

MOR119078645 / ETHOZ Protect Pte Ltd - Bukit Batok
 ENTRY DATE & TIME: 17/06/2019 14:31
 SUBMITTED BY: Jonathan Lim Kok Siong

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	17/06/2019 14:31
Date Of Accident	15/06/2019 17:20
Exact Location Of Accident	TAMPINES EXPRESSWAY NEARBY JALAN KAYU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2964H
Insured/Policyholder	
Name Of Registered Owner	YEOH KIAN KIONG
NRIC No	S8363005A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92781916
Alternative Phone No	Office-92781916

Vehicle Particulars

Manufacturer	HONDA
Model	SUPRA GTR 150 MANUAL
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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3167887
Cover Note Number	3/09/2018-02/09/2019

Driver

Name of Driver	YEOH KIAN KIONG
NRIC No	S8363005A
Date Of Birth	24/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2012

Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92781916
Fax Number	
Contact Number	OFFICE-92781916
EMail Address	NOEMAIL
Address	NO 66 JALAN INDAH 10/3 TAMAN BUKIT INDAH
Postcode	
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SJT7617B
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Vehicle Make/Model/Colour	KIA CERATO (B)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD8007D
Vehicle Make/Model/Colour	HYUNDAI ELANTRA (C)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEOH KIAN KIONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBN2964H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN**IMPORTANT NOTICE**

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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 upon application by interested parties.
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:

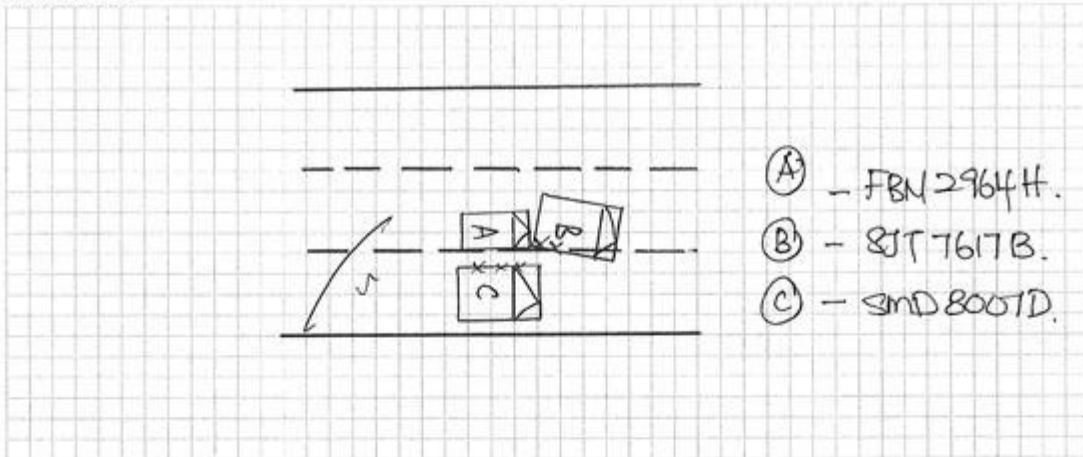
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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:
 - (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.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20190617 / 2054.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input checked="" type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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

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.:

QIARMC Sketchpad v1.0.1



**SINGAPORE
POLICE FORCE**



T/20190617/2054

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190617/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2019 12:40	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: YEOH KIAN KIONG			Address: NO 66 JALAN INDAH 10/3 TAMAN BUKIT INDAH		
ID Type / ID No.: NRIC NO / S8363005A			Contact No.: Home/Office: Mobile: 92781916		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 24/09/1983	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2019 17:20	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY				
Nearby Jalan Kayu				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN2964H	Motorcycle	HONDA	SUPRA GTR 150 MANUAL	Orange	Slightly Damaged	0
SJT7617B	Car					0
SMD8007D	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190617/2054

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20190617/2054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN2964H	AXA INSURANCE SINGAPORE PTE LTD	P2201858	03/09/2018	02/09/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YEOH KIAN KIONG		ID No. S8363005A
Related Vehicle	FBN2964H (Motorcycle)		Contact No. 92781916
Hospital/Clinic	COLUMBIA ASIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/06/2019		Date Discharge 16/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15/06/19 at about 1720hrs I was riding on the second lane of a three lane road. There was one car bearing registration number SJY7617B in front of my motorcycle. Subsequently, I signal right to overtake the said car (SJY7617B) in front of me. I was entering into the first lane when car (SJY7617B) suddenly enter my lane causing the front portion of my motorcycle to hit onto the rear right side portion of the car. The collision causes me to be flung to the right side of the road and my motorcycle hit onto another car bearing registration SMD8007D. I wish to state that I was injured and my motorcycle damage due to the collision.



**SINGAPORE
POLICE FORCE**



T/20190617/2054

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

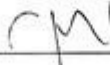


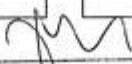
3 of 3

Report No. T/20190617/2054

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: G / Sr Staff Sgt MUHAMMAD HADIZ AMINURACID BIN JOHAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2019 12:40
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168   SIGNATURE	



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 17.06.19.

To: Owner of Vehicle Number: FBN 2964H.

The following has been advised to you via your workshop, Jonathan through their staff,



Please tick the applicable box if you had been advised on any of the following:

() You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.



() You had been advised by the workshop on the liability and merits of the case accordingly.

() You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.

() There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.

() There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.

() The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.

() You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.

() For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.

() You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.



() For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

() Others _____

Signed and acknowledged by:

[Signature]

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]

Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



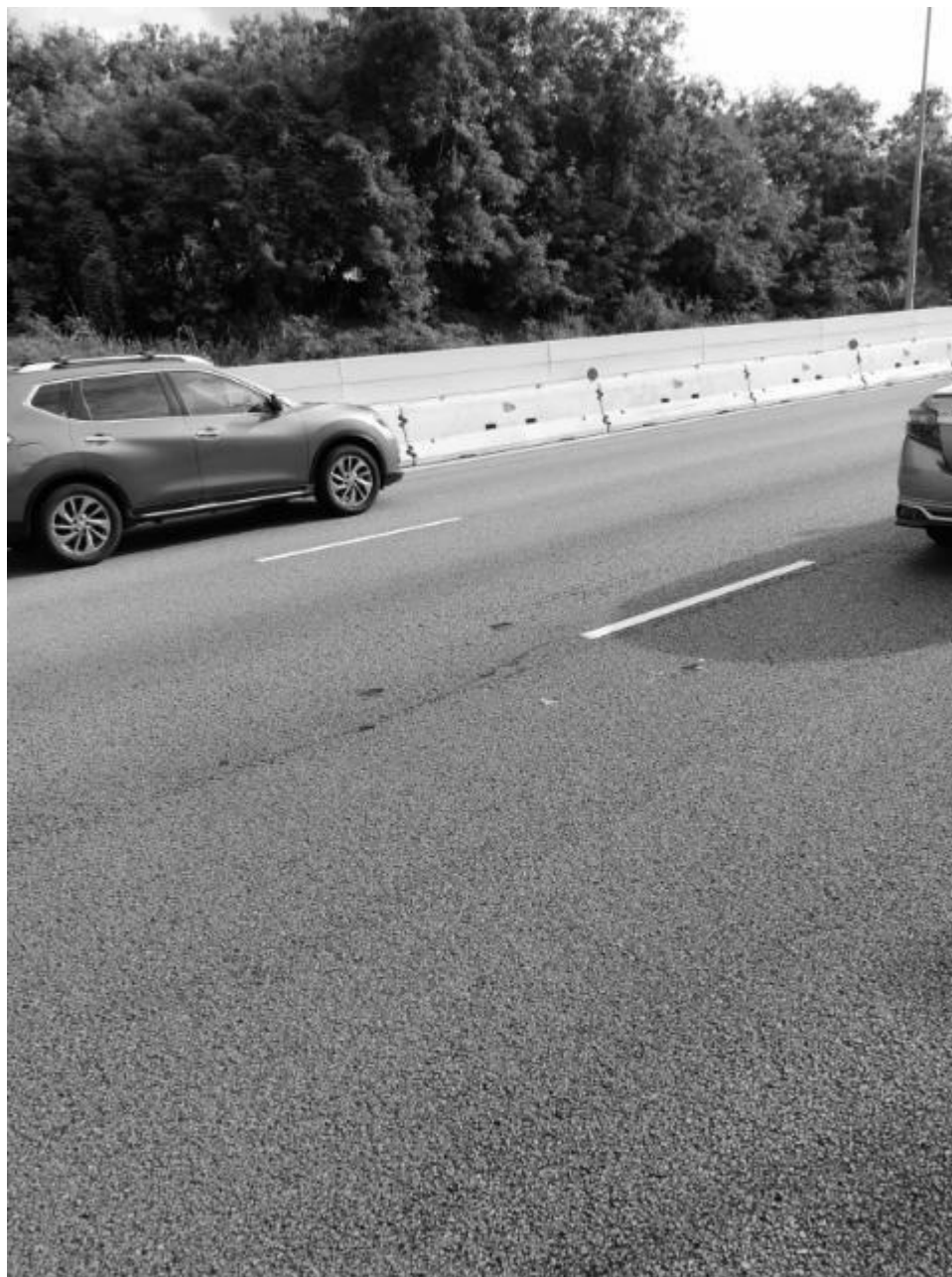
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