



**SINGAPORE
POLICE FORCE**



T/20181008/2051

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

3 of 3

Report No: T/20181008/2051

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:
F /
Sgt 2 TAY YU ZHI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI | KHAZALI
Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/10/2018 13:03

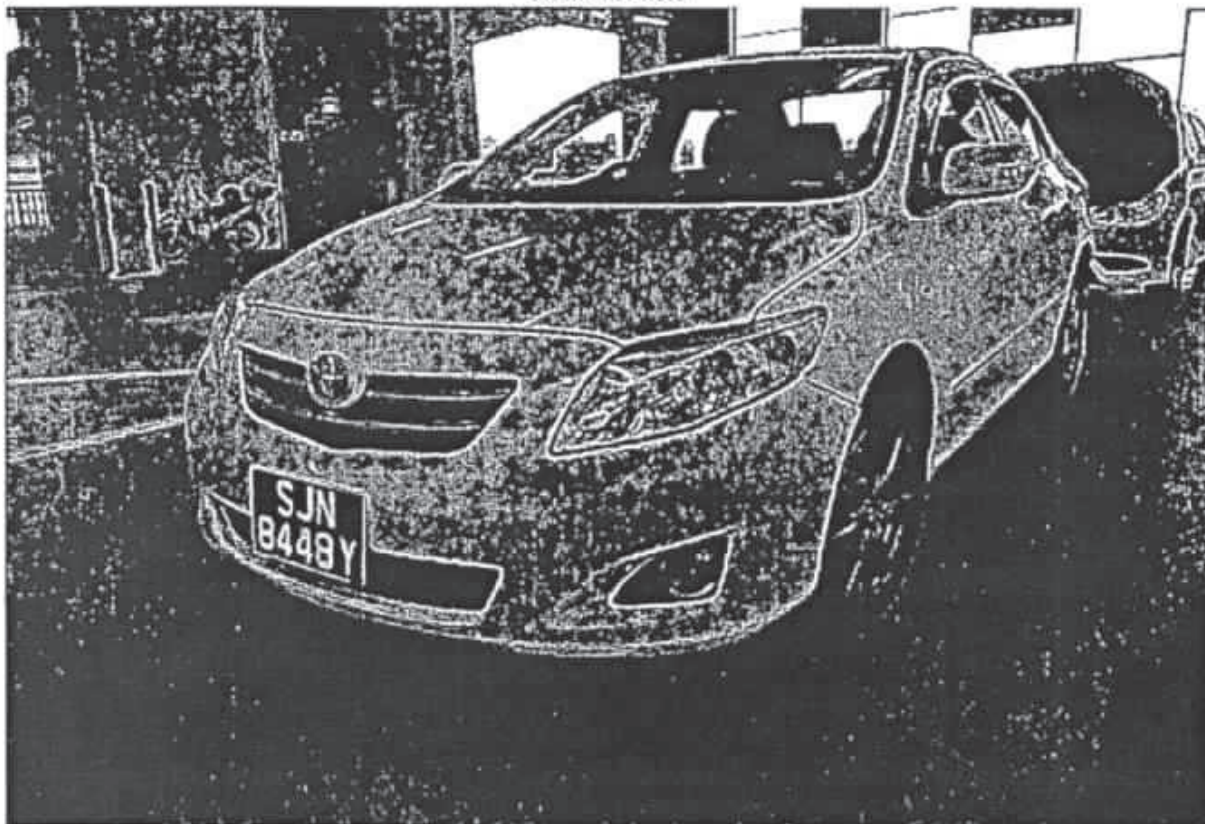
Classification Of Case:



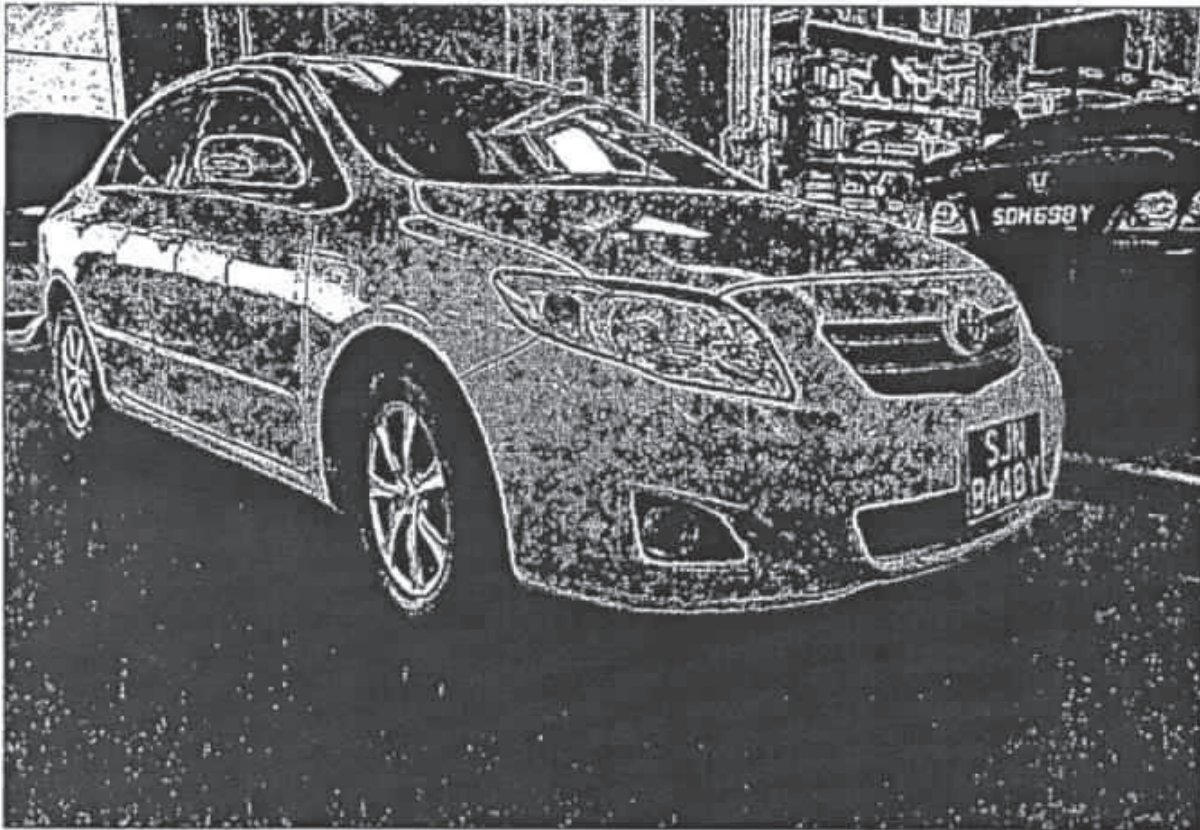
Signature:

Singapore Police Force

Accident Photo



Accident Photo



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 | 18/10/2018 15:12 |
| Date Of Accident | 08/10/2018 06:30 |
| Exact Location Of Accident | ALONG SLE (CTE) 8.5KM |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | FBJ7940P |
| Insured/Policyholder | |
| Name Of Registered Owner | HUANG RUI SHENG, RICKSON |
| Vehicle Particulars | |
| Manufacturer | PIAGGIO |
| Model | GILERA RUNNER-198CC ST 200 |
| 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 | AN3166835 |
| Cover Note Number | |

| | |
|----------------|---------------------------------------|
| Driver | |
| Name of Driver | HUANG RUI SHENG, RICKSON |
| NRIC No | S9043639B |
| Address | BLK 638 WOODLANDS RING ROAD #09-53 |

| | |
|-------------------------------------|-----------------|
| General Information of the Accident | |
| Type Of Accident | CHAIN COLLISION |
| Weather Conditions | CLEAR |

| | |
|--|-----|
| Other Information | |
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| Was any other material or property damaged? | YES |
| Number of Passengers (Including Driver) | 1 |

| | |
|--|--|
| Circumstances of Accident | |
| REFER TO POLICE REPORT NO: T/20181017/2029. STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336) | |

| | |
|---|-----|
| Attachment(s) | |
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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.


B. 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/are 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 exists 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/PRN No.:



**SINGAPORE
POLICE FORCE**



T/20181017/2029

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

1 of 3

Report No. T/20181017/2029

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 17/10/2018 10:10 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: HUANG RUISENG, RICKSON | | | Address: APT BLK 638 WOODLANDS RING ROAD #09-53 SINGAPORE 730638 | | |
| ID Type / ID No.: NRIC NO / S9043639B | | | Contact No.: Home/Office: Mobile: 97479664 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 27 | Date of Birth: 18/11/1990 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: DRIVER | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|---|------------------------------|--------------------|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 08/10/2018 06:30 | Type of Location: |
| Location: Along Road 1 SELETAR EXPRESSWAY SLE(CTE) 8.5KM | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|---------|------------------------|--------|-----------|-------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passengers |
| FBJ7940P | Motorcycle | PIAGGIO | GILERA RUNNER ST 200 | Black | | 0 |
| FBM5433J | Motorcycle | YAMAHA | MTN850A | Grey | | 0 |
| GR2434R | Lorry | TOYOTA | DYNA 150 D | Silver | | 0 |
| SJN8448Y | Car | TOYOTA | COROLLA ALTIS 1.6 AUTO | White | | 0 |



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Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181017/2029

3 of 3

Report No. T/20181017/2029

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:
TP /
LEE KWANG HONG KENDRICK

Signature Of interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant:

RS

Date/Time:
17/10/2018 10:10

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

D) $\sin 448^\circ$.

This is NOT an admission of blame / liability, but a summary of clarifies and facts which will speed up the settlement of claims.

| | | | | | |
|---|--|---|--|---|--|
| (1) Date of accident 8/10/18 | | (2) Exact location of accident Along SLE (CTE) & Stem | | To be signed by BOTH drivers (3) Injuries seen if at all No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | |
| (4) Material damage To vehicle other than vehicle A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | To vehicle other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | (5) Witness' name, address and tel no. (to be written if there is passenger in vehicle A or vehicle B) Witness: _____ Address: _____ Tel no: _____ | |
| (6) Validity of video No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | (7) Camera available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | (8) Camera available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |

Registration No. **FRT 7940P**
 (VEHICLE) **590436396**
 (1) Forward / policyholder (see insurance card)
 Name **Huay Karsheng**
 (capital letters) **Pickson**
 Address _____
 (1) ZIP / Passport no. **590436396**
 Tel no. (From Zone (1) Area) **917429664**
 (1) _____
 (1) Vehicle
 Make, type _____
 (1) Insurance company
AXA ☐ C ☒ TITF ☐ TFO
 Does the policy cover engine to vehicle A?
 Yes ☐ No ☐
 Policy No. **AN 3166835**
 (1) Driver ☐ Listed in Other
 Name _____
 (capital letters) _____
 (1) ZIP / Passport no. _____
 Class of Vehicle **2**
 (1) _____
 Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle.

| | |
|------|--|
| A | |
| Q1 | Chloro Chloride |
| Q2 | Carbon Tetrachloride |
| Q3 | Chlorine - Chlorine gas (Cl ₂) |
| Q4 | Chlorine is part of salts |
| Q5 | Chlorine Free Hydrochloric |
| Q6 | Chlorine With Hydrogen |
| Q7 | Chlorine - Chlorine Gas Low |
| Q8 | Chlorine - Green Solution |
| Q9 | Chlorine - Green Solution |
| Q10 | Chlorine - Green Solution |
| Q11 | Chlorine - Green Solution |
| Q12 | Chlorine - Green Solution |
| Q13 | Chlorine - Green Solution |
| Q14 | Chlorine - Green Solution |
| Q15 | Chlorine - Green Solution |
| Q16 | Chlorine - Green Solution |
| Q17 | Chlorine - Green Solution |
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| Q33 | Chlorine - Green Solution |
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| Q71 | Chlorine - Green Solution |
| Q72 | Chlorine - Green Solution |
| Q73 | Chlorine - Green Solution |
| Q74 | Chlorine - Green Solution |
| Q75 | Chlorine - Green Solution |
| Q76 | Chlorine - Green Solution |
| Q77 | Chlorine - Green Solution |
| Q78 | Chlorine - Green Solution |
| Q79 | Chlorine - Green Solution |
| Q80 | Chlorine - Green Solution |
| Q81 | Chlorine - Green Solution |
| Q82 | Chlorine - Green Solution |
| Q83 | Chlorine - Green Solution |
| Q84 | Chlorine - Green Solution |
| Q85 | Chlorine - Green Solution |
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| Q88 | Chlorine - Green Solution |
| Q89 | Chlorine - Green Solution |
| Q90 | Chlorine - Green Solution |
| Q91 | Chlorine - Green Solution |
| Q92 | Chlorine - Green Solution |
| Q93 | Chlorine - Green Solution |
| Q94 | Chlorine - Green Solution |
| Q95 | Chlorine - Green Solution |
| Q96 | Chlorine - Green Solution |
| Q97 | Chlorine - Green Solution |
| Q98 | Chlorine - Green Solution |
| Q99 | Chlorine - Green Solution |
| Q100 | Chlorine - Green Solution |

↓ Registration No. **93 m 5433**
(VEHICLE B)
☒ Insured (policyholder (see Insurance card))

B Name _____
(replace issuing) _____

Address _____

ADFC / Passport no. _____

Tel no. (from Scan 00 500) _____

GP _____

☒ Vehicle
Make type _____

☒ Insurance company
☐ OC ☐ TPFT ☐ IPO

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available) _____

☒ Driver (see driving license)
(if different from Subject B Above)
Issuing
(national license) _____

ADFC / Passport no. _____

Class of license _____

GP _____

Gender Male ☐ Female ☐

Indicate the point of initial impact with an arrow (→)

The diagram shows three vehicle types: a motorcycle, a car, and a truck. Arrows indicate the point of initial impact on the front of each vehicle.

1. Visit the www.ck12.org website.

Quality narrative

Sketch of accident when impact occurred

1. Location of accident on the road - 2. The direction of vehicles A and B with arrows - 3. Their positions at the time of impact - 4. The road deck - 5. Skid marks of the vehicles or tires

REFER TO ATTACHED

12 Indicate the point of heeled inquest with an arrow (→)

☐ Visible damage to vehicle D

119 *Journal of the History of Biology* 129

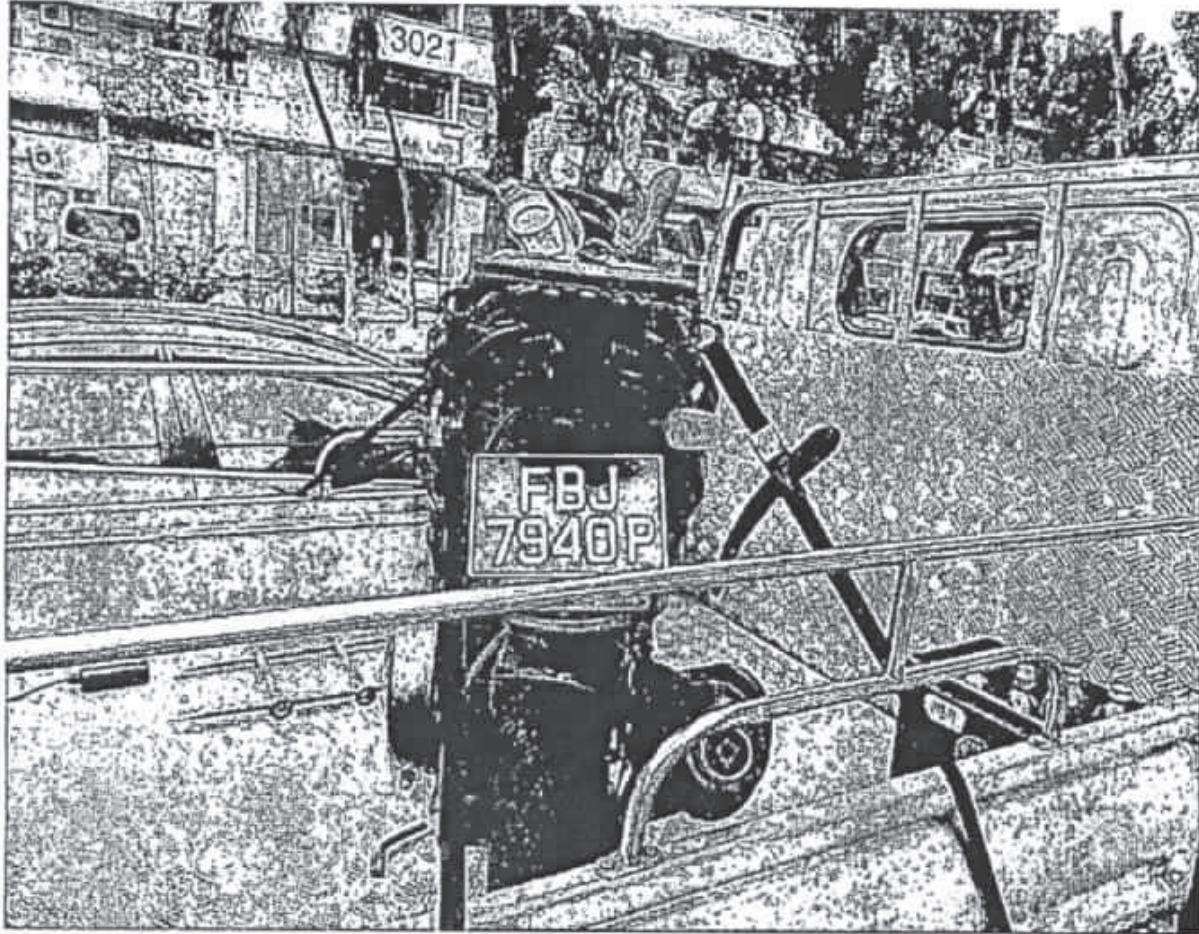
Diffy results

In the event of expenses in the event of damage to property other than to vehicles & such as, fire, theft, burglary, etc.

by not short-selling in the statements after dying
 subsequently, each driver should take care not to

For a more in-depth discussion
(Part II) see [page 10](#)

Accident Photo



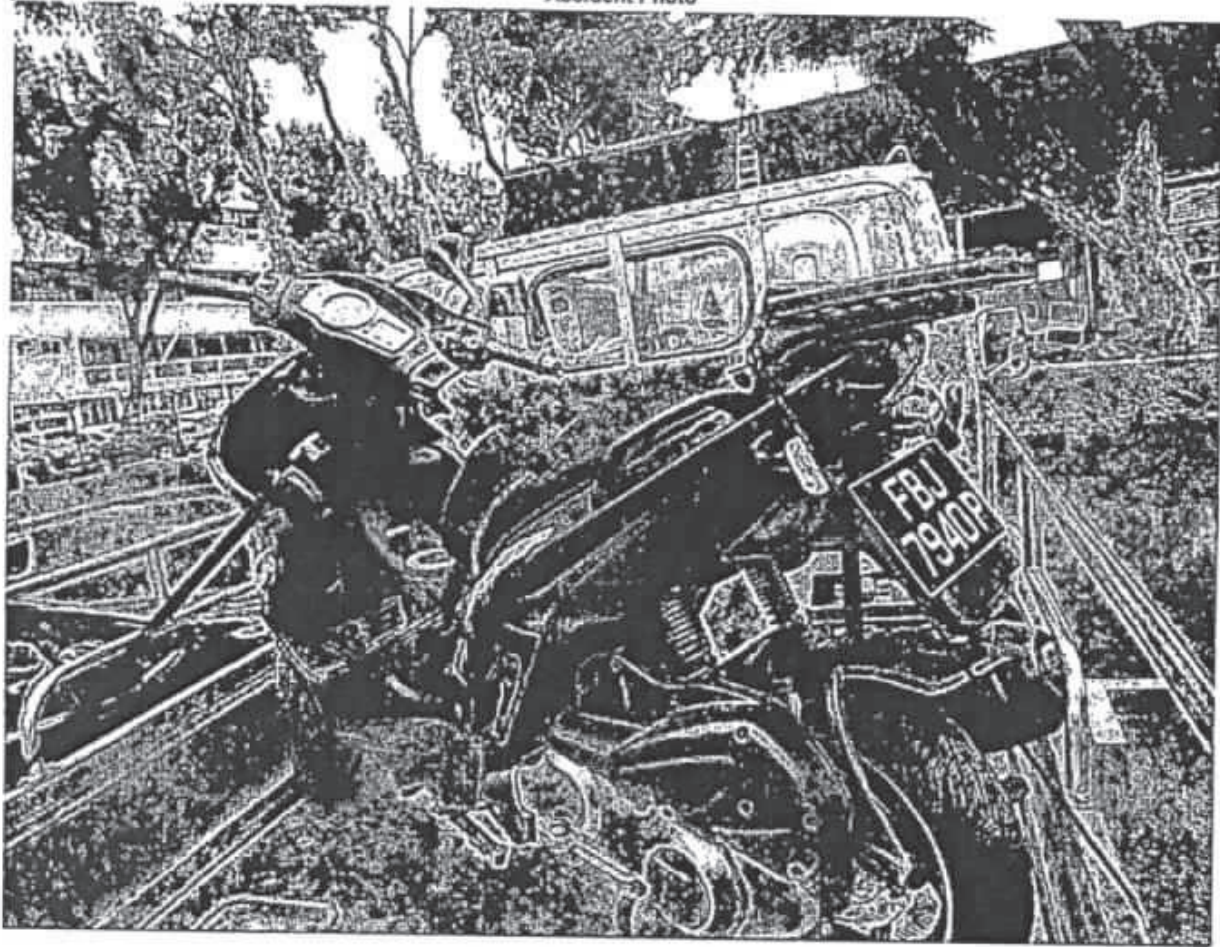
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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.
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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 | 08/10/2018 13:15 |
| Date Of Accident | 08/10/2018 06:40 |
| Exact Location Of Accident | SLE TO CTE NEAR MANDAI AVE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|----------------------------|
| Vehicle Registration Number | FBM5433J |
| Insured/Policyholder | |
| Name Of Registered Owner | SAIFULBARRI BIN CHE OTHMAN |
| NRIC No | S9346753A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87993279 |
| Alternative Phone No | OFFICE-82793279 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | MT-09-847CC |
| 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 | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | PNMC2017-00001720 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SAIFULBARRI BIN CHE OTHMAN |
| NRIC No | S9346753A |
| Date Of Birth | 16/12/1993 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/11/2017 |
| Driving Experience | 0 YEAR AND 10 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87993279 |
| Fax Number | |
| Contact Number | OFFICE-82793279 |
| Email Address | NOEMAIL |

Address BLK 329 WOODLANDS STREET 32 #03-87
Postcode 730329
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 involved in the accident
Was any body injured in the Accident? YES
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 WOODLANDS WEST NPC
Police Station Address ROAD: 9 MARSILING LANE, POSTCODE: 739146, 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 FBJ7940P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage