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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to apped 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.
- 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available	
Service and the best of the	ACCIDENT STATEMENT	46
Date Of Report	31/08/2020 16:20	
Date Of Accident	30/08/2020 17:20	
Exact Location Of Accident	ALONG ALEXANDRA ROAD	
Country/State of Loss	SINGAPORE	
SIND THE RESERVED	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBR3115P	
Insured/Policyholder		
Name Of Registered Owner	CAMEN ANG KAI YANG	
NRIC No	SXXXX911G	
Email Address	CAMENANG@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-91441689	
Alternative Phone No	OTHERS-91441689	

Vehicle Particulars

Manufacturer HONDA

Model ADV150-149CC ABS CVT

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 FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5117365942

Cover Note Number

Driver

Name of Driver CAMEN ANG KAI YANG

NRIC No SXXXX911G Date Of Birth 17/07/1989 Occupation OUTDOOR Date Of Driving Pass 22/12/2015

Driving Experience 4 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91441689

Fax Number

Contact Number OTHERS-91441689

EMail Address CAMENANG@HOTMAIL.COM Address

BLK 157 YUNG LOH ROAD

#10-36

Postcode

610157

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 - 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

NO

ambulance?

YES

Was any other material or property damaged?

day too

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

90

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200831/2057

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

SLK5331L

Vehicle Make/Model/Colour

HONDA HRV

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GOH CHANG JIE

NRIC/Passport Number

SXXXX289E

Contact Number

98345784

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

CAMEN ANG KAI YANG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBR3115P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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.
- 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)

l 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:

Name:

NRIC/FIN No .:

octing Centre

	N		
	ALAXANDRA RE		
A) FBR 3115P 3) SLK 58311	31		
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
REFER TO P	olich Phoses 7/202	100831/2057.	
			/
CLARATION Ve declare the foregoing parti	culars are true in every respect.	-0/	er halmon
licyholder's Signature te & Time: 3//06/70	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Pa	rsonya signature MA

ACCIDENT STATEMENT

		M/YYY), TIME:(17: 20	_](HH:MM
LOCATION:	Alexandra Road.	N .	
1. DETAILS OF	VEHICLE		
 a)VEHICLE : 	NUMBER: FB23115	Ρ ,	
DINSURANC	E COMPANY: NTU	6	9.
CIPOLICY NU	JMBER: 5117365942		
d)POLICY TY	PE: (COMPREHENSIVE / THE	RD PARTY / THÍRD PARTY FIR	E o YLÍCETI
e)MAKE & M	ODEL: HONDA A	און וואא ל מאווו ל ואאו	e winerij
f)TYPE:(SALO	ON / COUPE / MPV /VAN	LORRY / MOTORCYCLE / C	STUEDEL
g)VEHICLE C	ATEGORY: (PRIVATE / COM	MERCIAL / MOTORCYCLE)	ALLIERO]
hJPURPOSEC	OF USING AT ACCIDENT TIM	E: WITH Desirate	
I) ARE YOU CL	AIMING UNDER YOUP OW	A CHARLE WASHINGTON	areing 1
IF NO. PLEAS	SE STATE (THIRD PARTY CLA	IM (SESOUTING ONLY)	
-1. 111001110710	LICTHOLDER		
A)NAME:	CAMEN AND KAL YA	WG (MALE / FE	MALEL
b)NRIC/FIN/P	ASSPORT: 58923911	CONTACT: 914	11689
c)ADDRESS:_	SIK 157 Yung L	on rad #10-36	
* * * * <u>* * * * * * * * * * * * * * * </u>		1	
* CONTINUE TO	O 3.d IF DRIVER ALSO POLI	CY HOLDER .	
A PULLOUP OKIVER	1.5	- No. of the Contract of the C	
nduding diseas Q) NAME:	As Above	(MALE / FE	MALE)
DINKIC/FIN/P/	ASSPORT:	CONTACT:	
c)ADDRESS:_			
*d)DATE OF BE	STH: 11 1 07/1989	.Us all all all all all all all all all al	
eloccupatio	NA (NIDOOD (OUTDOOD)	(DD/MM/YYYY)	
FIRATE DEDR	N: (INDOOR / OUIDOOR)	Janes .	(B)
4. WAS DRIVER	AN EMPLOYEE OF THE TO	SURED'S COMPANY? (YES	ESTATE OF
IF NO. RELATI	ONSHIP OF THE DRIVER	WITH INSURED:	2 \ NO)
5. a) WEATHER CO	ONDITION: (CLEAR / RAININ	WITH INSURED:	
b)ROAD SURFA	CE: (DRY / WET / OTHERS	io / Officies_	
6. WAS ANYBODY	INJURED (YES / NO)		
7. a)REPORTED TO	POUCE (YES / NOT	£0	#
IF YES, PLEASE	STATE WHICH POLICE STATE	MON: Quenston NPC.	4. 5
H TLIPP DARWELLE	HICLE	No.	
of passanger a) VEHICLE NI	JMBER: 814 5331 L	MODEL: +(ONDA	verel.
	AME: GON CHANG SIC		
) c) NRIC/FIN/P	ASSPORT: 930089e	CONTACT: 9334	5-194
9. THIRD PARTY VE			
	MBER:	MODEL:	
du line to 1 GI DRIVERSIN	(/W1502)		
NRIC/FIN/P	ASSFORT:	CONTACT::	
)			
77-4		.49	

email = camenang@hatmail.com.





1 of 3

Report No. T/20200831/2057

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2020 14:26		lade:	Vide Report No.:	Station Diary No.: 43
Informa	nt's Partice	ulars		
	Informant: ANG KAI Y		Address: APT BLK 157 YUNG LO	H ROAD #10-36 SINGAPORE 610157
ID Type NRIC NO	/ ID No.: D / \$89239	11G	Contact No.: Home/Office:	Mobile: 91441689
National	ity: ORE CITIZ	:EN	Email:	
Sex; Male	Age:	Date of Birth: 17/07/1989	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupat			Driving Licence Informati	on: Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2020 17:20	Type of Location Straight Road
Location: ALEXANDRA	ROAD	Road Surface:		Road Speed Limit:
Weather:				
Weather: Clear		Dry		Traffic Volume
	e Way	Dry Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR3115P	Motorcycle	HONDA	ADV150 ABS CVT	Red	Slightly Damaged	0
SLK5331L	Car	HONDA	HRV 1.5 LX CVT	Blue	Slightly Damaged	1

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Insulance No		The state of the s
FBR3115P	NTUC Income Insurance Co-Operative	5117365942	02/05/2020	01/05/2021





2 of 3

Report No. T/20200831/2057

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No							
No. of Pedestrian			Use of F	Pedestrian	Cross	ing: NA		
Rider		100						
Name	CAMEN ANG KAI Y	ANG		ID No	g	S8923911G		
Related Vehicle	FBR3115P (Motorcy	rcle)		Conta	ct No.	91441689		
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL		
Date Treatment	30/08/2020		Date Di	scharge	31/08	/2020		
No. of Days gran	ted Medical Leave	03	Degree	of Injury	Slight			
Driver		Me .				Ave I all a least		
Name	GOH CHANG JIE			ID No	3	S9301289E		
Related Vehicle	SLK5331L (Car)			Contact No.		98345784		
Hospital/Clinic	NIL			ic NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Di	scharge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL			

Brief Details.

On the 30/08/2020, at about 5.20pm, I was riding my motorcycle along Alexandra Road towards AYE, on the first lane. At near Hort Park junction, I noticed that the traffic light was green hence I continued riding forward, when a car came from my left coming into my lane. I tried to brake but did not manage to brake on time and the car hit onto the left rear side of my motorcycle. I lost balance then I let go of my motorcycle and it fell to the ground. We then exchanged particulars and checked on the damages. There was a crack in the right bumper of the car. My motorcycle damages are left suspension misaligned, air filter cover scratches and the motorcycle body have scratches. After exchanging particulars, we waited for my insurance company to come to assess the accident, then we left the location. Later that night, I felt pain in my head and back area hence went to National University Hospital to have a check up. The doctor informed that there was a sprain in my neck area and I was given 3 days medical leave from 31/08/2020 onwards. I remembered that there is a in-car camera in the car that hit me.





3 of 3

Report No. T/20200831/2057

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999 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 Record D / Sgt 2 CHOW YUN NI	ing The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 31/08/2020 14:26
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI	BIN ABDULLAH	Classification Of Case:
Contact No.: 65476204	SENGAPORE A	SN 49
Authentication Stamp		

Accident MT/1101793										
Hancy No.	\$107303967		WORKING.	1960(1)(99		distrikaji	destroy No.			
Certificate No.										
Princyholder Name	CAMEN AND SAL YANG					Princepoold	er NVIT		\$8927911C	
Printed Cole Contest No (Moods)	MOTOREYCLE EXPURANCE	*	Short Type	Third Parts Ere s	then	Looking			*	
Email Address	95+92095		Circlast No. (Office)			Circuit No.	(C(Hame)			
REAL YOURS	This Park		Special Remark			of late			Sec. 10	
NED Protection	This Park		TOR	No. Yes		OCUDE NAM				
Accident Details	140.		NED Emillement(%)			Private Hit	79		800	
Report Date	31/06-2030 10:41		THE PARTY OF THE STATE							
Date of honders	39/04(2020		Academ Report Within 24 brs Time of Academ records	X144.		Aresident T			CHRILIN - HILLI	Monte Street
Reporting Centre	340041000		Transper Force:	11.30		Citarity of	Alogent		Synamore	
Accident Sucación	ALONG RESIDENCE A ROA		THE PART OF THE PA			ICM No.				
Total Excess Applicable										
Excess Type	Per-accident		. Wilhtternink Expuse:							
DO Standard Excess		8.50	TP Standard Econo		icos:					
OFO OU BIOSE		8.00	VIED TH Excess		6.00	Driver is S	Sewrood C		Not Syveres:	
Additional Excess										
Total OD Excess Applicable		5.00	Total TP Excess Applicable		8.00					
Benefita										
 GST Registered Information GST Registered 										
GST Registration No.	Noi				cortion Dyne					
Purkhadiun Huduny				SST biens	s Perfins		100			
— Pubsyhulder Mailing Add	ruse									
Nitrana (BEX.157 = 1(i/3);		Author 2	TUND LOW HOWE		Address 2			2012-000	
Alberta 4			Address Type	Simplesory poortess		Post Cure			KINCAPPER ATT	10-1
Litris West	10-36		Retailed Policy Number	VELTIASSAL		THEST			412112	
♥ QI Driver Info										
Drover Namie	CAREN AND KALYWING		Striver Trust	Man times						
linnamed striker featra			Teller NAIC	369129130		DIVE DG6	5		17/17/1999	
Register Date of Driver License	23/37/2016		Driver Age	.7.9		Driving (a)	Mil-lettow.		4	
Contact No. (Mobile) Address I	01467680		Cuntact No (Othor)			CONTRACT NO	(Hame)			
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Ome to seek a Brigastra Registered (ac) Regist	110. 100					Driver Drau	inek Campe	he.	Artist	
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