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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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
- 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.
- 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 perties.
- 7. By the ladgement 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

moresaid.	and to copies of the report at the centre and to copies of the report being made available
14.多有物质的多种种种的	ACCIDENT STATEMENT
Date Of Report	03/08/2020 18:53
Date Of Accident	30/07/2020 17:10
Exact Location Of Accident	ALONG COLEMAN STREET
Country/State of Loss	SINGAPORE
THE RESIDENCE OF THE PARTY OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBR2646E
Insured/Policyholder	1 01/2040E
Name Of Registered Owner	VPW HENG CO
Co Reg No	YEW HENG CREDIT ENTERPRISE PTE LTD
Email Address	1XXXXX191M
Mobile Phone No	NOEMAIL
Alternative Phone No	(LOCAL) +65-87491214
Vehicle Particulars	OFFICE-87491214
Manufacturer	
Model	HONDA
Exact Purpose for which vehicle was being used at time of accident	ADV150-149CC ABS CVT WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO
If No, Please state action to be taken	THIRD DARD.
Vehicle Category	THIRD PARTY MOTORCYCLE
Insurance Company	MOTORCYCLE
Name of Insurance Company	NITI IO IN IO OCCUPANTO
Type Of Coverage	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Fleet Policy	THIRD PARTY
Policy Number	NO Education
Caver Note Number	5116649627
Driver	
Jame of Driver	
IRIC No	JUFRI PRICE
ale Of Birth	SXXXX577H
Counation	11/10/1988
ate Of Driving Page	OUTDOOR
riving Experience	02/02/2009
ender	11 YEARS AND 5 MONTHS
Johile Number	MALE

(LOCAL) +65-87491214

OFFICE-87491214

NOEMAIL

Address

46 MARINE PARADE ROAD

#03-01

Postcode

449305

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR DRY

Road Surface

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 hespital by

NO

ambulance?

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)

Details of Police Action

YES

Was the accident reported to the police? If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200731/2072 AND T/20200803/2104

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMT5230K

Vehicle Make/Model/Colour

VOLKSWAGEN SCIROCCO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM YU QING

NRIC/Passport Number

SXXXX107J

Contact Number

92374695

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

JUFRI PRICE

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBR2646E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.
- 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:
 - 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.

OUST CAND CO

Policyholder's Signature Date & Time: Driver's Signature 3820

(If driver is not the policyholder)
Date & Time:

_Mame:

NRIC/FIN No.:

Reporting Centre Personnel

CONTRACT COMMENTS AND ADDRESS OF THE PARTY O

SKETCH PLAN	SING COU	EMAN 8	DR44T
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VEHICLE	7		B) FBR 2646E B) SMT 5280K
FBR 26	1		B) SM1 5280 K
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LARATION			7
e declare the foregoing particul	ars are true in every respect.		
SO 62 ME	1		
yholder's Step sture 36	- () at 16	3 18 120	al 03/08/2020/
& Time: * 017318	Driver's Signature	2 12/1-0	Reporting Centre Personnel's Signature

ACCIDENT STATEMENT

	CCIDENT DATE: (30./0	11_2020)(DD/MM/	YYYY), TIME:(17	: 10 HH-MAR	63
L	OCATION: HONG		V STREET	· · · · · · · · · · · · · · · · · · ·	¥ 10
	1. DETAILS OF VEHICLE	7863=			
	 a) VEHICLE NUMBER 	FBR 2646			
	DINSURANCE COM	PANY ATTER	NCOME	101 <u>1</u> 00	
	OLICI NUMBER:	01166476477	mana		
	AN AMOUNT HER TOO	MPREHENSIVE ATLUM	PARTY THIRD PA	DTV FIDE STUEET	10
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	DINKIC/FIN/PASSPORT		CONTACT:	LE / FEMALE)	
90 54	c)ADDRESS:		OHINGI.		
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Clackeding drive	1 0) NAME: JUFR !	PRICE	28/4/03/0		
(5	DINICIC/FIN/PASSPORT	(8839C77)	(MAI	E / FEMALE)	
7-2			OAD #03	-01	
	SING!	APORE 449205			39-1
	*d)DATE OF BIRTH: (1/10/1900 100	/MM/YYYY)	10	
	6)OCCUPATION: (INDO	PACE 2/2/2		X7 - St.	2:
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	b)ROAD SURFACE: [DRY WAS ANYBODY INJURED	/ WILL / OTLICES)	
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	IF YES, PLEASE STATE WI	HICH BOILCE STATION	1100.10	ma.a	
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Including driver)	b) DRIVER'S NAME:	LIM YU QIN	G	BWHALK	JC I KOCCC
() 9.	C) NRIC/FIN/PASSPORTS	59337107)	CONTACT: "	12374695.	
tho of passunger	d) VEHICLE NUMBER:	-	9070 1808-1800		S ₄
Including driver)			_MODEL:	* N	
r saling abover	f) NRIC/FIN/PASSPORT;		_CONTACT:		
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1 of 3

Report No. T/20200731/2072

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2020 17:47		Made:	Vide Report No.: A/20200730/0079	Station Diary No.:
Informa	nt's Partic	ulars		
Name of Jufri Pric	Informant: ce		Address: BLK 46 MARINE PARADE RO SINGAPORE 449305	DAD #03-01 SILVERSEA
	/ ID No.: D / S88395	77H	Contact No.: Home/Office:	Mobile: 87491214
National SINGAP	ity: ORE CITIZ	EN	Email:	С
Sex: Male	Age: 31	Date of Birth: 11/10/1988	Type of Informant: Rider	
Race: Caucasi	an	-11	Language:	Institution / School Name:
Occupat SELF-E!	ion: MPLOYED		Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident: Non-Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 30/07/2020 17:10	Type of Location Straight Road	
Location: Along Road 1 COLEMAN S Weather:		Road Surface:	F	Road Speed Limit:	
Clear		Dry		0 Km/h	
	Traffic Flow: Traff Two Way Not 0		1	Traffic Volume: No Traffic	
		Not Controlled	A confidence of the confidence	lo Traffic	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR2646E (Not Accurate)	Motorcycle				Totally Damaged	0
SMT5230K (Not Accurate)	Car				Slightly Damaged	0





2 of 3

Report No. T/20200731/2072

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

CONTINUATION OF REPORT

Brief Details.

On 30/07/2020 at about 1710hrs I was driving on Coleman Street delivering food. I came to a stop as I noticed the vehicle in front of me came to a stop and as he had overshoot a turn into the driveway of 23A Coleman St. . He reversed the car too fast and I was not able to react fast enough to horn my bike. I did not sustain any injuries as I jumped off my bike when the vehicle came into contact with my bike.

My bike was stationary when the incident happened. The damages to my bike are to my front mudguard which was chipped off and scratches to the front fairing(headlights), front left side fairing and rear left side fairing. The damages to his vehicle are scratch marks on the rear side.

I was informed to came down and make a police report for my insurance claims as the bike was from a rental company.





3 of 3

Report No. T/20200731/2072

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

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 1 NOORSHARFIRAH BINTE MOHAMED JUMADI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2020 17:47
Officer in Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:
Authentication Stamp	0





T/20200803/2104

1 of 3

Report No. T/20200803/2104

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

03/08/2020 18:07		de;	Vide Report No.: T/20200731/2072	Station Diary No.: 69	
Informant	's Particul	ars	THE REPORT OF THE PARTY.	EURON REPERE	
Name of I JUFRI PR			Address: 46 MARINE PARADE ROAD	#03-01 SINGAPORE 449305	
ID Type / NRIC NO	ID No.: / S883957	7H	Contact No.: Home/Office:	Mobile: 87491214	
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	SELECTION ASSESSMENT	
Sex: Age: Date of Birth: 11/10/1988			Type of Informant: Rider		
Race: Caucas	ian		Language: English	Institution / School Name:	
Occupa SELF E	ation: EMPLOYED		Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2020 17:10	Type of Location Straight Road
Location: Along Road 1 COLEMAN ST Weather. Clear	FREET	Road Surface; Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		raffic Volume: No Traffic
ype of Collisio	on: g Vehicles - Head To R	ear	ě	Anyone conveyed by ambulance;

	ehicle Involve	THE RESERVE OF THE PARTY OF THE	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model		Totally	0
FBR2646E Motorcycle				Damaged	U	
					Slightly	0
SMT5230K	Car				Damaged	



Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 T/20200803/2104

Report No. T/20200803/210

CONTINUATION OF REPORT

Brief Details.

With reference to T/20200731/2072, I want to add on that I have went to Singapore General Hospital to seek for treatment and was given 7 days of hospitalization leave from 01/08/2020 to 07/08/2020. I sustained torn ligament on my right wrist. That is all.





police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20200803/2104

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: D / Sgt 3 HENG JINGWEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2020 18:07
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394 Authentication Stamp	OLICE FORCE SN 49
Puthentication Statis	





友與信貸企業和人友限公司 YEW HENG CREDIT ENTERPRISE PTE LTD

CO REG NO: 200713637M

1007 BUKIT MERAH LANE 3 #01-05 SINGAPORE 159721

Make/Model Herba Adv 150	Elicense plate FBQ 2 (14 6 E Rental Term I MWHA		
RENTAL AMOUNT (\$) 550			
Start Date / Time 20 / 6/2020 4:45	End Date / Time 20 /7/2020		
Start mileage 10034	Return mileage		
Malaysia usage No. of days —	Malaysia usage S\$		
Facebook ID;	Email:		

HIRER'S NAME JUFRI PR	CICE
HIRER'S ADDRESS	PARADE RD. #03-01, 449305
NRIC/PASSPORT NO. ST8395 774	
DRIVING LICENSE 188395774	DRIVING LICENSE
ICENSE PASS DATE 2 2 2 07	DEMERIT POINTS
ST 491214	Emergency Contact Name: HP MICK PRICE Hp No: 8445 981872 8

HIRER SIGNATURE:

NAME: JUFRI PRICE

NRIC: 58839577H

DATE: 20/6/20

OFFICIAL USE:

OFFERED BY: GPF4

PAYMENT: PUTITION + PENSTER

DEPOSIT: 100

BALANCE: \$550

TOTAL: \$ (50

Extended till 2018/2020

Ampb 202007-0734

Claim Handling

Policy No. Certificate No.								
Certificate tee.	9336649927							
	5118649627-000UW	Vehicle Sta.	F020340446		GS.	T. Registration No.	100000000	
Policyneader Name	YOW HENG CHELLET ENTERPRISE PTS LTD					C.S. ST. INCOME.	H900632397	
Probuit Cone	FLERY MASSTER INSURANCE				Chris	cytologe solic		
Contact No.(Motole)	\$7491214	Diver Type	Third Farry			offing.	34940034414	
Email Aggress	1000 A	Contact No. (Office)				Sect No.(Home)	100	
KI'W	No. No.	Sidestfall Remark			100			
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Accident Details	/75	NICLE COURSESSATELY No. 1				uto roru		
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ALCOHOLD THE STATE OF THE STATE	7-70-1-2		0.1114.5250					
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didmonth of	87494214	Contact No. (Differ)				Experience	11	
Ródroza é	HE HARDS PARADE ROAD	Address 2	#03-01 SLVQVOES			t No (Home)		
		Address Type	Foreign anticesa		Address		STRUMPURE 642	105
Deep he own a Singapore	U3-61		o earl morest		Post Co	ide	**19709	
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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: 5116649627-000009

Cover : Third Party

1. Index mark and Registration Number of Vehicle

FBR2646E

Chassis Number

2. Name of Policyholder

: MH1KF611XKK007542

: YEW HENG CREDIT ENTERPRISE PTE LTD

3. Effective Date of Insurance

: 30 Mar 2020

4. Expiry Date of Insurance

: 29 Mar 2021

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 or Hirer's business.

This Policy does not cover

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

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

(c) 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

SUM INSURED	= N/A	
HIRE PURCHASE COMPANY	N/A	
	: N/A	
NAMED DRIVER (2)	: N/A	
NAMED DRIVER (1)		
INSURE WITH COE	: N/A	
EXCESS (SECTION 2)	: \$\$1,500	
EXCESS (SECTION 1)	: N/A	

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

: PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue

: 11 Mar 2020 09:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive