

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 | 20/07/2019 12:16 |
| Date Of Accident | 12/07/2019 15:00 |
| Exact Location Of Accident | HOUGANG ST 21 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH7279B |
| Insured/Policyholder | |
| Name Of Registered Owner | LOK JIAN WEN |
| NRIC No | S9083343Z |
| Email Address | LOKEDJW@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-94811595 |
| Alternative Phone No | OFFICE-94811595 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | VESPA |
| Model | LX 150 3V IE-155CC |
| 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 | REPORTING ONLY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | PNMC2017-00000596-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LOK JIAN WEN |
| NRIC No | S9083343Z |
| Date Of Birth | 10/06/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 06/07/2017 |
| Driving Experience | 2 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94811595 |
| Fax Number | |
| Contact Number | OFFICE-94811595 |
| Email Address | LOKEDJW@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 101 BEDOK REERVIOR RD #02-468 |
| Postcode | 470101 |
| 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 |
| 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 | ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION) |
| Police Station Address | ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2180000 - FAX NO: 64814246 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT

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 | FBL212L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | YIN SU CAN |
| NRIC/Passport Number | |
| Contact Number | 81114377 |
| Address | NA |
| | NA |
| Postcode | NA |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------------|
| Name | LOK JIAN WEN |
| Approximate Age | |
| Injuries Sustain | BRUISES ON HAND & LEG |
| Injured person in which vehicle? | FBH7279B |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | NA NA |
| Postcode | NA |

DETAILS OF INJURED PERSON 2

| | |
|---|------------------------|
| Name | YIN SU CAN |
| Approximate Age | |
| Injuries Sustain | BRUISES ON HANDS & LEG |
| Injured person in which vehicle? | FBL212L |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | NA NA |
| Postcode | NA |


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 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. 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: 10-4-20
12:32pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10-4-20
12:32pm


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

A: FBH 7279B
B: FBL 1212L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to attached police report

INSURER: FWD.

VEHICLE: FBH 7279B.


DOA: 12/7/19.


CLAIM TYPE: Repairing only


WORKSHOP: NA

DECLARATION

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


Policyholder's Signature
Date & Time: JULY 20
12.31pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: JULY 20
12.31pm


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



YOUR THIRD PARTY MOTORCYCLE INSURANCE SUMMARY

Please call **+65-6322-2072** for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.
All accidents must be reported within 24 hours or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNMC2017-00000596-01

About this policy

| | | | |
|-------------------------|-------------|---------------------|--------------|
| Premium paid | : S\$214.37 | Coverage start date | : 12/07/2018 |
| (Inclusive of GST) | | Coverage end date | : 11/07/2019 |
| Who is insured to ride: | : You Only | | |

About you (As the policyholder)

| | | | |
|----------------------------|------------------------------------|----------------------|------------|
| Your name | : LOK JIAN WEN | | |
| Address | : 46 Jalan Lanjut Singapore 577689 | | |
| Email | : lokedjw@gmail.com | | |
| NRIC/FIN | : S9083343Z | | |
| Current no claims discount | : 10% | Gender | : Male |
| Years of riding experience | : 1 | Mobile Number | : 94811595 |
| Date of birth | : 10/06/1990 | Certificate of merit | : Yes |

About your motorcycle

| | | | |
|---------------------------|---------------|----------------------------|--------|
| Motorcycle make and model | : Vespa LX150 | | |
| Motorcycle plate | : FBH7279B | Year of first registration | : 2013 |
| Issued on: | : 27/03/2018 | | |

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions and exclusions of this policy.

Please immediately inform us at **+65-6820-8888**
or email us to **contact.sg@fwd.com** if any details in
this Motorcycle Insurance Summary need to be changed.



**SINGAPORE
POLICE FORCE**



F/20190712/7036

1 of 2

POLICE REPORT (NP299)

Report No. F/20190712/7036

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

| | | |
|--|---|-------------------|
| Date/Time Report Made 12/07/2019 17:23 | Vide Report No. | Station Diary No. |
| Name Of Informant LOK JIAN WEN | Address APT BLK 101 BEDOK RESERVOIR ROAD #05-468 SINGAPORE 470101 | |
| ID Type / ID No. NRIC NO / S9083343Z | Contact No. Home/Office: Mobile: 94811595 | |
| Nationality MALAYSIAN | Email Address lokedjw@gmail.com | |
| Occupation Journalist | Sex Male | Age 29 |
| Institution/School Name | Date of Birth 10/06/1990 | Race Chinese |
| Date/Time Of Incident 12/07/2019 15:00 - 12/07/2019 15:15 | Location Of Incident HOUGANG STREET 21 | |

Brief details.

Collision between my motorcycle and another of a fast food (McDonalds) delivery rider. We were riding along Street 21, me being slightly behind on his right. We collided when he turned right and I was not able to slow down in time. His turn signal was lit.

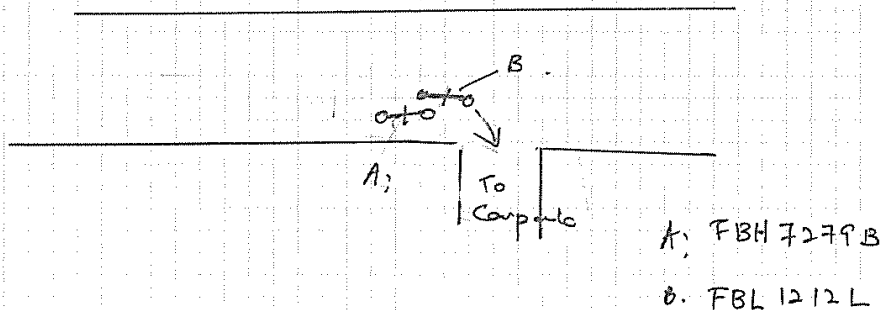
We had minor injuries but were able to get up. The rider contacted his manager who brought him to a clinic with the assistance of another staff, after we both parked our bikes by the side of the road. We exchanged contact particulars, while agreeing to make a report, before parting ways.

| | |
|--|--|
| 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: 12/07/2019 17:23 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

POLICE REPORT Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please ref to attached police report

INSURER: FWD.

VEHICLE: FBH 72798.

DOA: 12/7/19.

CLAIM TYPE: Repairs only

WORKSHOP: NA

DECLARATION

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

Policyholder's Signature

Date & Time: JULY 20

12.31pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: JULY 20

12:31 pm



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9083343Z**



Name
LOK JIAN WEN
陆建文

Race
CHINESE


Date of birth
10-06-1990

Sex
M

Country/Place of birth
MALAYSIA


S9083343Z

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S9083343Z**
Name
LOK JIAN WEN

Birth Date: **10 Jun 1990**
Issue Date: **31 Mar 2018**




002788541E

NRIC & DL Pg. 1

9473873



NRIC No: S9083343Z



Nationality
MALAYSIAN
Date of issue
01-02-2018


APT BLK 101 BEDOK RESERVOIR ROAD #05-468
SINGAPORE 470101

NRIC No: S9083343Z Date: 07/06/2019

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

| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles <= 200 cc | 06 Jul 2017 |
| Class 3 | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 31 Mar 2018 |

NP 428A



Licence No: S9083343Z

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

