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 <u>truthful and accurate</u> 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.
- 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

| aforesaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 29/11/2019 18:24 |
| Date Of Accident | 04/11/2019 18:10 |
| Exact Location Of Accident | AYE TOWARDS TUAS |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBE8031H |
| Insured/Policyholder | |
| Name Of Registered Owner | RENT-A-BIKE PTE. LTD. |
| Co Reg No | 201907523C |
| Email Address | ERZATERDAYAT@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83188778 |
| Alternative Phone No | OFFICE-83188778 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | SPARK-135CC |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | 5108631899 |
| Cover Note Number | |
| Driver | |
| Name of Driver | GOH KAI YEOW (WU KAIYAO) |
| NRIC No | T0019725J |
| Data Of Blatta | 07/06/0000 |

 NRIC No
 T0019725J

 Date Of Birth
 07/06/2000

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/10/2019

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83188778

Fax Number

Contact Number OTHERS-83188778

EMail Address ERZATERDAYAT@GMAIL.COM

Address BLK 2 DOVER ROAD

#11-330

Postcode 130002

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

enide

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO

YES

Was any other material or property damaged?

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 DOVER NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 3 DOVER ROAD, POSTCODE: 130003, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7788999 - **FAX NO**: 67762859

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191129/2121

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG6855U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Contact Number

PRIVATE CAR

Name of Driver DENNIS

NRIC/Passport Number

97710982

Address

Postcode

Insurance Company Name

Page 2 of 14

DETAILS OF INJURED PERSON 1

Name GOH KAI YEOW (WU KAIYAO)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE8031H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 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:
 - (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

Driver's Signature

(If driver is not the policyholder)

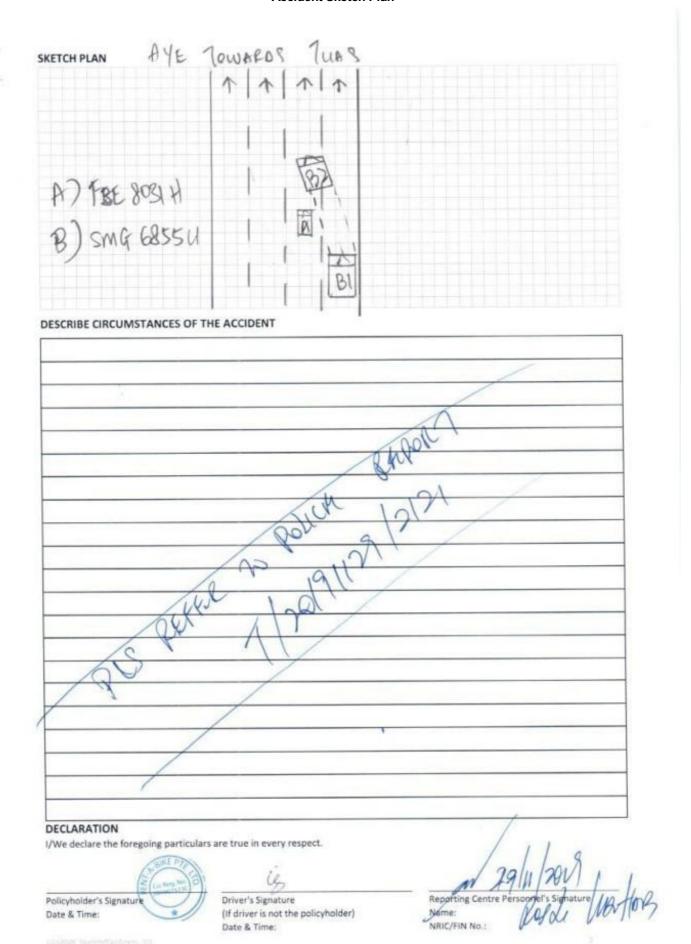
Date & Time: 20/11/10 16:56

Reporting Centre Person

NRIC/FIN No.

Date & Time:

Accident Sketch Plan



POLICE REPORT





Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

T/20191129/2121

1 of 3

Report No. T/20191129/2121

| REPORT | F A TRAFFIC | CACCIDENT | | | | |
|--|---------------------|------------------------------|---|----------------------------|--|--|
| Date/Time Report Made: 29/11/2019 16:25 | | | Vide Report No.: Station Di 25 | | | |
| Informa | nt's Partic | ulars | | | | |
| | Informant: VYEOW | i i | Address: APT BLK 2 DOVER ROAD #1 | 11-330 SINGAPORE 130002 | | |
| ID Type / ID No.: NRIC NO / T0019725J | | 25J | Contact No.: Home/Office: | Mobile: 83188778 | | |
| National SINGAP | ity: ORE CITIZ | ŒN | Email: | | | |
| Sex: Male | Age: 19 | Date of Birth: 07/06/2000 | Type of Informant: Rider | | | |
| Race: Chinese | | | Language: | Institution / School Name: | | |
| Occupation: Student | | | Driving Licence Information: Class: 2B | Date of Expiry: | | |

| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 04/11/2019 18:10 | Type of Location Straight Road | |
|--|------------------------------|------------------------------------|---|-----------------------------------|--|
| Location: Along Road 1 AYER RAJAH AYE Towards | H EXPRESSWAY | | | | |
| Weather: Ros | | Road Surface: Dry | | Road Speed Limit: | |
| | | Traffic Control: Not Controlled | | Traffic Volume: Moderate | |
| Traffic Flow: One Way | | Not Controlled | | | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|------|-------|-------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| FBE8031H | Motorcycle | | | | Slightly Damaged | 0 |
| SMG6855U | Car | | | | | 0 |

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

POLICE REPORT





Police Station Of Origin: Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

2 of 3 Report No. T/20191129/2121

CONTINUATION OF REPORT

| Rider | | UNITED | HER WALL | | A-SVAR | |
|--------------------------------------|-----------------------------------|--------|----------|---|---------|-----------------------------------|
| Name | GOH KAI YEOW | | | ID No |). | T0019725J |
| Related Vehicle | FBE8031H (Motorcycle) | | | Conta | ict No. | 83188778 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | | | Class Drivin Licen Expin | g | Class: 2B Date of Expiry: NIL |
| Date Treatment | 04/11/2019 Date Disc | | | | | |
| No. of Days granted Medical Leave 05 | | 05 | | Degree of Injury Slight | | |
| Name | DENNIS | | ID No | | NIL | |
| Related Vehicle | SMG6855U (Car) | | | Contact No. | | 97710982 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL Date Disc | | | The second linear contract of the second | NIL | |
| No. of Days gran | of Days granted Medical Leave NIL | | | of Injury | NIL | |

Brief Details.

On the above mentioned date, time and place. I was riding at lane 2 along AYE towards Tuas. While I was riding, the vehicle SMG6855U suddenly cut into my lane from lane 1 and his left rear collided onto my front Tyre which cause me almost losing control of the bike however I tried to gain back control but there was some problem with the bike subsequently causing the bike to skit and me falling off from the bike. The driver then stopped in front of me and came towards me and asked for my HP number and subsequently left. Some driver from the back helped to call for medical assistance. After waiting awhile, AETOS, TP and Ambulance came and attended to me. However, I wasn't conveyed to the hospital. I waited for my dad to come and subsequently I went to the NUH. I was given 5 days of MC.

POLICE REPORT





0191129/2121

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

CONTINUATION OF REPORT

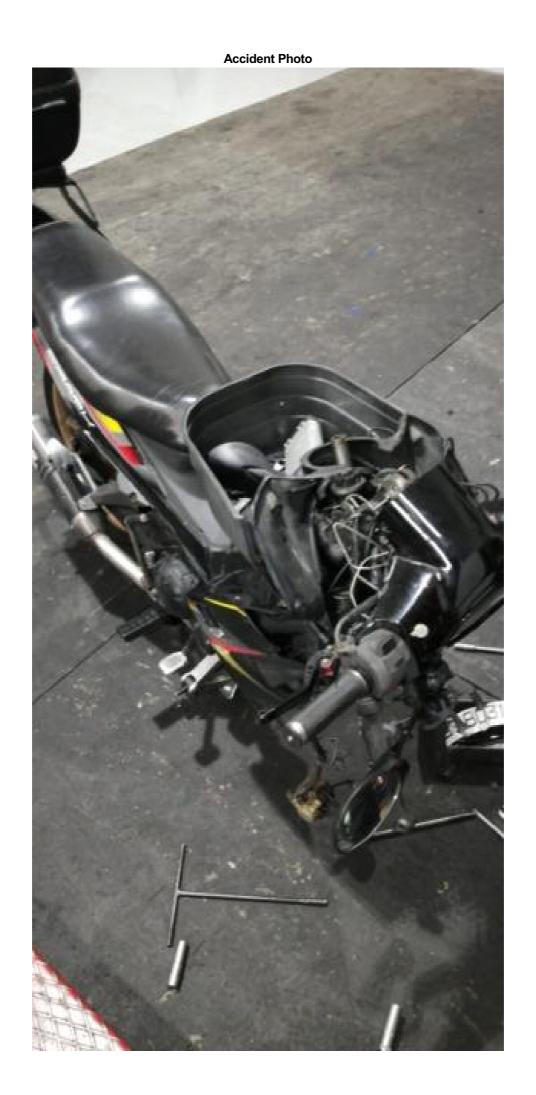
3 of 3 Report No. T/20191129/2121

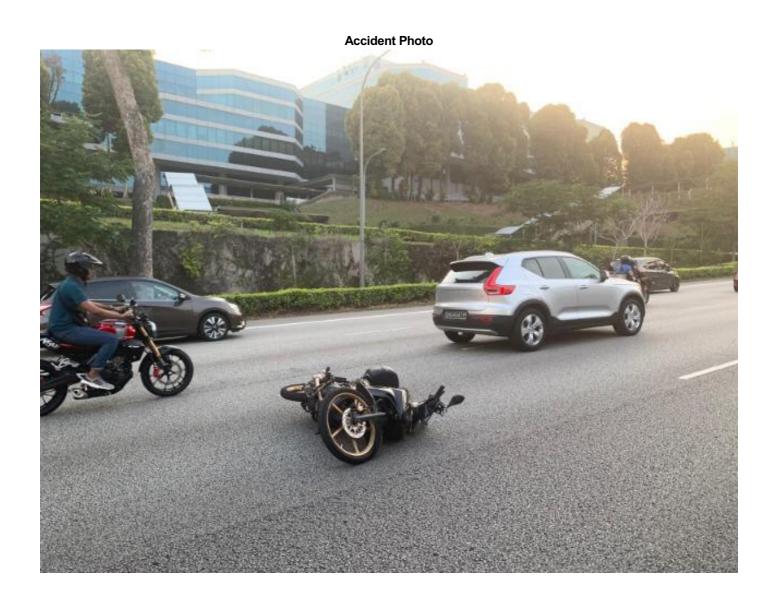
Sketch Plan

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.

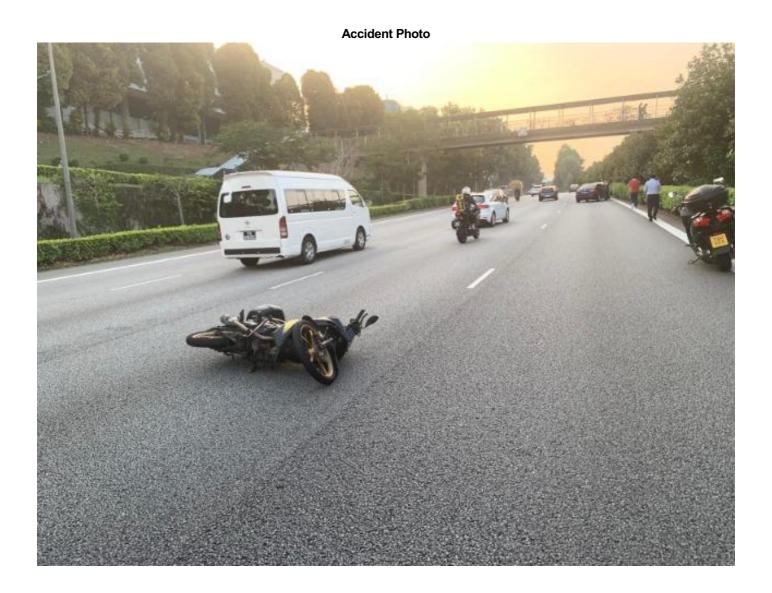
| Signature Of Officer Recording The Report: D / Sgt 2 KELVIN LAUW JIA MING | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 29/11/2019 16:25 |
| Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170 | Classification Of Case: |
| Authentication Stamp NP168 | |





Accident Photo







Accident Photo