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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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 ladgement 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

E TOTAL THOMPSONED STATE OF	ACCIDENT STATEMENT
Date Of Report	01/02/2018 10:15
Date Of Accident	28/01/2018 09:20
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE KPE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD4201R
Insured/Policyholder	
Name Of Registered Owner	CHAN YUEN KIAT MALCOLM
NRIC No	S9131796F
Email Address	MYGAMESONLINE1991@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98274854
Alternative Phone No	OTHERS-98274854
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ150I-150CC
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
f No. Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2017-00000640
Cover Note Number	
Driver	
lame of Driver	CHAN YUEN KIAT MALCOLM
IRIC No	S9131796F
Date Of Birth	11/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	05/09/2013
	4 YEARS AND 4 MONTHS
LC Colonia and	MALE
Mobile Number	(LOCAL) +65-98274854
ax Number	

OTHERS-98274854

MYGAMESONLINE1991@GMAIL.COM

Address

BLK 87 COMMONWEALTH CLOSE

#08-37

Postcode

140087

Was driver an employee of the insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

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)

2

Passenger 1

NAME:

: VICTOR TAN YUDA

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

GEYLANG N.P.C.

Police Station Address

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180128/2084

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

SLR7965H

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHEI KINK CHONG

NRIC/Passport Number

S7873158C

Contact Number Address

97976385

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHAN YUEN KIAT MALCOLM

Approximate Age

Injuries Sustain

SLIGHT INJURY FBD4201R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Injured person in which vehicle?

YES

Address

Postcode

Page 3 of 22

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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. 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.
- 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.
- 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.

31/1/2018 Policyrolder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Roll Lathra

NRIC/FIN No.:

A) FBD 4201R		
81 SLR 7965 H		E
	60-70kW	Thirty William
	No.	
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2		
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
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Handa case driving past us and Su	14- 1	
3 3 33 1413 30	edenly he Sgnal an	d cut into my lane
as soon I notice, I had mainte		
out of the Sudden the Cor J		
Ivoid but knocked on the Rear	of the car. After	the Impact I sweet to
ne side kupb and manage to stop		
e did not want to knock me to	the side and	thats when he decided
brake, I replied him There wa		
uld overtake and accelerate. If you	choose to brake	halfway when you
er the lane, did you do yo	our blind spot & m	TRROR CHECK before
LARATION lane? POLICE REPORT		

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

31/01/2018 Aplicyholder's Signature

Date & Time:

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

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





1 of 4 Report No. T/20180128/2084

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

	me Report I 018 17:27	Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
	f Informant: /UEN KIAT	MALCOLM	Address: APT BLK 87 COMMONWEA 140087	LTH CLOSE #08-37 SINGAPORE			
NRIC N	/ ID No.: O / S91317	96F	Contact No.: Home/Office: Mobile: 98274854				
National SINGAR	lity: PORE CITIZ	EN	Email: Wobile. 902/4054				
Sex: Male	Age: 26	Date of Birth: 11/09/1991	Type of Informant:				
Race: Chinese		We ===	Language:	Institution / School Name:			
Occupat Enforcer	ion; nent officer		Driving Licence Information: Class: 2B	Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	100000116		Type of Location Straight Road	
	EXPRESSWAY		28/01/2018 09:20		
Weather: Road St		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume:	
				Traπic Volume; Light	

Vehicle No.	Туре	Make	Model	Color	Condition	N
FBD4201R	Motorcycle	VARIALIA	ADDITION OF THE PARTY OF THE PA		Condition	No of Passenger
MATERIAL PROPERTY.	IE :	YAMAHA	FZ150I	White	Slightly Damaged	1
SLR7965H	Car	HONDA	Honda Vezel	Red	Slightly Damaged	1

Details of V	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Eveler Det
FBD4201R	FWD Singapore Pte. Ltd	PNMC2017-	24/08/2017	23/08/2018
	The Singapore Fits. Lite	00000640	2110012011	23/08/2018





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

2 of 4 Report No. T/20180128/2084

Any Pedestrian	Involved: No					
No. of Pedestria	ins Injured: NII		111	a Province		
Pillion	L. L. Control of the		Use of Pe	edestria	in Cros	sing: NA
Name	Victor Tan Yuda			100.41		CONTRACTOR OF THE PARTY OF THE
				ID No.		S9311027G
Related Vehicle	FBD4201R (Motorcycle)			Contact No.		96414514
Hospital/Clinic	al/Clinic NIL			-		Control Service Service Service
				Class of Driving Licence &		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Data Disa		y Date	
No. of Days gran	ted Medical Leave	Date Disc		NIL		
Rider		NIL	Degree o	injury	NIL	
Name	CHAN YUEN KIAT MALCOLM			ID No.		S9131796F
Related Venicle	FBD4201R (Motorc	ycle)		Contact No.		98274854
H				30		20214004
Hospital/Clinic	TAN TOCK SENG	HOSPITAL		Class Driving Licent Expiry	g e &	Class: 2B Date of Expiry: NIL
Date Treatment	28/01/2018		Date Disci	Targe	-	10040
No. of Days grant	ed Medical Leave	05	Degree of	Injuny	28/01	2018
Driver	THE PROPERTY		- Cogrece of	Hijuly	ongni	
Name	Chei Kink Chong			ID No.		S7873158C
Related Vehicle	SLR7965H (Car)			Contac	t No.	97976385
lospital/Clinic	NIL	_		-		
	NIL			Class of Driving Licence	e &	Class: NIL Date of Expiry; NIL
	NIL		Date Die	Expiry		
o of Davis areat	ed Medical Leave	NIL	Date Disch Degree of I	arge	NIL	

Brief Details.

On 28/01/2018 at about 0920hrs, I was riding my vehicle bearing registration number FBD 4201 R at the speed of 60 to 70 km/h along PIE towards Tuas. I was riding on the third lane. There is a vehicle bearing registration number SLR 7965 H on the second lane. As I was riding , I noticed the said vehicle turn into my lane while still signaling at the same time however the driver jammed braked. I did not managed to break in time and my motorcycle collided into his rear vehicle. There is no vehicle in front of my motorcycle when he switch lane. I was then conveyed to Tan Tock Seng Hospital however my pillion was





3 of 4

Report No. T/20180128/2084

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT





4 of 4

Report No. T/20180128/2084

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 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: G / Staff Sgt MUHAMMAD AZWAN BIN ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2018 17:27
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FORCE	

A:CCIDENT STATEMENT

ACCIE	DENT DATE: <u>[28. /]</u>	01:/2018 100/	MM/YYYY), TIME:(_C	19:20] (HH:MM)
LOCAT	TION: PIE TOWAR	eos tuas near	to Exit KPE	-	9.5
	DETAILS OF VEHIC	ile.		,	7 :
(%)		SER: FBD4201R		*	
60		DMPANYI FLAD		-	
	DIPOLICY TYPE: 10	r: <u>PNMC2017 - 00</u> DOMPREHENSIVE / D	HIRD FARTO/ THIRD	PARTY	FIRE &THEFT]
	e MAKE & MODE	U: YAMAHA FZ 150	11		
	()TYPE: (SALOON /	COUPE / MPY /VA	N/LORRY (MOTO	RCYCLE	X OTHERS)
	givenicle cated	BORY: PRIVATE / CO	DMMERCIAL / MOT	ORCYCL	E)
	The state of the s	SING AT ACCIDENT 1			
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0.0		ATE (THIRD PARTY C	LAIM / REPORTING	ONLY	
2,,	INSURED / POLICY	Y HOLDER M CHAN YURA KIRT		(AA A) S	/ FEMALE)
9	binric/fin/Pass	PORT: SPIRITARE.	CONT	ACT:	(Aleminies)
Th	CIADDRESS: Comm	muenth close Bik	87 #08-37 SC14	(4800	
ILWR (m)	W				* -
The state of the s		d if driver also P	OLICY HOLDER		90
Alto of beston 45	DRIVER '			WILLE	/ ESTIT (E)
(Including diver)	a)NAME: as	ABOVE	50.17	- MALE	/ FEMALE
(2)	DINAME: AS	PORTIas Alex	CONI	ACI: JX	Z#489T
· - /	c) ADDRESS:	The ABOVE			
	'didate of Birth	11 / 09/ 19	PLIDD/MM/YYY	()	5
- E	# DOCCUPATION:	INDOOR FOUIDO	OR)	19	50 16
	1) DATE OF DRIVI	NO PRISS	1.09.2013	VD 4 NV/2	WEDY'NO!
4,	WAS DRIVER AN	I EMPLOYEE OF TH	E INSURED'S CO	MPANY	(seal inc)
	a) WEATHER CON	NSHIP OF THE DRI	VEK MILL INSOL	.601	
D)	DINGATHER CON	EI (DRD / WET / OTH	ERS		
6.	WAS ANYBODY I	JURED (YES / NO)	A14X9	() () () () ()	2
7.	alreported to F	OLICE (YES / NO)	1 N	200	
44	IF YES, PLEASES	TATE WHICH POLIC	E STATION: Gaylons		
8.	THIRD PARTY VEH	1018 CIR 796	SH MODE	11-9A	IDA VEZAL
# 100 of bossewher.	a) VEHICLE NO	MBER: SLR 796	MK WONG		
(Including driver)	b) DRIVER'S NA	C-TA-	13158C CON	TACT:_	9797638
() .	THIRD PARTY VEH				
·—/ Y	AL VIELENCE CHILD		MOD	EL!	
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(Including driver) 1) NRIC IN IPA			TACT:	
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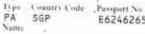
email = mygonesonline1991@gmail.com

fax =

V1080



PASSPORT REPUBLIC OF SINGAPORE



E6246265C



CHAN YUEN KIAT MALCOLM

Sex Nationality SINGAPORE CITIZEN Date of birth 11 SEP 1991

Place of birth SINGAPORE Od SEP 2021

06 SEP 2016 Modifications SEE PAGE 2 National ID No. 59131796F

Authority MINISTRY OF HOME AFFAIRS

PASGPCHAN<<YUEN<KIAT<MALCOLM<<<<<<<< E6246265C5SGP9109113M2109066S9131796F<<<<<16

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

05 Sep 2013

Class 2B Motorcycles =< 200 cc

Licence No:S9131795F

NP 428A





CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Motorcycle breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNMC2017-00000640

Plan Name: Third Party

Motorcycle plate number: FBD4201R

Your name (As the policyholder): Chan Yuen Kiat Malcolm

Coverage start date: 24/08/2017

Coverage end date: 23/08/2018

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 15/07/2017

Rentra

Abhishek Bhatia Chief Executive Officer FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of insurance need to be changed.