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#### 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 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.

位于100mm的高度。150mm的100mm(150mm)	ACCIDENT STATEMENT
Date Of Report	30/06/2020 17:26
Date Of Accident	23/06/2020 14:00
Exact Location Of Accident	JURONG WEST CTRL 3 BESIDE JURONG POINT SHPG CTR
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF1937K
Insured/Policyholder	
Name Of Registered Owner	INFINITY DRIVE PTE LTD
Co Reg No	2XXXXX437R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87505926
Alternative Phone No	OFFICE-87505926
Vehicle Particulars	
Manufacturer	SYM
Model	GTS 200-172CC
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	5110284168-01
Cover Note Number	
Driver	
Name of Driver	FOO KWEE FONG
NRIC No	FXXXX208N
Date Of Birth	26/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2001
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87505926
Fax Number	
Contact Number	OTHERS-87505926
EMail Address	NOEMAIL

BLK 2A UPPER BOON KENG ROAD Address

#10-696

Postcode 3810002

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 SIDE SWIPE Weather Conditions DRIZZLING Road Surface WET

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?

Was any injured conveyed to hospital by

ambulance? Was any other material or property damaged?

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 JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

NO

YES

YES

YES

NO

YES

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200627/2029

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

MOTORCYCLE

FBQ9863D

## DETAILS OF INJURED PERSON 1

Name

FOO KWEE FONG

Approximate Age

Injuries Sustain

BROKEN RIGHT LOWER LEG

Injured person in which vehicle?

FBF1937K

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.
- 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.
- 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.
- 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)

l understand, acknowledge, agree and consent that:

- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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:

DRIVE

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFAIL W	Pelich Rupar	7/2020627/2029	
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RATION			/
eclar the RIVE on pa	articulars are true in every respect.		
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LINU TE LIS	The	-an	11/07/2022
1200		gri	0110110
older's Senature Time:	Driver's Signature	Reporting Centre P	ersonel's signature A
rime:	(If driver is not the policyhol	der) Name:	1601, 1149





1 of 3

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20200627/2029

REPORT	OF A	TRAFFIC	ACCIDENT

State	ne Report M 120 12:59	lade:	Vide Report No.:	Station Diary No.: 55		
Informa	nt's Particu	ulars				
	Informant: VEE FONG		Address: APT BLK 2A UPPER B SINGAPORE 381002	SOON KENG ROAD #10-696		
The second second second	/ ID No.: / F1494208	N	Contact No.: Home/Office: Mobile: 87505928			
National MALAYS		and Market	Email:			
Sex: Male	Age: 47	Date of Birth: 26/08/1972	Type of Informant: Rider			
Race: Chinese		Language: Institution / School Nan				
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,3  Date of Expiry: 13/02/2023			

General Infor	mation of the Accident			White Laboratory and the	
Type of Accident:	Injury Conveyed By Ambulan	Drink Drive: No	Date/Time of Accident: 23/06/2020 14:00	Type of Location Straight Road	
100	ST CENTRAL 3  West Central 3 beside Juroi	ng Point Shoppi Road Surface: Vet	ng Centre	Road Speed Limit:	
Traffic Flow:		raffic Control:		Traffic Volume: Moderate	
Type of Collis	sion:			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF1937K	Motorcycle		1111			0

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





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

Report No. T/20200627/2029

2 of 3

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CONTINUATION OF REPORT

Rider						
Name	FOO KWEE FONG			ID No		F1494208N
Related Vehicle	FBF1937K (Motorcycle)			Conta	ct No.	87505928
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: 13/02/2023
Date Treatment	23/06/2020 Date Dis			charge	27/06	3/2020
No. of Days gran	ted Medical Leave	20	Degree o	of Injury	NIL	

#### Brief Details.

On 23/06/2020 at about 1400hrs, I was riding my motorcycle bearing registration plate number V1) FBF1937K along Jurong West Central 3 towards Jurong West Street 64 on the 2nd lane of a 2 lane road. I had stopped my vehicle behind a SBS Bus and I noticed that behind me was also another SBS Bus. I then decided to make a lane change on to the first lane, I then made a check and noticed that there was no oncoming traffic hence I proceeded to ride onto the first lane. As I was entering the first lane, I felt an impact from the right side and I fell onto the ground. I then noticed that there was people who came forward and assisted me. Shortly, ambulance came and I was conveyed to Ng Teng Fong General Hospital. I was discharged on 27/06/2020 and was given Hospitalization Leave from 25/06/2020 till 14/07/2020.

I wish to state that the injuries I had sustained was Broken Right Lower Leg .





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

3 of 3 Report No. T/20200627/2029

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:  J /	Signature Of Informant:
Sgt 2 NG WEI LIN	
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2020 12:59
Officer In Charge Of Case:	Classification Of Case:
Sgt 3 MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476356	53 126
Authentication Stamp	

Člaim Handling

Accident MT/1095502									
Colley No.	5110204168-01	Vehicle No.	F8F1937K			GST Registration N			
Certificate No.	5119284168-01-000012				- 6	our negratration N			
Policyholder Name	INFINITY DRIVE PTE LTD				3	Policyholder NR)C		2012021	
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party			Loading		201707437R	
Contact No.(Mobile)	NA	Contact No.(Office)						0	
Email Address		Special Remark				Contact No.(Home) (Code		747.37	
KFK	No Yes	TCA	No Yes			Code Reason		No w	
NCD Protection	No	NCD Entitlement(%)	0			Private Hire		OR ALL	
→ Accident Details						Trade Hee		No	
Report Date	29/06/2020 09:28	Accident Report Within 24 hrs	Yes		,	Accident Type		Collision - Major	and the second
Date of Accident	23/06/2020	Time of Accident nhomm.	14:25					- 3	Minor Hoad
Reporting Centre		Orange Force	65,6577			Country of Accident CM No.		Singapore	
Accident Location	JURONG WEST CENTRAL 3 (BESIDE JURONG POIN					CM No.			
→ Total Excess Applicable									
Excess Type	Per Accident	Windscreen Excess							
		The state of the s							
OD Standard Excess	0.00	TP Standard Excess		0.00					
YIED OD Excess		YIED TP Excess			0	river is Covered?		Not Applicable	
Additional Excess								Tark repart done	
Total OD Excess Applicable	.0.00	Total TP Excess Applicable		0.00					
⇒ Benefits									
GST Registered GST Registration No.	No		GST A	egistration Date					
Modification History	38/36/2020 20.30.00.6			tabus Verified		Yes			
The service of the state of	29/00/2020 09:29:09 System ch	anged GST Status Verified from No	to Yes						
Policyholder Mailing Add	7035								
Address 1		122002							
Address 4	133 NEW BRIDGE ROAD	Address 2	#22-09 CHINA		A	ddress 3		SINGAPORE 0594	113
Unit No.	042.0	Address Type	Singapore addr		P	ost Cade		059413	
□ OI Driver Info	#22-09	Related Policy Number	5110284168-0	H.					
Driver Name		Driver Type							
Unnamed driver Name		Driver NRIC			172				
Register Date of Driver License		Driver äge				river DOS			
Contact No.(Mobile)		Contact No.(Office)				riving Experience			
Address 1		Address 2				ontact No.(Home) ddress 3			
Address 4		Address Type	Foreign address			oorens 3 ost Code			
Unit No.		040000000000000000000000000000000000000	- 31 d-g-1 data1 cas		1	Ist Code			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			D	river Insurer Comp	any		
Modification History									
Claim 002 New									
Claim Type *				Parameter	-	ten out distribution		- WOW.	
Carrier Type				OD-MX			DRIVE PTE LTD	2 Insured NRIC	201707437R
Contact No.(Mobile)				NIL		Contact No.		Contact	
				- Control of the Cont		(Home)		(Office)	
Email Address						O) Vehicle   FBF1937	K.	TP Vehicle	F8Q9863D
Claim Description				Tables and a second and a second and	-	Number		Number Name of	
Com pescription				F5F1937K / FBQ9863D	ON 23 Jun	n 2020		Preferred	
Preferred Workshop	Insured Liability Not at Fault	v)						Workshop	
Somet No. Yes				v					
Date Registered	Option	report [		01/07/2020 17:55	1	Claim		Date	01/07/2020 00:
Record Takes No.				-		Date		Received	
Report Taken By				ROSLI WAHAB					
Print AK letter									
			- Industry -	7					
			Save Submit						
Attachment									
52									
9									
Accident No.	MT/1095502	Claim No.		002					
Last Doc. Received	® Yes ○ No	Upload Date		01/07/2020 17:57					
	Path *			Category *		Confidential	Lirgency *	(2)	Decreation
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Attachment List									
Attachment	Uploaded By/Date	Category	8	Urgency		Descri	ption		Mag Sent?
NAC BURT	T_MERAH_B00676( NATIONAL ASSESSMENT CENTRE	SERVICE	151						(00)
1	S (BUKIT MERAH)) on 01 Jul 2020 17:57	SERVICE Photos		Normal		Photos 2	020-7-1		

NAC\_BUKIT\_MERAH\_B00676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Jul 2020 17:57

/1/2020		Claim H	landling( (	Claim Task )	
P	NAC_BUKIT_MERAH_R00676( MATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:57	Photos	3,	Normal	Photos 2020-7-1
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63	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 01 Jul 2020 17:56	Photos		Normal	Photos 2020-7-1
150	NAC_BURIT_MERAH_BID0076; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 01 Jul 2020 17:55	Photos		Normal	Photos 2020-7-1
UNICOS I	NAC_BURIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 01 Jul 2020 17:55	NRSC/ Oriving License	Y	Normal	NRIC/ Driving License 2020-7-1
Nothing of the last of the las	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 01 Jul 2020 17:53	NRDC/ Driving License	, Y	Normal	NRIC/ Driving License 2020-7-1
produced produced	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2020 17:55 NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE	NRIC/ Driving License	*	Normal	NRIC/ Driving License 2020-7-1
and there	5 (BURIT MEKAH)) on 01 Jul 2020 17:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-1
4043	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAM)) on 01 Jul 2020 17:55	SAS		Normal	SAS 2020-7-1

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### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110284168-01-000012

Cover : Third Party

1. Index mark and Registration Number of Vehicle

FRF1937K

Chassis Number

: RFGLM18WXBS001304

2. Name of Policyholder

: INFINITY DRIVE PTE LTD

3. Effective Date of Insurance

: 13 Jun 2020

4. Expiry Date of Insurance

: 12 Jun 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: N/A	
INSURE WITH COE	: N/A	
NAMED DRIVER (1)	: N/A	
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: N/A	
	. 19/13	

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: WTT INSURANCE AGENCIES PTE LTD (00000614933)

: 04 May 2020 11:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive