side mirror and front right crash bar scratched.

At about 1217hrs, ACC on duty Insp Stanley were informed. At about 1220hrs, ASP (APF) Roy Yeo, Insp (APF) Chris Chan, SI Razak & SSGT (APF) Hafizal were notified of the accident.

That's all

Reported By :		Date: 01 Jan 2018
SSGT (APF) 9687 Tan Kwang Guan	Signature:	Time: 1445 hours