

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 | 12/03/2020 17:05 |
| Date Of Accident | 11/03/2020 08:40 |
| Exact Location Of Accident | JUNCTION OF JLN AHMAD IBRAHIM AND YUAN CHING RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | FBQ8049U |
| Insured/Policyholder | |
| Name Of Registered Owner | AETOS GUARD SERVICES PTE LTD |
| Co Reg No | 2XXXXX860D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96273411 |
| Alternative Phone No | OFFICE-96273411 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | SYM |
| Model | JET 14 200I ABS |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | D-20025005MFCE/3 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | THOMAS TEO JIN KWONG |
| NRIC No | SXXXX702F |
| Date Of Birth | 17/06/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/02/2011 |
| Driving Experience | 9 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96273411 |
| Fax Number | |
| Contact Number | OTHERS-96273411 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 141 BUKIT BATOK STREET 11 #06-29 |
| Postcode | 650141 |
| 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 | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| 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 | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200311/2119 AND AGS INCIDENT 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 | SKL104R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | WEI CHIEH |
| NRIC/Passport Number | |
| Contact Number | 92988358 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|----------------------|
| Name | THOMAS TEO JIN KWONG |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBQ8049U |
| 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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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.



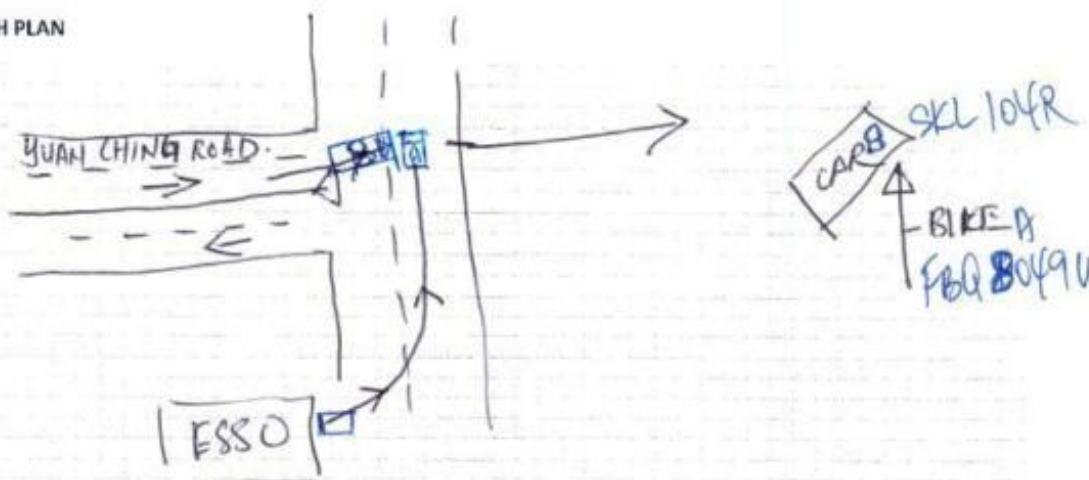
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Further facts refer to Police Report and A&S Truck Report.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

Date & Time:

Driver's Signature _____

Full information is available at www.biorxiv.org

Reporting Centre Personnel's Signature

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200311/2119

1 of 4

Report No. T/20200311/2119

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|---------------------------|
| Date/Time Report Made: 11/03/2020 17:36 | Video Report No.: | Station Diary No.: 175 |
|--|-------------------|---------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: THOMAS TEO JIN KWONG | | | Address: APT BLK 141 BUKIT BATOK STREET 11 #06-29 SINGAPORE 650141 | | |
| ID Type / ID No.: NRIC NO / S1562702F | | | Contact No.: Home/Office: Mobile: 96273411 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 57 | Date of Birth: 17/06/1962 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: AETOS OFFICER | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Special Vehicle | Drink Drive: No | Date/Time of Accident: 11/03/2020 08:30 | Type of Location: T-Junction |
| Location: Junction of Road 1 and Road 2 JALAN AHMAD IBRAHIM YUAN CHING ROAD AT THE T-JUNCTION OF JALAN AHMAD IBRAHIM AND YUAN CHING ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBQ8049U | Motorcycle | | | | | 0 |
| SKL104R | Car | | | | | 0 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200311/2119

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20200311/2119

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|--|
| Rider | | | |
| Name | THOMAS TEO JIN KWONG | ID No. | S1562702F |
| Related Vehicle | FBQ8049U (Motorcycle) | Contact No. | 96273411 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B, 2A, 2, 3 Date of Expiry: NIL |
| Date Treatment | 11/03/2020 | Date Discharge | 11/03/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | WEI CHIEH | ID No. | NIL |
| Related Vehicle | SKL104R (Car) | Contact No. | 92988358 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

Vide: T/20200311/2026, slight changes to Brief Facts as well as Addition of Medical Certificate to THOMAS TEO JIN KWONG.

On 11/03/2020 at about 0830hrs, I was pumping petrol at ESSO JALAN AHMAD IBRAHIM with my company motorcycle; AETOS. After pumping said petrol, I proceeded to move off along JALAN AHMAD IBRAHIM towards the T-Junction of YUAN CHING ROAD when another car; SKL104R came out from YUAN CHING ROAD abruptly into my way. I wish to state at this point in time that I was riding along the first lane (EXTREME RIGHT) and the car; SKL104R came out from YUAN CHING ROAD and cut immediately into the first lane (EXTREME RIGHT) in my way.

As I was unable to stop in time, I collided into his front right bumper and subsequently, I lost control of my motorcycle and tumbled. After the accident, I laid down for awhile to assess my injuries. After which, I proceeded to check on the damages between his car and my motorcycle, taking some photos. WEI CHIEH then exchanged mobile phone numbers with myself and we proceeded off. I wish to state at this point in time that WEI CHIEH has an in car camera.

My supervisor then told me to make a Police Report prior to going to acquire medical consultation. I wish to state at this point in time that I feel body pains all over and I will proceed to polyclinic to acquire consultation on my injuries. (UPDATE); I proceeded to POLYCLINIC and was referred to NG TENG FONG GENERAL HOSPITAL and acquired 05 days Medical Leave from 11/03/2020 to 15/03/2020.

I wish to state that I was on duty at that time as AETOS roving officer. I also wish to state that I did not consume any intoxicating substances prior to the accident.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20200311/2119

4 of 4

Report No: T/20200311/2119

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:

J /

Sgt 2 CHIANG WEI TONG

Signature Of Informant:

Date/Time:

11/03/2020 17:36

Signature Of Interpreter:

Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

Signature:

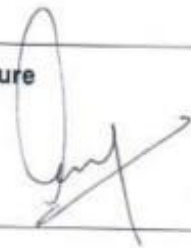
Singapore Police Force

POLICE REPORT

CONFIDENTIAL



INCIDENT REPORT

| | | | |
|---|---|---|------------------------|
| Nature of Incident: Traffic Accident – Far East Roving | | Location of Incident: Junction of Jln Ahmad Ibarhim and Yuan Ching Road | |
| Date/Day: | 11 March 2020 | Informant: | OM Brian CHEONG |
| Time: | Est 0840hrs | Team: | Far East – Roving Team |
| Particulars of subject: | | | |
| Name | : T2049 Thomas Teo Jin Kwang (RO), Leow Wei Chieh (Member of Public) | | |
| Sex/DOB | : Both Male | | |
| P/P NO | : NIL | | |
| Nationality | : Both Singapore | | |
| Address | : NIL | | |
| Facts: | : See below | | |
| <p>1) At 0840hrs received call from my RO, he met an accident at junction of Yuan Ching Road and Jln Ahmad Ibarhim. RO (FBQ8049U) was travelling on right of Jln Ahmad Ibarhim toward city. MOP's car (SKL104R) came out from Yuan Ching Road and cut into RO's lane (right lane). As a result, RO doesn't has time to react and hit the MOP's right front portion. And he fell to the ground.</p> <p>2) MOP is not injure. RO has slight hurt on his left side of the body.</p> <p>3) RO ride back Company bike and went for Police Report and see doctor.</p> <p>(Last Entry)</p> | | | |
| Reported By : OM Brian CHEONG | Signature  | Date 11 March 2020, | |

CONFIDENTIAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA170031710 Vehicle Registration No: FBQ 80894
Name (as shown in NRIC) : THOMAS TAN JIN KONG NRIC/FIN/Passport No : SXXXX702F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96273411
Email Address : _____
Date of Accident : 11/03/2020 Time of Accident : 08:40
Place of Accident : JUNCTION OF JLN AMAN TERBINIH / YONGE STREET RD
Insurance Company : FIRST CAPITAL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER D-20095005MFC/3

Policyholder / Driver's Signature
Date:

08/04/2020
Reporting Centre Personnel's Signature
Name: Paul Lim
NRIC/FIN No.: _____
Date: