SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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.

By the lodgement of this report to the insurers, yo aforesaid.	bu hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/08/2019 16:20
Date Of Accident	22/08/2019 09:30
Exact Location Of Accident	EUNOS LINK TOWARDS JALAN EUNOS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE5732M
Insured/Policyholder	
Name Of Registered Owner	CHUA HOCK SENG
NRIC No	S1761376F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84111619

OFFICE-84111619

Alternative Phone No **Vehicle Particulars**

YAMAHA Manufacturer Model T135

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?

THIRD PARTY If No, Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

NO Fleet Policy

5102631859-01 TPFT Policy Number

Cover Note Number

Driver

CHUA HOCK SENG Name of Driver

NRIC No. S1761376F Date Of Birth 24/08/1966 OUTDOOR Occupation 21/02/1991 Date Of Driving Pass

28 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-84111619

Fax Number

OFFICE-84111619 Contact Number

EMail Address NOEMAIL Address BLK 544 #09-1251 HOUGANG AVENUE 8

Postcode 530544

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 SIDE SWIPE 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

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name MOUNTBATTEN NEIGHBOURHOOD POLICE POST

YES

NO

YES

1

ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215, POSTCODE: 390060,

Police Station Address **COUNTRY: SINGAPORE**

Police Station Contact TEL NO: 1800-3449999 - FAX NO: 64474185

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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

SHC1096G Vehicle Registration Number

Vehicle Make/Model/Colour HYUNDAI / AE IONIQ HEV 1.6 DCT

Details Of Properties

TAXI Vehicle Category

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	CHUA HOCK SENG	
Approximate Age	52	
njuries Sustain		
njured person in which vehicle?	FBE5732M	
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	YES	
Address		
Postcode		

3 ."

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 Avthorised Oriver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts way allow insurance companies to <u>repudit to 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 (POPA)

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 inturer(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 QUA 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, invastigating, 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:

2 6 AUG 2019 Date & Time:

Oriver's Signature (if driver is not the policyhelder) IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 5ingepore 415933

Reporting Centre Personnel's September 197492305

NEIC/FIN No.

DECLARATION

Policyhelder's Signature

or Charlesterian of

Date & Time:

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

Oriver's Signature

2 6 AUG 2015 driver is not the policyholder)

Page 5 of 17

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 Singapore 415933

Reporting Conference State (192305)

Hamemail: vackb@singnet.com.sq weic/fix No:





1 of 3

Report No. T/20190822/2108

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060

Tel No: 1800-3449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 16:20			Vide Report No.:	Station Diary No.; 13			
Informa	nt's Partice	ulars					
Name of	f Informant:		Address:				
CHUA HOCK SENG			APT BLK 544 HOUGANG AVENUE 8 #09-1251 SINGAPORE 530544				
	/ ID No.: O / S17613	76F	Contact No.: Home/Office: Mobile: 84111619				
National	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age: 52	Date of Birth: 24/08/1966	Type of Informant Rider				
Race: Chinese			Language:	Institution / School Name:			
Occupation: FOOD DELIVERY RIDER		RIDER	Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/08/2019 09:30	Type of Location: Straight Road	
Location: Along Road 1 EUNOS LINK JALAN EUNO		1			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d		THE STATE	The state of the s	SERVICE DESIGNATION
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE5732M	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	0
SHC1096G	Taxi				Slightly Damaged	0

Details of V	ehicle Insurance	A STATE OF THE STA	and the same	GONE DE METER
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5732M	NTUC Income Insurance Co-Operative Limited	5102631859-01	24/07/2019	23/07/2020





Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060

Tel No: 1800-3449999



2 of 3 Report No. 7/2015/6922/21/26

CONTINUATION OF REPORT

No. of Pedestrian	s Injured: NIL	Use	of Pedestria	n Cross	sing: NA
Name	CHUA HOCK SENG	行列制度	IDN		S1761376F
Related Vehicle				4	
	FBE5732M (Motorcycle)			act No.	
Hospital/Clinic CHANGI GENERAL HOSPITAL			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service Control	Class: NIL Date of Expiry: NIL
Date Treatment		Da	le Discharge		
No. of Days gran	ted Medical Leave 07		gree of Injury		

Brief Details.

On 22/08/2019 at about 9.30am, I was riding on my motorcycle FBE5732M along the third lane of Euros Link towards Jin Euros. After the traffic light turned green at the junction of Airport Road. I move off while staying in the middle of the third lane. Right after the junction, before the start of the bus lane, suddenly one blue colour Taxi SHC1095G filter into my lane and the right side mirror of the taxi hit onto me.

Due to the impact I fell and slide for about a car length away. I was sandwiched underneath my motorcycle (topple down on the left side) and only managed get up with the help of a fellow road user. I suffered multiple abrasion on the left side of my body. Shortly after, the ambulance and traffic police came to the incident and I was conveyed to Changi General Hospital for treatment by Dr Vinodhini Elangovan from A&E department. I was given 7 days of MC from 22 August 2019 to 28 August 2019.

I am unsure of the damage of my motorcycle as I was told not to move the motorcycle till Traffic Police say so. I did not manage to take down the driver contact details. There is a crack and some scratches on the Taxi side mirror.





Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060 3 of 3 Report No. T/20190822/2108

Tel No: 1800-3449999

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 / Sgt 3 NG KA WAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2019 16:20
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 9 4 6 LICE FORCE 9326 5045	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	





Report No. T/20190823/2113

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No

Report Number

T/20190823/2113

Vide Report Number

T/20190822/2108

Date/Time of Report Made

23/08/2019 14:59

Place Report Lodged

Traffic Police

Type of Informant

Rider

Name of Informant

Chua Hock Seng

ID Type / ID No.

NRIC NO / S1761376F

Home/Office

Mobile

84111619

Email

Type of Accident

Injury / Attended by Police

Drink Drive

No

Anyone conveyed by

ambulance

à.

Yes

Date/Time of Accident

22/08/2019 09:30

Details of V	ehicle Involve	d		ROLL OR	THE LOUIS	MANAGEM WORLDAY
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBE5732M	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	0
SHC1096G	Car	HYUNDAI	AE IONIQ	Blue	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Report No. T/20190823/2113

Continuation of CSF For NP168

Rider	WELL BONDER	2,711625	Markey Land	13830		SEE THE SEE THE
Name	Chua Hock Seng			ID No.		S1761376F
Related Vehicle	FBE5732M (Motorcycle)			Conta	ct No.	84111619
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	22/08/2019	200-13-12-	Date Disc	harge	22/08	V2019
No. of Days gran	ted Medical Leave	07	Degree of	Injury	Slight	
Name	Unknown			ID No		NIL
Related Vehicle	SHC1096G (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days granted Medical Leave NIL I			Degree of	f Injury	NIL	

Brief Facts.

Vide T/20190822/2108.

On 22/08/2019 at about 9.30am, I was riding on my motorcycle FBE5732M along the third lane of Euros Link towards Jln eunos. After the traffic light turned green at the junction of Airport Road, I move off while staying in the middle of the third lane. Right after the junction, before the start of the bus lane, suddenly one blue color Taxi SHC1096G filter into my lane and right side mirror of the Taxi hit onto me.

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Mountbatten NPP

Block 60 Dakota Crescent Tifoo22

Tel: 1800-3449999





T/20190823/2113

3 of 3

Report No. T/20190823/2113

Continuation of CSF For NP168

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.

Case Sensitivity

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No

Officer-In-Charge of Case

TP/GIT/

MOHAMED RIZWAN BIN IBRAHIM

Classification of Case

1) INJURY / ATTENDED BY POLICE