



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190314/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time 14/03/2019	Report Ma 11;22	ide:	Vide Report No.: G/20190313/0095	Station Diary No.:			
Informant	s Particul	ars # 1					
Name of In TAN CHEN		JOHNNY	Address: 19 TAMPINES CENTRAL 7 #12-20 SINGAPORE 528773				
ID Type / II NRIC NO /	O No.: S1286353	BE	Contact No.: Home/Office: Mobile: 81260954				
Nationality: SINGAPOR	RE CITIZE	N	Email: rotijohn69@hotmail.com				
Sex: Age: Date of Birth: Male 60 08/07/1958			Type of Informant: Rider				
Race: Chinese			Language: Institution / School Nam English				
Occupation: Securities clerk			Driving Licence Information: Class: 2,3	Date of Expiry: 30/11/2020			

General Inform	mation of the Accident	The Company of the Co	man and any man of the second	The second secon	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2019 13:05	Type of Location; Straight Road	
Location:	•	1111	117711111111111111111111111111111111111		
TANJONG KA	ATONG ROAD				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry		50 Km/h	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	sion; ríng Vehicles - Head To F	Rear		Anyone conveyed by ambulance: Yes	

Vehicle No. Type Make Model Color Condition No of Pa	·, · · · · ·	, , , ,			·	 		. "			ehicle involved	Details of Vo
FBI 205P Motorcycle YAMAHA YBR125 Black 0	senger	Passer	No of	dition	Conc	• •	Color				Type	Vehicle No.
1 BEEOOF MANUAL BICKLE BIGGR			0				Black	5	YBR125	YAMAHA	Motorcycle	FBL205P

Details of Ve	ehicle Insurance	· · · · · · · · · · · · · · · · · · ·		
Vehicle No.	Insurance Company	Insurance No.	Effective	Explry Date
FBL205P	NTUC Income Insurance Co-Operative Limited	5080043559-02	05/05/2018	04/05/2019





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

2 of 3 Report No. T/20190314/7007

CONTINUATION OF REPORT

Details of Perso	n Involved				The state of the s
Any Pedestrian Ir					
No. of Pedestrian	s Injured: NiL	Use of Ped	destrian	Cross	ing: NA
Rider 27 7 28			1700	T 9.	
Name	TAN CHENG SWEE JOHNNY	···	ID No.		S1286353E
Related Vehicle	FBL205P (Motorcycle)		Conta	ct No.	81260954
Hospital/Clinic	RAFFLES HOSPITAL		Class Driving Licend Expiry	e &	Class: 2,3 Date of Expiry: 30/11/2020
Date Treatment	13/03/2019	Date Disc	harge	13/03	0/2019
No. of Days gran	Degree of	Injury	Slight	t	

Brief Details.

On 13 March 2019 at about 1305 hrs, I was riding my motor cycle FBL205P about 50 km/h in the left lane along Tanjong Katong Road towards the direction of Geylang Road. I slowed down when I was approaching the filter road to Geylang Road, I felt a sudden impact from the rear of my motor cycle and lost control. I fell and realised that vehicle SKZ660C has knocked into the rear of my motor cycle as the driver was switching lane from the right to the left lane. I did not check the damage of my bike as i was in pain seated on the bench situated at the kerbside of the road but I saw some damage on the front left corner above the head lamp of SKZ660C. I was conveyed to Raffles Hospital and was given 7 days medical leave. I wish to add that the driver has shifted his car SKZ660C from the original accident scene by driving to the front of my motor cycle which was lying along Tanjong Katong Road before the arrival of the Ambulance and Traffic Police Officer.

01 /7 # :07528669





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190314/7007

CONTINUATION OF REPORT

Sketch	Plan
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Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2019 11:22
Officer In Charge Of Case: TP / TPIB / TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp	

NP168

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 misroprosentation or witholding 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 Contre 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 horeby consent to the archiving of this report at the contra and to copies of the report being made available

SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number FBL205P Insured/Policyholder Name Of Registered Owner TAN CHENG SWEE JOHNNY NRIC No S1286353E Email Address ROTIJOHN@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81260954 Alternative Phone No OTHERS-81260954 Vehicle Particulars Manufacturer YAMAHA Model YBR125 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		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE SINGAPORE SINGAPORE SINGAPORE SINGAPORE SINGAPORE SINGAPORE PROWN VEHICLE Vehicle Registeration Number Insuired/Policyholder Name Of Registered Owner NRIC No S1286353E Email Address ROTIJOHN@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81260954 Alternative Phone No OTHERS-81260954 Vehicle Particulars Manufacturer YAMAH-A Model YBR125 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 teken THIRD PARTY Vehicle Category MOTORCYCLE Insurance Company Name of Driver Name of Driver Name of Driver Name of Driver TAN CHENG SWEE JOHNNY NAME S1286353E S080043559-02 Cover Note Number Driver Driver Name of Driver TAN CHENG SWEE JOHNNY NAME S1286353E S080043559-02 Cover Note Number Driver Driver Driver Driver Name of Driver TAN CHENG SWEE JOHNNY NAME S1286353E S080043559-02 Cover Note Number Driver TAN CHENG SWEE JOHNNY NAME S1286353E S080043559-02 Cover Note Number Driver TAN CHENG SWEE JOHNNY NAME S1286353E S080043559-02 Cover Note Number Driver TAN CHENG SWEE JOHNNY NAME S1286353E S080043559-02 Cover Note Number TAN CHENG SWEE JOHNNY NAME S1286353E S1204/1977 S13000000000000000000000000000000000000	Date Of Report	14/03/2019 15:59
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number F6L205P Insured/Policyhokder Name Of Registered Owner NRIC No S1286353E Email Address ROTIJOHN@HOTMAIL.COM (LOCAL) +65-81260954 Alternative Phone No (LOCAL) +65-81260954 Vehicle Particulars Manufacturer YAMAHA Model Y8R125 Exact Purpose for which vehicle was being used at time of accident Are you claiming under your ewn insurance policy for repair to your vehicle? If No, Pleass state action to be taken THIRD PARTY Vehicle Category MOTORCYCLE Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Driver Name of	Date Of Accident	13/03/2019 13:05
Vehicle Registration Number Insured/Policyholder Name of Registered Owner NRIC No S12865358 Email Address ROTIJOHN@HOTMAIL.COM Mobile Phone No (LOCAL) +65-81260954 OTHERS-81260954 Alternative Phone No OTHERS-81260954 Vehicle Particulars Manufacturer YAMAHA Model YBR125 Exact Purpose for which vehicle was being used at ime 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 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy No Policy Number S080043559-02 Cover Note Number Driver Name of N	Exact Location Of Accident	TANJONG KATONG ROAD
Vehicle Registration Number Insuired/Policyholder Name of Registered Owner NRIC No S1286353E Email Adfress ROTIJOHN@HOTMAIL.COM (LCCAL) +65-81280954 Alternative Phone No OTHERS-81260954 Vehicle Particulars Manufacturer YAMAHA Model YBR125 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 Insuirance Gompany Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Driver Name of Driver TAN CHENG SWEE JOHNNY NRIC No S1286353E Occupation OUTDOOR 12/04/1977 OUTDOOR 14/1988 OCCUpation OUTDOOR 14/1988 OUTHON	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner NRIC No S1286353E Email Address ROTIJOHN@HOTMAIL.COM Mobile Phone No OTHERS-81260954 Vehicle Particulars Manufacturer YAMAHA Model Vesact 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 Vehicle Category Insurance Gompany Name of Insurance Company Name of Insurance Company Pippe Of Coverage ThiRD PARTY FIRE AND/OR THEFT Fleet Policy No Policy Number Coverage ThiRD PARTY FIRE AND/OR THEFT Priver Name of Driver OCCUPATION NAME OF Driving Peass 1204/1977 Priving Experience 41 YEARS AND 11 MONTHS Gender MALE Mobile Number CCOVAL HESSAND 11 MONTHS MALE Mobile Number CLOCAL) +65-81260954		DETAILS OF OWN VEHICLE
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Mobile Number (LOCAL) +65-81260954 Fax Number		
Fax Number	Mobile Number	
	Fax Number	•
		OTHERS-81260954

