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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.

Date Of Accident 18/09/2020 11:45 Exact Location Of Accident BLK 52 SIMS PLACE OPEN SPACE CARPARK Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number FBL4638Y Insured/Policyholder Name Of Registered Owner KUAH SAY ENG, DERIC NRIC No SXXXX551D Email Address NOEMAIL Mobile Phone No (LOCAL) +65-97900779 Alternative Phone No OFFICE-97900779 Vehicle Particulars Manufacturer ADIVA Model AD3 400 3-WHEELER CVT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? NOEMAIL NOEMAIL NOEMAIL AND 3-WHEELER CVT PRIVATE USE	aforesaid.	
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NRIC No SXXXX551D Date Of Birth 12/12/1975 Occupation INDOOR Date Of Driving Pass 19/06/2001 Driving Experience 19 YEARS AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-97900779 Fax Number	Driver	
Date Of Birth 12/12/1975 Occupation INDOOR Date Of Driving Pass 19/06/2001 Driving Experience 19 YEARS AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-97900779 Fax Number	Name of Driver	KUAH SAY ENG, DERIC
Occupation INDOOR Date Of Driving Pass 19/06/2001 Driving Experience 19 YEARS AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-97900779 Fax Number	NRIC No	SXXXX551D
Date Of Driving Pass 19/06/2001 Driving Experience 19 YEARS AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-97900779 Fax Number	Date Of Birth	12/12/1975
Driving Experience 19 YEARS AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-97900779 Fax Number	Occupation	INDOOR
Gender MALE Mobile Number (LOCAL) +65-97900779 Fax Number	Date Of Driving Pass	19/06/2001
Mobile Number (LOCAL) +65-97900779 Fax Number	Driving Experience	19 YEARS AND 2 MONTHS
Fax Number	Gender	MALE
	Mobile Number	(LOCAL) +65-97900779
Contact Number OFFICE-97900779	Fax Number	
	Contact Number	OFFICE-97900779

NOEMAIL

BLK 1B CANTONMENT ROAD Address

#20-17

085201 Postcode

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

SIDE SWIPE Type Of Accident 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX Police Station Address

BLOCK A . POSTCODE: 088762 , COUNTRY: SINGAPORE

TEL NO: 1800-2369999 - FAX NO: 62268438 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200918/2086.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML1557L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of Passenger (including briver)	
March the experience	DETAILS OF INJURED PERSON 1
Name	KUAH SAY ENG, DERIC
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL4638Y
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.
- 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. 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:

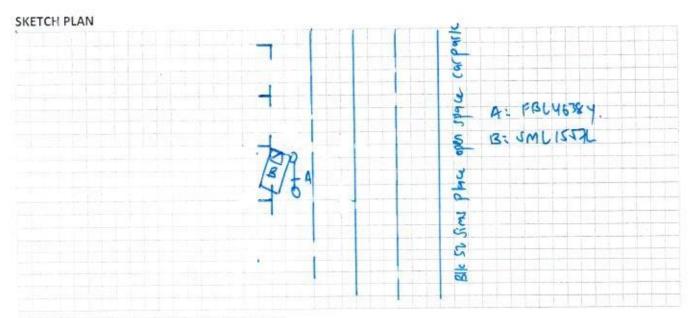
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

NRIC/FIN No .:

Reporting Centre Personnel's Signature Name:



	us travelling			BIK 52	e Blk 6	3 Sim	place to	d marla	1.
nddu	ly Vehicle	B came	art fo	om the	cerpar	le 15+.	1 horn	my vehi	de,
nd m	y vehicle o	almost con	ne to	complete	stop. W	hicle 13	watinu	ed oxid	do m
the	carparle 10	of and	hit ont	my v	chicle :	tront	ett por	410n.	
_14									

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personne's Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCI	DENT DATE: 18 / 69 / 2500) (DD/M	M/YYYY), TIME:(11 : 45)(HH:MM)	(1)
		A PLACE BLE 52 R BLEGS.	1 SIM PLACE
LOCA	HON:	F	DOD MARKET.
1.	DETAILS OF VEHICLE	*	Action and the second s
	a) VEHICLE NUMBER: FBL 4634		
	blinsurance Company: 6700		20
(1)	c)POLICY NUMBER:		
		HIRD PARTY / THIRD PARTY FIRE &THEFT)	80
	e)MAKE & MODEL:		53
	f)TYPE:(SALOON / COUPE / MPV /V AN	L/LOPPY / MOTOPCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / CO		
	h) PURPOSE OF USING AT ACCIDENT TI		*:
	I) ARE YOU CLAIMING UNDER YOUR O		
	IF NO, PLEASE STATE (THIRD PARY CL		
2.	INSURED / POLICY HOLDER	50 (April 1977) (A	
	A)NAME:	(MALE / FEMALE)	
	b)NRIC/FIN/PASSPORT:	CONTACT: 9790779.	*)
	c)ADDRESS:	The second secon	
章 重			
N 1	* CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER	
this of passanger (Including driver)	DRIVER	(MALE / FEMALE)	
(Including driver)	a) NAME: b) NRIC/FIN/PASSPORT:		
CIŠ		CONTACT:	
	c)ADDRESS:		63
	*d)DATE OF BIRTH: (//	MDD/MM/YYYYI -	
5 8	e)OCCUPATION: (NDOOR / OUTDOO		
	f) YEARS OF DRIVING EXPRERIENCE:	10 P	6
4.	WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / ND)	
	IF NO, RELATIONSHIP OF THE DRIV	ER WITH INSURED: OWNIC.	
5.	a) WEATHER CONDITION: (CLEAR / RAI	NING / OTHERS)	
	b)ROAD SURFACE: (DRY / WET / OTHER		
	WAS ANYBODY INJURED (YES / NO)		
7.	a)REPORTED TO POLICE (YES / NO)	- N	
	IF YES, PLEASE STATE WHICH POLICE S	STATION:	
8.	THIRD PARTY VEHICLE		
- He of passinger	a) VEHICLE NUMBER: ML KS7L	MODEL:	
Including driver)	b) DRIVER'S NAME:	CONTACT:	
() .	c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT:	8
	d) VEHICLE NUMBER:	MODEL:	60 E
the of passinger	e) DRIVER'S NAME:	WOODE.	
Induding driver	f) NRIC/FIN/PASSPORT:	CONTACT:	
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1 of 4 Report No. T/20200918/2086

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2020 22:14		Made:	Vide Report No.:	Station Diary No.: 115	
Informa	nt's Partic	ulars			
Name of Informant: KUAH SAY ENG, DERIC			Address: APT BLK 1B CANTONMENT ROAD #20-17 SINGAPORE 085201		
	ID Type / ID No.: NRIC NO / S7537551D		Contact No.: Home/Office: Mobile: 97900779		
National SINGAP	lity: PORE CITIZ	'EN	Email:		
Sex: Male	Age:	Date of Birth: 12/12/1975	Type of Informant: Rider		
Race: Chinese		(1) F.	Language: English	Institution / School Name:	
Occupation: IT MANAGER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2020 11:45	Type of Location Straight Road
Location: SIMS PLACE Weather:		Road Surface:	F	Road Speed Limit:
Class		Dry		
Clear				
Clear Traffic Flow: Two Way				raffic Volume: .ight

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL4638Y	Motorcycle	ADIVA	AD3 400 3- WHEELER CVT	Silver	Slightly Damaged	0
SML1557L	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	Grey	No Damage	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4 Report No. T/20200918/2086

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBL4638Y	NTUC Income Insurance Co-Operative Limited	5085544506-03	01/11/2019	31/10/2020	

Details of Perso	n Involved		Marchine III	KANDAR		
Any Pedestrian I	nvolved: No					
No. of Pedestriar	s Injured: NIL		Use of Pedestrian Crossing: NA			
Rider	A STATE OF THE STA					
Name	KUAH SAY ENG, D	ERIC	77.00	ID No	Ç.	S7537551D
Related Vehicle	FBL4638Y (Motorcy	/cle)		Conta	ct No.	97900779
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver						
Name	AW HEE YAN		- 11 11	ID No.		S8851274Z
Related Vehicle	SML1557L (Car)			Contact No.		93892484
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

On 18/09/2020 around 1145hrs, while I was traveling along Blk 52 sims place and Blk 63 sims place on my motorcycle bearing plate no. FBL4638Y, I was hit by a vehicle bearing plate no. SML1557L.

It happened when I was traveling on the leftmost lane of sim places when suddenly, vehicle SML1557L exited from the carpark. I horned the vehicle and while my vehicle almost came to a stop, the vehicle continued to exit and thus, the front of her vehicle hit the front left portion of my motorcycle.

I fell off my motorcycle, and as such, sustained injuries to my right wrist and strains on my neck, however Ambulance was not activated at scene. When I made a check on my motorcycle, I observed damages to my windshield and cracks on the left faring.

Both of us then exchanged particulars and left the scene shortly after. Traffic Police was not activated. After the accident, I went to see a doctor regarding my injuries and was given 5 days MC from 18/09/2020 to 22/09/2020.





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 CONTINUATION OF REPORT Tel No: 1800-2369999

Report No. T/20200918/2086

That Is all.





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Report No. T/20200918/2086

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

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: A /	Signature Of Informant:
Sgt 2 ONG YAO TING	34
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2020 22:14
Officer In Charge Of Case:	Classification Of Case:
SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	
Authentication Stamp	

Signature

Singapore Police Force



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: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

F											
	PARTICULARS OF PERS	SONMA	KINGTH	EAME	NDMENT	rs:					
(Original Report No :_	MMA	1200 8	125	7	Vehicle l	Registratio	n No: _	EBT	46387	
1	Name(as shown in NRIC) ; _	Kuch	Say	Eng	Deno	NRIC/FII	N/Passpor	tNo:_	Sxx	xx 5511)
	(*Vehicle Driver / Vehi										
1	Address :_								Sing	apore(
(Contact (Tel) :_					Mobile I	No.: 97	79007	179		
I	Email Address :_										
1	Date of Accident :_	18	19120	8		Time of	Accident :	(1	4.5		
	Place of Accident :	BIK	52 Si	m s	Place	open	Space	carp	ark		
1	Insurance Company:	M	ruc.				50700	- 111 - 2 1111 -			
		10.00	In	Poli	'ce	Report	Τ12	0200	918	12086	•3
7.		10-00	ın	Pati	'c e	Report	Τ12	0200	918	12086	
			In .	Pati	'c e	Report	Τ12	0200	918	12086	

Date: