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 <u>truthful and accurate</u> 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 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	18/05/2018 13:23
Date Of Accident	03/05/2018 16:45
Exact Location Of Accident	JUNC MOUNTBATTEN RD & NICOLL HIGHWAY
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBA5819T
Insured/Policyholder	
Name Of Registered Owner	LEE SHE FENG
NRIC No	S0231448G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92721233
Alternative Phone No	OFFICE-92721233
Vehicle Particulars	
Manufacturer	HONDA
Model	CBX 250 M
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5080908957-01
Cover Note Number	
Driver	
Name of Driver	LEE SHE FENG
NRIC No	S0231448G
Date Of Birth	09/05/1954
Occupation	INDOOR
Date Of Driving Pass	15/04/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE

(LOCAL) +65-92721233

OFFICE-92721233

NOEMAIL

Address BLK 114 LORONG 3 GEYLANG

#08-63

Postcode 381114

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2969999 - **FAX NO**: 62937659

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180504/2094. VEHICLE HAS BEEN SOLD.

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 SJR2379G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name LEE SHE FENG

Approximate Age

Injuries Sustain HAND Injured person in which vehicle? FBA5819T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
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- 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.
- 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.
- 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 :
 - 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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CONTRACTOR SEASON CONTRACTOR

Accident Sketch Plan

CH PLAN		DEFECT OF	DESCRIPTION	CLETTE
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RIBE CIRCUMSTANCES	OF THE ACCIDENT			
refer to police	LEVOLT - 1/2018 OZ	04/2094		
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				161
ARATION	culare are four la committee	net		4
declare the foregoing partic	culars are true in every resp	ect.		10
ME				Land
			-	All
holder's Signature	Driver's Signature (If driver is not the p	olicyholder)	Reporting Centre Pe Name:	ersonnel's Signature
R. Time:				1.00
& Time:	Date & Time:		NRIC/FIN No.:	2





1 of 3 Report No. T/20180504/2094

Police Station Of Origin: Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

DEG	OPT	OF	Α	TRAFFIC	ACCIDENT
REF	UKI	O.	~	TREAT LINE	MOUNTER

Date/Time Report Made:	· Vide Report No.:	Station Diary No.:
04/05/2018 16:05		18

	4/00/2010 10:00			
Informa	nt's Partice	ulars	A CONTRACTOR	
Name of Informant: LEE SHE FENG			Address: APT BLK 114 LORONG 3 GE 381114	EYLANG #08-63 SINGAPORE
ID Type / ID No.: NRIC NO / S0231448G		48G	Contact No.: Home/Office:	Mobile: 92721233
Nationality: SINGAPORE CITIZEN		EN	Email:	
Sex: Male	Age: 63	Date of Birth: 09/05/1954	Type of Informant: Rider	y 2
Race:		3	Language:	Institution / School Name:
Occupation: RETIRED			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Seneral Infon	mation of the Acci	dent				
Type of Accident:	Non-Injury Others	±	Drink Drive: No	Date/Time of Accident: 03/05/2018 16:45	Type of Location X-Junction	
Location: Junction of RomoUNTBATT NICOLL HIGH Weather:		Ro	pad Surface;		Road Speed Limit:	
Clear		Dr	у			
Traffic Flow: Traffic Control: Two Way Traffic Light - Working				rking	Traffic Volume: Light	
Type of Collis Between Mov	sion: ving Vehicles - Head	To Rear			Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
THE RESERVE OF THE PARTY OF THE	- Alexander	111000000	111000			THO OF T BOSCHIGO
FBA5819T	Motorcycle	HONDA	CBX 250 M	Red	Slightly	0
					Damaged	
SJR2379G	Car				Slightly	0
	12.74				Damaged	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBA5819T	NTUC Income Insurance Co-Operative Limited	5080908957-01	22/06/2017	21/06/2018		

Police Report





Poice Station Of Origin: Kotam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE

Report No. T/20180504/2094

330072

Tel No: 1800-2939999

CONTINUATION OF REPORT

Any Pedestrian I	the state of the s				-	
No. of Pedestrian	is Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Rider						
Name	LEE SHE FENG			ID No		S0231448G
Related Vehicle	FBA5819T (Motorcycle)			Conta	ct No.	92721233
Hospital/Clinic	NIL			Class Drivin Licena Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days gran	Pays granted Medical Leave NIL			Injury	NIL	

Brief Details.

On the 03/05/2018 at about 1630hrs, I was riding my motorcycle, FBA5819T, from Lower Delta Road towards Lorong 3 Geylang to go home.

At about 1645hrs, while I was at Mountbatten Road junction of Nicoll Highway at the traffic light. When it was green light, I was moving forward when the car in front of me, SJR2379G suddenly filtered to the left. I could not stop my motorbicycle in time and as such, the front of my motorbicycle collided into the passenger side left taillight of his vehicle.

We then got down our vehicles to take pictures of the accident. We then exchanged contact numbers.

After which I gave him my particulars and details but he did not give his particulars to me. He told me that the vehicle number itself would be sufficient.

As such I am lodging this report for record and insurance purposes.

Police Report





3 of 3

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE Tel No: 1800-2969999

Report No. T/20180504/2094

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- N H E	11.0	Man	

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 / Sgt 2 HENG CHENG SOON, DESMOND	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2018 16:05
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	

Police Force

10 Sin Ming Drive Singapore 575701 www.lta.gov.sq

Our ref 1205180501N001022766

12 May 2018

LEE SHE FENG APT BLK 114 LORONG 3 GEYLANG #08-63 SINGAPORE 381114

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Dear MR LEE SHE FENG

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. FBA5819T

We are pleased to inform you that your application to transfer ownership of the abovementioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 12 May 2018. The details are as follows:

Vehicle No.

: FBA5819T

Application Date

: 12 May 2018

Effective Transfer of Ownership Date

: 12 May 2018

Vehicle Make

: HONDA

Vehicle Model

: CBX 250 M

Chassis No./Trailer Chassis No.

: 9C2MC35005R500939 / -

Engine No./Motor No.

: MC35E5500939 / -

 Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

3

Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle, LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

Our ref 0905182004N014748985

09 May 2018

LEE SHE FENG APT BLK 114 LORONG 3 GEYLANG #08-63 SINGAPORE 381114

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Dear MR LEE SHE FENG

NOTIFICATION ON REQUEST OF NEW VEHICLE PIN AT LTA FOR FBA5819T Transaction Reference No. 20180509102758729517

We wish to inform you that your request for a new Vehicle PIN for your Vehicle No. FBA5819T has been successfully processed. The Transaction PIN has been given to you/your authorised representative over our LTA counters.

- 2. Your PIN should be kept confidential as it is your key to access and perform ownership-related transactions on your Vehicle. Please note that your PIN has no expiry date and is valid for one-time use only. Your PIN will be void upon the successful completion of the transaction that requires its input, or transfer or de-registration of the vehicle.
- Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
- Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

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