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Owner/Drivers	WW TAXI. IN	C()/ NON-THC() ".	
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Insured/Driver Liability: (%) [N		0-20%; P: 21-79%. P: 80-10) (M)
Year of Registration: () W	/arranty: YES()/NO		0,71)
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SINGAPORE ACCIDENT STATEMENT

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. 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. repudiate policy liability.
- 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 o. This report will be forwarded by the insurers of the GIA Records management define established by the 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

foreraid	nt to the archiving of this report at the centre and to copies of the report being made available
	07/12/2018 14:18
Date Of Report	03/12/2018 17:20
Date Of Accident	IN FRONT OF BLK 2 JALAN BUKIT MERAH
Exact Location Of Accident	SINGAPORE
Caunta (State of Loss	ETAILS OF OWN VEHICLE
文章 是更多的意思,并不是一个文章 DI	
Vehicle Registration Number	FBH1254L
Insured/Policyholder	
Name Of Registered Owner	YEO ENG SOO
NRIC No	S0028227H
Email Address	ENGSOOYEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90624467
Alternative Phone No	HOME-90624467
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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?	
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	OR OPERATIVE LTD
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5065401073-04
Cover Note Number	
Driver	
Name of Driver	YEO ENG SOO
NRIC No.	S0028227H

S0028227H NRIC No 30/07/1954 Date Of Birth INDOOR Occupation 09/11/1977 Date Of Driving Pass

41 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90624467 Mobile Number

Fax Number

HOME-90624467 Contact Number

ENGSOOYEO@GMAIL.COM EMail Address

BLK 786C WOODLANDS DRIVE 60 Address

#07-75

733786 Postcode

Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE

Type Of Accident DRIZZLING Weather Conditions

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by YES ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE TEL NO: 65470000 - FAX NO:

Police Station Contact Was notice of intended Prosecution given?

If Yes, against whom?

NO

1

YES

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181204/2077

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

DETAILS OF INJURED PERSON 1

Name

YEO ENG SOO

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBH1254L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.:

SKETCH PLAN	T. f.	3KK2		1 ABSHAWKER	
JALAN BU	KIT WERAH	P	_/		
	TBL) -	7- 5	82	/B31	
#) FBH 1254L B) UNIKNOWN	TAXI				
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT				1
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			1	A.	
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	/(12 John	100		
		1	140		
	M	18/			
	OXX, 1	2			
<u> </u>					
DECLARATION I/We declare the foregoing par		ct.	gul o	1/12/2018,]
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the pol Date & Time:	licyholder)	Reporting Cent Name: NRIC/FIN No.:	re Personnel's Signature Rof L WATTER)

GIARME SketchPlanForm VS



1 of 3

Report No. T/20181204/2077

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDEN	REPORT OF	A TRAFFIC	ACCIDENT
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EPORT OF	A TRAFFIC	ACCIDENT	Vide Report No.:	Station Diary No.:
Date/Time 04/12/201	Report Ma	ide:	Vide Report Ton	
Informan	t's Particul nformant:	ars	Address: APT BLK 786C WOODLANDS 733786	S DRIVE 60 #07-75 SINGAPORE
ID Type /	ID No.:) / S002822	7H	Contact No.: Home/Office:	Mobile: 90624467
Nationali		EN	Email:	
Sex: Male	Age:	Date of Birth: 30/07/1954	Type of Informant: Rider	Institution / School Name:
Race: Chinese			Language:	III. SALES PER
Occupat	tion:		Driving Licence Information: Class:	Date of Expiry:

eneral Information Type of Accident:	Injury Conveyed By Ambu	lance	Drink Drive: No	Date/Time of Accident: 03/12/2018 17:20	Type of Location:
Location: Along Road 1 JALAN BUKI INFRONT O	T MERAH	Road	Surface:		Road Speed Limit:
Weather: Drizzling Traffic Flow:		Wet			Traffic Volume:
1607380003	ision:				Anyone conveyed by ambulance:

Details of Ve	ehicle Involve	d	Madal	Color	Condition	No of Passenge
Vehicle No.		Make	Model		Seriously	1,00,00
FBH1254L	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Damaged	

Details of V	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.		Insulance Ite	26/04/2018	25/04/2019
FBH1254L				



2 of 3

Report No. T/20181204/2077

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

CONTINUATION OF REPORT

Details of Person Any Pedestrian In No. of Pedestrian	volved: No	U	se of Pede	estrian	Crossi	ng: NA	
Rider	CAR SHOULD BE REAL PROPERTY OF THE		di dineninta	ID No.	Service and	S0028227H	
Name	YEO ENG SOO			1.5 1.131			
Related Vehicle	FBH1254L (Motorcycle)			Contac	t No.	90624467	
Helated Vernois	60000000	····CODIT	A.I.	Class	of	Class: NIL	
Hospital/Clinic	NATIONAL UNIVERSITY	ATIONAL UNIVERSITY HOSPITAL		Driving Licence & Expiry Date		Date of Expiry: NIL	
			Date Disc			2/2018	
Date Treatment	03/12/2018 hted Medical Leave N	IIL	Degree of	Injury	NIL		

Brief Details.

ON STATED DATE, TIME AND LOCATION, I TRAVELLED ON THE SAID LOCATION GOING TO HAWKER CENTRE NEAR BLK 2. I WAS TRAVELLING ON THE BUS LANE OF 3 LANES. THEN I WANTED TO MAKE LEFT TURN ON THE JUNCTION. ALL OF SUDDEN, A VEHICLE FROM SECOND LANE MADE A SUDDEN LANE CHANGE INFRONT OF ME. I HAVE NO TIME TO REACT. AS A RESULT, I COLLIDED ONTO THE VEHICLE. A PASSERBY CALLED FOR THE AMBULANCE AND CONVEYED TO THE SAID HOSPITAL AND GIVEN 5 DAYS OF MEDICAL LEAVES.





3 of 3

Report No. T/20181204/2077

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

CONTINUATION OF REPORT

Ske	tch	P	lan

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 / MOHAMED ANWAR BIN MOHAMED IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2018 14:03
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168	

National University Hospital (Singapore) Pte Ltd

Stower Kent Ridge Road, Singapore 119074

Business Registration No.198500843R



FICATE

ORIGINAL

NUH18311447

NRIC: S0028227H

eave granted OUTPATIENT SICK LEAVE

118 unfit for duty for a period of 118 inclusive

5

day(s) from

03-Dec-2018

0

of valid for absence from court attendance.

attended for Examination/Treatment from

03-Dec-2018 18:18

03-Dec-2018 22:17

ō

PFLUG DAVID (16668E)

issued by

A&E

Location

Signature

ccident MT/1022955								
	5065401073-04	Vehicle No.	FBH1254L		GST Regis	tration No.		
olicy No. ertificate No.	3003401073-04							
olicyholder Name	YEO ENG SOO				Policyhold	er NRIC	50028	22714
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading		0	
Sentact No.(Mobile)	90624467	Contact No.(Office)			Contact N	(Home)	77	
mail Address		Special Remark			eCode		No *]
CPIC:	+ No Yes	TCA	» No Yes		eCode Re			
NCD Protection	P4D	NCD Entitlement(%)	20		Private H	e	No	
▽ Accident Details								
Report Date	07/12/2018 14:59	Accident Report Within 24 hrs	Yes		Accident 1	уре	Collisio	on - Change / Cross
Date of Accident	03/12/2018	Time of Accident hh:mm	17:20		Country of	f Accident	Singer	pore
Reporting Centre		Orange Force			ICM No.			
Accident Location	IN FRONT OF BLK 2 JALAN BUKIT MERAH							
♥ Excess								
Own damage Excess	0.00	Additional Excess			Windscre	in Excess		
Unnamed Driver Excess		Outside Singapore OD Excess						
Third Party Excess	0.00	Outside Singapore TP Excess						
Benefits								
→ GST Registered Informat	ion							
SST Registered	No			stration Date		Dec.		
SST Registration No.			GST State	us Verified		Yes		
Modification History								
	Care							
Policyholder Mailing Add		Address 2	WOODLANDS DRI	VE 60	Address		SING	APORE 733786
Address 1	BLK 786C #07-75	Address Type	Singapore address		Post Cod		7337	
Address 4		Related Policy Number	5065401073-04	3				
Unit No.		Commence Completely Commence						
	YEO ENG SOO	Driver Type	Main Driver					
Driver Name Unnamed driver Name	120 2110 300	Driver NRIC	S0028227H		Driver D	08	30/0	7/1954
Register Date of Driver License	18/02/1979	Driver Age	64		Driving 5	xperience	39	
Contact No.(Mobile)	90624467	Contact No.(Office)			Contact	io.(Home)		
Address 1	BLK 786C #07-75	Address 2	WOODLANDS DR	IVE 60	Address	3	SING	APORE 733786
Address 4	A-10 (A10 (A10 (A10 (A10 (A10 (A10 (A10 (A	Address Type	Singapore addres	5	Post Cod	e	7337	86
Unit No.								
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FBH1254L		Driver In	surer Company	NTUC	20
Declaration								
Reading?	0 mg	Any injury?						
Randing? Modification History Claim 001 New		20-07-05-05-0						logged
Modification History		20-07-05-05-0	70000700105	ОО-МХ	• Insure		0	Insured Soo
Modification History Claim 001 New Claim Type *		20-07-05-05-0	300000730155	OD-MX 90624467	Conte	t	0	Contact No.
Modification History Claim 001 New		20-07-05-05-0	300000730155		Contac No. (Home	t	0	Contact No. (Office)
Modification History Claim 001 New Claim Type *		ENGINE DE	300000730155		Contex No. (Home OI Vehicle	FBH1254L	0	NRIC Source Contact No. (Office)
Claim 001 New Claim Type * Contact No.(Mobile)		ENGINE DE LA COLONIA DE LA COL	300000730155	90624467	Contac No. (Hame OI Vehick Numb	F8H1254L	0	NRIC Source Name of Name of
Claim 001 New Claim Type * Contact No.(Mobile)		ENGINE DE LA COLONIA DE LA COL	300000730155		Contac No. (Hame OI Vehick Numb	F8H1254L	0	NRIC Source No. (Office) TP Vehicle Number
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred	Insured Uability	25-4750/25/	30000730155	90624467	Contac No. (Hame OI Vehick Numb	F8H1254L	0	NRIC SOU Contact No. (Office) TP Vehicle Number Name of Preferred
Claim 101 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop	Insured Uability Professed	uit v	ed	90624467	Contex No. (Home Off Vehick Numb v TAXI ON 3 Dec	F8H1254L	0	NRIC STORM Contact No. (Office) Ty Vehicle Number Name of Preferred Workshop
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Claim 001 New Claim 101 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Bettidet No. Finalisation Date Registered	Insured Uability Professed	iξ ▼] GIA (Booking)	ed	90624467 FBH1254L / UNKNOW! 07/12/2018 15:04	Contain No. (frome OT Vehick Numb	F8H1254L	0	NRIC STORM NRIC Contact No. (Office) Try Vehicle Number Name of Preferred Workshop
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Video List	Uploaded By/Date Folder Date	File	Name	? Source	
A.	S (BUKIT MERAH)) on 07 Dec 2018 15:04	West Statement West Statement Statem			
A5	S (BUXTT MERCH) ON 07 DEC 2010 15:09		Normal	SAS 2018-12-7	
ANT	NAC NUMBER MERAN RODS76/ NATIONAL ASSESSMENT CENTR	E SERVICE NRJC/ Driving License	Normal	NRIC/ Driving License 2018-12-7	
T. A	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTR S (BUKIT MERAH)) on 07 Dec 2018 15:04	E SERVICE NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-7	
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T'	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRA S (BUKIT MERAH)) on 07 Dec 2018 15:04	SERVICE Photos	Normal	Photos 2018-12-7	
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No.	NAC_BURIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE S (BURIT MERAH)) on 07 Dec 2018 15:04	SERVICE Photos	Normal	Photos 2016-12-7	
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73	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S (BUKIT MERAH)) on 07 Dec 2018 15:04	SERVICE Photos	Normal	Photos 3018-12-7	
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07/12/2018 (Please do not detach)

TRAFFIC POLICE SINGAPORE POLICE FORCE 10, UBI AVENUE 3 SINGAPORE 408865

Tel: 65470000 www.police.gov.sg

You will receive your photocard drivin licence by registered post within 10 to 1 working days from the date of applicatio unless you made a special request to collect Traffic Police at the time of application

You can drive while awaiting the deliver of your photocard driving licence

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD

DRIVING LICENCE.

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