

## 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 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. 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 Report	14/10/2018 08:22
Date Of Accident	10/10/2018 07:30
Exact Location Of Accident	PIE/TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8184J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MORALES KLEVYN LHANN EBUE
NRIC No	S9074220E
Email Address	KLEVYN1209@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92378052
Alternative Phone No	OFFICE-92378052

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X
Exact Purpose for which vehicle was being used at time of accident	MOTORCYCLE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMMPHQ18-000361
Cover Note Number	

### Driver

Name of Driver	MORALES KLEVYN LHANN EBUE
NRIC No	S9074220E
Date Of Birth	12/09/1990
Occupation	INDOOR
Date Of Driving Pass	04/07/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92378052
Fax Number	
Contact Number	OFFICE-92378052
Email Address	KLEVYN1209@HOTMAIL.COM

Address	HDB KIM KEAT VIEW, 195 KIM KEAT AVENUE #07-308
Postcode	310195
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?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20181010/2044(LODGED AT TRAFFIC POLICE DIVISION HQ) ON THE ABOVE MENTIONED TIME, DATE AND LOCATION. I WAS RIDING ALONG THE STATED LOCATION ON LANE 2 OF 4. THE VEHICLES AHEAD OF ME SUDDENLY SLOWED DOWN. I TRIED TO SLOW DOWN TO AVOID THE VEHICLE AHEAD OF ME ?SGD1118J?. HOWEVER, MY TYRE LOCKED AND I ENDED UP SKIDDING. MY BIKE THEN COLLIDED INTO THE VEHICLE SGD1118J AFTER I SKIDDED. I WAS INJURED AS A RESULT OF THIS ACCIDENT AND WAS CONVEYED TO TAN TOCK SENG HOSPITAL. I RECEIVED 5 DAYS MC.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGD1118J
Vehicle Make/Model/Colour	KIA / CARENS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MORALES KLEVYN LHANN EBUE

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBH8184J

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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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 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. 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.

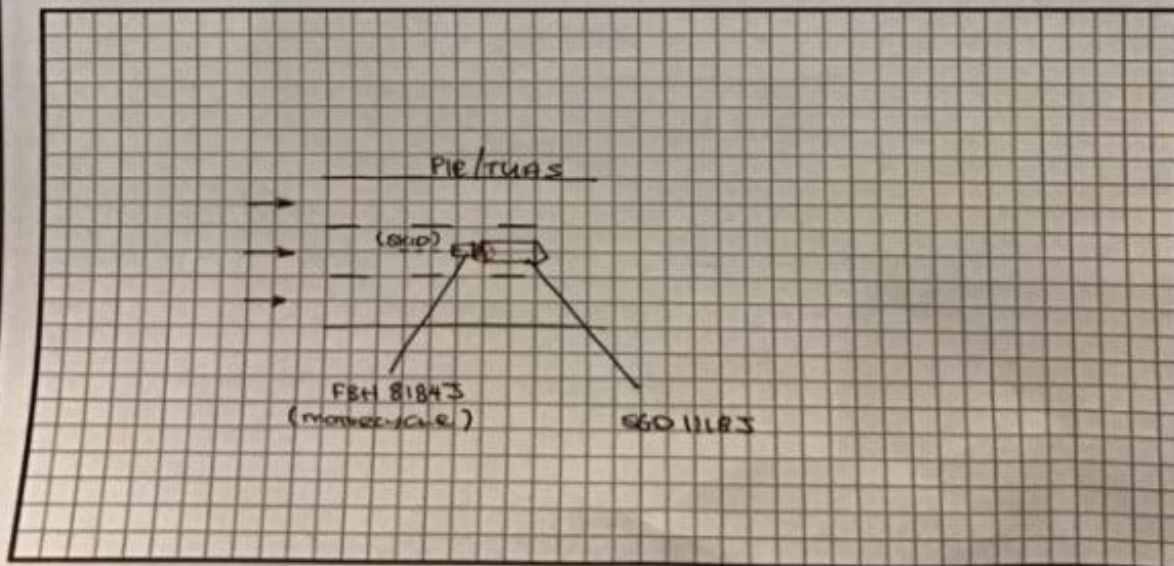
**VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHD FADZLY BIN ISMAIL**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181010/2044

1 of 3

Report No. T/20181010/2044

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2018 12:31		Vide Report No.: E/20181010/0053		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MORALES KLEVYN LHANN EBUE			Address: APT BLK 195 KIM KEAT AVENUE #07-308 KIM KEAT VIEW SINGAPORE 310195		
ID Type / ID No.: NRIC NO / S9074220E			Contact No.:		Mobile: 92378052
Nationality:			Home/Office:		Email:
Sex: Male	Age: 28	Date of Birth: 12/09/1990	Type of Informant: Rider		
Race:			Language:		Institution / School Name:
Occupation: PARK OPERATIONS			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2018 07:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE (TUAS) 19KM		Road Surface: Dry		Road Speed Limit:
Weather: Clear		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	Condition	No of Passenger
FBH8184J	Motorcycle	HONDA	CB400X	White		0
SGD1118J	Car					1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8184J	EQ INSURANCE COMPANY LTD.	DMMPHQ18-000361	17/05/2018	16/05/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20181010/2044

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Report No. T/20181010/2044

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MORALES KLEVYN LHANN EBUE	ID No.	S9074220E
Related Vehicle	FBH8184J (Motorcycle)	Contact No.	92378052
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

### **Brief Details.**

ON THE ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS RIDING ALONG THE STATED LOCATION ON LANE 2 OF 4. THE VEHICLES AHEAD OF ME SUDDENLY SLOWED DOWN. I TRIED TO SLOW DOWN TO AVOID THE VEHICLE AHEAD OF ME (SGD1118J). HOWEVER, MY TYRE LOCKED AND I ENDED UP SKIDDING. MY BIKE THEN COLLIDED INTO THE VEHICLE SGD1118J AFTER I SKIDDED. I WAS INJURED AS A RESULT OF THIS ACCIDENT AND WAS CONVEYED TO TAN TOCK SENG HOSPITAL. I RECEIVED 5 DAYS MC.



# POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181010/2044

3 of 3

Report No. T/20181010/2044

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## 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:  
TP /  
KHALED AMR HASSAN MOHSSEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/10/2018 12:31

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476365

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature:

Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S9074220E**  
Name: **MORALES KLEVYN LHANN EBUE**

Birth Date: **12 Sep 1990**  
Issue Date: **04 Jul 2013**

 002198431G







**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S9074220E**

Name: **MORALES KLEVYN LHANN EBUE**

Race: **FILIPINO**  
Date of birth: **12-09-1990**  
Country/Place of birth: **PHILIPPINES**

Sex: **M**





## Driving License

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

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	04 Jul 2013
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	31 Mar 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	11 Jun 2015

S9074220E

S / No. 9000220602

LICENCE NO. S9074220E

5231773

NRIC No. S9074220E

Date of Issue  
23-10-2013

Address  
APT BLK 195 KIM KEAT AVENUE  
#07-308  
SINGAPORE 310195