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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 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.

ELLAND REPORT OF THE PROPERTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	21/08/2019 15:40
Date Of Accident	10/08/2019 18:30
Exact Location Of Accident	JUNCTION OF BEDOK NORTH AVE 3/BEDOK NORTH ST 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE8158B
Insured/Policyholder	
Name Of Registered Owner	INFINITY DRIVE PTE LTD
Co Reg No	201707437R
Email Address	KELVINSEE.INFINITYDRIVE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96238126
Alternative Phone No	OFFICE-93555292
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBX125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110284168
Cover Note Number	
Driver	
Name of Driver	CHONG ZHEN MING
Passport No/FIN	G2525851M
Date Of Birth	06/09/1996
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96238126
Fax Number	3 00 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contact Number	OTHERS-93555292
	- 1700 a M 174 M 174 M 174 M 175 M

KELVINSEE,INFINITYDRIVE@GMAIL.COM

Address

BLK 33 BEDOK SOUTH AVENUE 2

#02-329

Postcode

460033

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

5

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

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

NO 2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

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

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

PLEASE REFER TO POLICE REPORT T/20190815/2038

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

SJM7653H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

DETAILS OF INJURED PERSON 1

Name

CHONG ZHEN MING

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBE8158B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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.
- 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.
- 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: 21/8/19 11 744-

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/8/2019 113

Reporting Centre Personnel's Signature

Neme:

NRIC/FIN No.:



Report No. T/20190815/2038



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

No. of Pedestrians Injured: NIL

Tel No: 65470000

EPORT OF	A TRAFFIC	ACCIDENT	Les San Anna	Station Diary No.:			
Date/Time 15/08/201	e Report Ma 19 11:20	ade:	Vide Report No.:				
Informan	t's Particu	lars					
Name of Informant: CHONG ZHEN MING			Address: APT BLK 33 BEDOK SOUTH AVENUE 2 #02-329 SINGAPORE 460033				
ID Type / ID No.: FIN NO / G2525851M		M	Contact No.: Home/Office:	Mobile: 93555292			
Nationali MALAYS	onality:		Email:				
Sex:	Data of Birth		Type of Informant: Rider	Institution / School Name:			
			Language: Institution / School N				
Occupa	tion: RY RIDER		Driving Licence Information: Class: 2B,3,3C Date of Expiry:				

eneral Inform	nation of the Accident	Dainle	Date/Time of	f	Type of Location		
Type of Accident:	Injury Conveyed By Ambular	Dillik			T-Junction		
Junction of R BEDOK NOR	oad 1 and Road 2						
BEDOK NOF	TH STREET 1		1:	D/	and Speed Limit:		
BEDOK NOF	RTH STREET 1	Road Surface: Dry		0000	oad Speed Limit:		
BEDOK NOF	RTH STREET 1		*	Tr	pad Speed Limit: raffic Volume: oderate nyone conveyed by		

Details of V	ehicle Involve	d	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	The state of the s	Slightly	0
FBE8158B	Motorcycle	YAMAHA		Blue	Damaged	1220
E8158B	Motorcycle	YAMAHA		Diag	Damaged	
320,000	Mostis 1				Damaged	
Details of F	erson Involve	d		المرمول والع		
Any Podest	rian Involved: N	No.		and the second second limit of the second	in Crossing: NA	



T/20190815/2038

2 of 3

Report No. T/20190815/2038

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

CONTINUATION OF REPORT

Rider	MEN LAND SEALISME	100				
Name	CHONG ZHEN MIN	G		ID No		G2525851M
Related Vehicle	FBE8158B (Motorcy	BE8158B (Motorcycle)			ict No.	93555292
Hospital/Clinic	CHANGI GENERAL	CHANGI GENERAL HOSPITAL			of g ce & / Date	Class: 2B,3,3C Date of Expiry: NIL
Date Treatment	10/08/2019		Date Disc	harge	13/08	3/2019
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	Sligh	t

Brief Details.

I WAS RIDING MY MOTORCYCLE, FBE8158B ON THE LEFT OF 2 LANES ALONG BEDOK NORTH AVENUE 3 TOWARDS BEDOK RESERVOIR APPROACHING THE SIGNALISED T-JUNCTION OF BEDOK NORTH STREET 1. THE TRAFFIC LIGHT WAS SHOWING GREEN FOR ME AND I ENTERED STRAIGHT INTO THE JUNCTION WHEN A CAR (SJM7653H) TURNED RIGHT FROM THE OPPOSITE DIRECTION. I WAS NOT ABLE TO BRAKE OR AVOID THE CAR IN TIME AND MY MOTORCYCLE COLLIDED INTO THE LEFT SIDE OF THE CAR. I FELT PAIN ON MY GROIN AREA AND WAS CONVEYED TO THE HOSPITAL.



T/20190815/2038

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

3 of 3 Report No. T/20190815/2038

CONTINUATION OF REPORT

Sketch Plan

NP168

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 / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2019 11:20
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp	

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ACCIDENT STATEMENT

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LOCATION: Bedalc North St 1	· · · · · · · · · · · · · · · · · · ·
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: FOE 8158 B	19
IN THE PET LOS A RANGE OF THE PET LOS ASSESSMENTS	Encome
CIPOUCY NUMBER: 5108906239	Michael
CIPOLICY TYPE: 1001 IDDA	
OMAKE & MODEL: Yangha YAR 7	HIRD PARTY / THÍRD PARTY FIRE &THEFT)
OJMAKE & MODEL: Yamaha YER 7	AS
()TYPE: (SALOON / COUPE / MPV /VAN	/ LORRY / MOTORCYCLE / OTHERS)
Of The Control of the	MMERCIALIATOROVOLEL
IN PURPOSE OF USING AT ACCIDENT THE	ME: Work purpose
I) ARE YOU CLAIMING UNDER YOUR ON IF NO. PLEASE STATE (THIRD PARTY CL.	WN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	AIM / KEPORTING ONLY)
AINAME: Infinity Price Page 444	0.445 (55.445)
DINRIC/FIN/PASSPORT: DOITOTHSTR	
c)ADDRESS:	CONTACT: 10-38120
The second secon	
* CONTINUE TO 3.d IF DRIVER ALSO PO	UCY HOLDER
The standard Driver	
Chichedina dution) GINAME: Chang 2 Ada 14hay	(MALE / FEMALE)
O NRIC/FIN/PASSPORT! (+32+51M	CONTLOT. SECTION
CIADDRESS: BIK 23 Bedok Jove he	2 \$01-329 SPORE 460025
"d)DATE OF BIPTH: / A6 / A8 / 198/	
OCCUPATION: (INDOOR / OUTDOOR	J(DD/MM/YYYY)
4. WAS DRIVER AN EMPLOYEE OF THE I	13013017
IF NO, RELATIONSHIP OF THE DRIVE	INSURED'S COMPANY? (YES! NO)
MITTER CONDITION: (CLEAR / PAIN	NG /OTHERS
CINCAD SURFACE: IDRY / WET / OTLIEDS	NAG / OTHERS
o. WAS ANYBODY INJURED (YES / NO)	
/. OIKEPORTED TO POUCE (YES / NO!	
IF YES, PLEASE STATE WHICH POLICE ST.	ATION: UBI TANKE PORCE
VI. O. THIRD PARTY VEHICLE	
Ind of passinger O) VEHICLE NUMBER: SIM 7653H	MODEL:
Including driver) b) DRIVER'S NAME:	
() P. THIRD PARTY VEHICLE	CONTACT:
[14] [15] [16] [16] [16] [16] [16] [16] [16] [16	MODEL:
() NRIC/FIN/PASSPORT:	CONTACT:
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email = kduisee. intuitydnie agmillem





VISIT PASS

Immigration Regulations

CHONG ZHEN MING

G2525851M

06-09-1996

MALAYSIAN

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 1B

Maintegrals =< 300 CC Maintegrals =< 3000 kg with =< 7 passingent, enclosive of the defect; and ment tractors/reliable. == 1500 kg

For LKK/NAC Use Only

S / No.9000305237

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