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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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation 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.
- 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	22/03/2019 17:10
Date Of Accident	19/03/2019 19:30
Exact Location Of Accident	CTE (SLE) AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK6486K
Insured/Policyholder	
Name Of Registered Owner	WEI ZHI WEN
NRIC No	S8538933E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93209190
Alternative Phone No	OFFICE-93209190
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750XA
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	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075934721-03
Cover Note Number	
Driver	
Name of Driver	WEIZHIWEN
NRIC No	S8538933E
Date Of Birth	10/12/1985
Occupation	INDOOR
Date Of Driving Pass	20/07/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93209190
Fax Number	
Contact Number	OFFICE-93209190
EMail Address	NOEMAIL

Address

BLK 524 ANG MO KIO AVENUE 5

#05-4158

Postcode

560524

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 (including own vehicle)

involved in the accident

2 YES

Was any body injured in the Accident?
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

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190320/2012.

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

SCJ7886B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SIOW LING FANG, STEPHANIE (XIAO LINGFANG)

NRIC/Passport Number

S8600097J

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name WEI ZHIWEN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBK6486K

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)

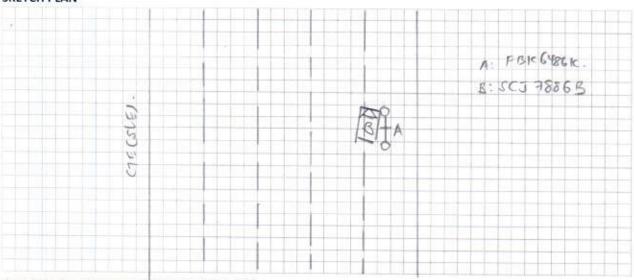
Date & Time:

Reporting Centre Persoph

Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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		/			

DECLARATION

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

Policyholder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 19/3 / 19. (DD/MM/YYYY), TIME: 19:30) (HH:N
LOCATION: CTE (SCG) after Braddell Rd Bit
1. DETAILS OF VEHICLE
GIVEHICLE NUMBER: FBIC64861C .
DINSURANCE COMPANY: NTOC
C)POLICY NUMBER: 5075934311-03.
COMPREHENIVE / THIRD PARTY / THIRD BARTY SIDE ATTI
f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
THE CONTRACTOR OF THE PROPERTY
TO COUNTY AT ALL TIMES
VARE YOU CLAIMING UNDER YOUR OWN INSURANCE STORY
IF NO, PLEASE STATE (THIRD PARTO CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
A)NAME: Wei zh Wen
DINRIC/FIN/PASSBORT, COSTAGES [MALE / FEMALE]
CIADDRESS: ISIV TOV
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
KATZEN TIME DIVINE
(Including divise) GINAME:
(1)
c)ADDRESS:CONTACT:
*d)DATE OF BIPTH: / (0 / 15 / 15 / 15 / 15 / 15 / 15 / 15 / 1
e)OCCUPATION: (INDOOR / OUROOR)
TYTEAKS OF DRIVING EXPRERIENCE.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED COMPANY
THE CONDITION: (OFFICE / PAINING / OTHERS
DINOAD SURFACE: (DRY / WET / OTHERS
D. WANANYRODY IN HIDDE WAL
SINCE ON THE TO POLICE (YES - NO.)
IF YES, PLEASE STATE WHICH POLICE STATION:
PASSENGER OF VEHICLE NUMBER (173801 R
Including driver) b) DRIVER'S NAME: Sou Ling Fung, Hephanie (xiao Lingfung).
(1.) c) NRIC/FIN/PASSPORT: 58600093 CONTACT:
9. THIRD PARTY VEHICLE
d) VEHICLE NUMBED
Indudica dela 9 DRIVER'S NAME:
f) NRIC/FIN/PASSPORT:CONTACT:
CONTACT:
email = jetski3170@ yahoo.com.sg

Phail = jetski3170@ yahoo.com.39

VIDEO =





T/20190320/2012

1 of 3 Report No. T/20190320/2012

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 20/03/2019 01:07		Vide Report No.: Station Diar			
Informa	nt's Partic	ulars	HALLY DESTRUCTE	也是是 是 他是他是一种"多一大家"		
Name of WEI ZH	f Informant: IWEN		Address: APT BLK 524 ANG MO KIO A SINGAPORE 560524	AVENUE 5 #05-4158		
	/ ID No.: O / S85389	33E	Contact No.: Home/Office:	Mobile: 93209290		
National SINGAP	lity: PORE CITIZ	ŒN	Email:			
Sex: Male	Age: 33	Date of Birth: 10/12/1985	Type of Informant: Rider			
Race: Chinese)		Language: English	Institution / School Name:		
Occupat SALE C	tion: ONSULTAI	NT	Driving Licence Information: Class: 2B 2A 2.3	Date of Expiry:		

General Infor	mation of the Accident			Market and the first of the state of
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/03/2019 19:30	Type of Location: Straight Road
eresting comes resource	PRESSWAY before of Ang Mo Kio Avenue	1	S4	*
Weather: Clear	Roa Dry	d Surface:	12	Road Speed Limit:
Traffic Flow: One Way		fic Control: Controlled	12	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe - Sai	me Direction		Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d	SECTION AND VALUE OF			A MARKET STATE OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK6486K	Motorcycle	HONDA	NC750XA	Black	Seriously Damaged	
SCJ7886B	Car				Slightly Damaged	0

Details of V	ehicle Insurance		The later of the l	and the same
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6486K	NTUC Income Insurance Co-Operative Limited	5075934721-03	24/11/2018	23/11/2019





2 of 3

Report No. T/20190320/2012

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Perso Any Pedestrian I					And the same of th
No. of Pedestriar	AND THE RESIDENCE OF THE PARTY	Use of Pedestrian Crossing: NA			
Rider					
Name	WEI ZHIWEN		ID No.		S8538933E
Related Vehicle	FBK6486K (Motorcycle)			ct No.	93209290
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	19/03/2019	Date Disch	arge	19/03	/2019
No. of Days gran	ted Medical Leave 06	Degree of I	njury	Slight	
Name	Siow ling fang, Stephaine	26.00 0.00 0.00	ID No		S8600097J
Related Vehicle	NIL		Contact No.		96276561
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	ate as Different Con-	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	njury	NIL	

Brief Details.

On 19/03/2019 at about 7pm, I was riding my motorcycle bearing registration plate bearing, FBK6486K, along CTE towards SLE. I was travelling at the most right lane when suddenly a vehicle bearing registration plate, SCJ7886B, changed in to me lane and collided on to me. I fall off my bike and the driver stopped her vehicle and came to check on me. I called for the police and ambulance came down to my scene. I was then conveyed to Tan Tock Seng Hospital. My motorcycle was then towed away to Traffic police. I was given 6 days MC by the Tan Tock Seng Hospital and suffered abrasion on my left elbow, hand and left foot. I also felt pain on my left hip.





T/20190320/2012

3 of 3 Report No. T/20190320/2012

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999

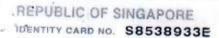
CONTINUATION OF REPORT

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:	Signature Of Informant:
Sgt 1 TAN CHEE HEIN	W .
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2019 01:07
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI	Classification Of Case:
Contact No.: 65476960	C*1.050
Authentication Stamp	





WEI ZHIWEN





CHINESE

10-12-1985

Country/Place of birth SINGAPORE





5543011



23-12-2015

APT BLK 524 ANG MO KIO AVENUE 5 #05-4158 SINGAPORE 560524

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) PASS DATE S/No. 9000118067 \$8538933E

NP 428A

eBao Tech										Genera	lClaim
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Notice of Loss	Policy N	0.			100	Date	of Accident	19	03/2019 19	9:30	
	Vehicle	No.(For Motor)	FBK64	86K	V,	Certif	licate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	0	5075934721- 03		WEI ZHI WEN	S8538933E	GMC	Comprehensive	FBK6486K			23/11/2019
					E	Continue]				

Policy No.	5075934721-03	Policyholder Name	WEI ZHI W	/EN	Policyholder NRIC	S8538933E	
Certificate No.		Land Market			Mile		
Address	BLK 524 #05-4158 ANG MO K	IO AVENUE 5 S	INGAPORE 5	60524			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/11/2018	Effective Date	24/11/201	8 00:00	Expiry Date	23/11/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	500		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	KIMBERLEY INSURANCE AGEN	C Agent Tel.	97912294		GST Flag	Y	
					- 1500m S. ALVEGO		
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eferred Workshop Contact b. equire Finalisation	2210212010 12.24	Claim Close Date	Value of the second	Date Received	22/03/2019 00:00
eferred Workshop Contact D.	Yes	Preference Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received
referred Workshop Contact	Yes	Insured Liability *	Not at Fault		
aim Description	7 17 7 17 10 2019	Inquied (marity a	Not at East	Name of Preferred Workshop	
	PBK6486K / SC37886B ON 19 Mar 2019				
armant Address	22	Committee (MAIN)			
lament Name *	Presse Select V	Type of Benefit * Claimant NRIC *	Please Select		
elmant Type Claimant Type i	Pease Select	OI Vehicle Number	FBK6486K	TP Vehicle Number	SC378868
ontact No.(Mobile) Mail Address	93209190 IETGVI31308VAUCO COM CC	Contact No.(Home)	NIL.	Contact No. (Office)	
laim Type *	00-MX	Ensured Name	WEI ZHI WEN	Insured NRIC	\$8538933E
	- Marie Control of the Control of th	I - U. NONCON - NOVEMBER - NOVEMB			
Claim 001 New					
odification History					
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eclaration Sreathalyser or Blood Test	0 mg	Any injury?	® rec Otes		
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oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
nt No.	05-4158	Contain the	programme appress	Post Code	560524
ddress 4		Address Type	ANG MO KIO AVENUE 5 Singapore address	Address 3	SINGAPORE 560524
daress 1	93209190 BLK 524	Contact No.(Office) Address 2	0	Contact No.(Home)	0
egister Date of Driver Licens ontact No. (Mobile)	= 20/07/2010 93209190	Driver Age	33	Driving Experience	1
innamed driver Name egister Date of Driver Licens	- 20/07/2010	Driver NR3C	585389338	Driver DDB	10/12/1985
river Name	WEI ZHIWEN	Driver Type	Main Driver	(COLOMATA)	NOW AND ADDRESS OF THE PARTY OF
OI Driver Info		ALICENSES SEES MESON			
Init No.		Related Policy Number	5075934721-03		
ddress 4		Address Type	Singapore address	Post Code	560524
Address 3	BLK 524 #05-4158	Address 2	ANG MO KTO AVENUE 5	Address 3	SINGAPORE 560524
⇒ Policyhoider Hailing A	ddress				
lodification History			ENGINE STORES	J. 65.	
ST Registration No.	(490)		GST Registration Date GST Status Verified	Yes	
SST Registered	No		GST Registration Date		
□ GST Registered Inform	nation				
♥ Benefita	9.00	Occasion arrigapore TP Excess			
Third Party Excess	0.00	Outside Singapore OD Excess Outside Singapore TP Excess			
Unnamed Driver Excess	300.00	Additional Excess Outside Singapore Ob Excess		Windscreen Excess	
Own damage Excess	500.00	Additional Process			
ecident Location Excess	CTB (SLE) AFTER BRADDELL RD EXIT				
Reporting Centre		Orange Force		ICH No.	
Date of Accident	19/03/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
leport Date	22/03/2019 17:24	Accident Report Within 34 hrs	Yes	Accident Type	Collision - Change / Cross lane
→ Accident Details					
ICD Protection	No	NCD Enginement(%)	20	Private Hire	No
OPIK	® No ○Yes	TCA	® No ○Yes	eCode Reason	
		Special Remark		eCode	N: V
mail Address	93209190	Comact No.(Office)	0	Contact No.(Home)	0
	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Product Code Contact No.(Mobile) Email Address	WEI ZHI WEN			Policyholder NRIC	\$8\$38933E
Contact No.(Mobile)					
roduct Code ontact No.(Mobile)		Vehicle No.	PBK6486K	GST Registration No.	