ROTIJOHN@HOTMAIL.COM

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EMail Address

	Address	19 TAMPINES CENTRAL 7 #12-20 THE TAMPINES TRILLIANT
	Postcode	528773
	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	en e
	MA A S S S S S S S S S S S S S S S S S S	COLLISION - HEAD TO REAR
	Weather Conditions	CLEAR
	Road Surface	DRY
	Other Information	
	Was any foreign vehicle involved in this accident?	
	Number of vehicles (including own vehicle) involved in the accident	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) Details of Police Action	<u>1</u>
	Was the accident reported to the police?	YES
	If Yes,Please state which Police Station	
	Police Station Name	TRAFFIC POLICE DIVISION HQ
	Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
	Police Station Contact	TEL NO: 65470000 - FAX NO:
	Was notice of intended Prosecution given?	NO
	If Yes, against whom?	
	Circumstances of Accident	en de la companya de Companya de la companya de la compa
	AS PER POLICE REPORT No.T/20190314/7007; 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	SKZ680C
	Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE 1.2 CVT
	Details Of Properties	
	Vehicle Category	PRIVATE CAR
	Name of Driver	
	NRIC/Passport Number	
	Contact Number	
	Address	
	Postcode	
	Insurance Company Name	
	Nature Of Damage	
		9700 1 of 17

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No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	TAN CHENG SWEE JOHNNY
Approximate Age	60
Injuries Sustain	-7 DAYS MC-
Injured person in which vehicle?	FBL205P
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	19 TAMPINES CENTRAL 7 #12-20 THE TAMPINES TRILLIANT
Postcode	528773

SKETCH PLAN

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 (jability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- G. 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
- 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:

- My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/ore permitted to collect, use, disclose and/or process my pursonal 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)
 - (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 our 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 mo, 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 onvolopes/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
- 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,
- 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.

Date & Time:

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1 4 MAR 2019

Oriver's Signature (If driver is not the policyholder)

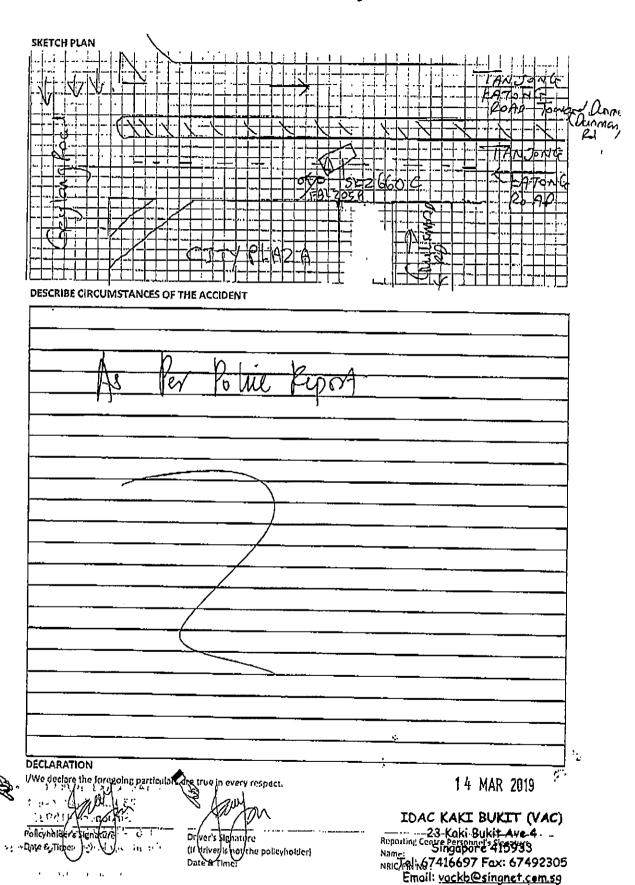
IDAC KAKI BUKIT (VAC) Reporting Control ISA Kin BUSIEn AME 4

Singapore 415933 Namo: NRIC/TUNG7416697 Fax: 67492305

Email: vackb@singnet.com.sq

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Accident Sketch Plan Pg. 1



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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT. 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5080043559-02

1. Index mark and Registration Number of Vehicle

: FBL205P

Chassis Number

: LBPRE101000056951

Cover: Third Party, Fire & Theft

2. Name of Policyholder

: TAN CHENG SWEEJOHNNY

3. Effective Date of Insurance

: 05 May 2018

4. Explry Date of Insurance

: 04 May 2019

5. Persons or Classes of Persons entitled to drively

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade,
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

NAMED DRIVER (1)

TAN CHENG SWEE JOHNNY

NAMED DRIVER (2) HIRE PURCHASE COMPANY N/A

N/A

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: JG MOTOR AGENCY (00000613374)

Date of Issue

: 02 Apr 2018 14;44 hrs

FOR NYUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

