

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>corrective</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

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 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 parties.
 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 Submission Date of Accident Exact Location of Accident Additional Location Information	14/12/2020 14:52 (SGT) 11/12/2020 18:00 (SGT) Sengkang West Ave, Singapore ALONG SENGKANG WEST AVE AFTER TRAFFIC JUNCTION OF FERNVALE ROAD
Country/State of Loss	Singapore

Additional Location Information	FERNVALE ROAD	
Country/State of Loss	Singapore	
DETAILS OF	OWN VEHICLE	
Vehicle Registration Number	FBP296E	
INSURED/POLICYHOLDER	·····································	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No YEW KEAN HOOI SXXXX773G kenneth.yew85@gmail.com (Phone) +65-87539170 (Home) +65-87539170	
VEHICLE PARTICULARS		
Manufacturer Model Variant 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? Vehicle Category	Yamaha YZF-R15 - Private use No - Claiming third party Motorcycle	
INSURANCE COMPANY		
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC ThirdPartyFireTheft No 5107286505-01	
DRIVER	·	

Name of Driver YEW KEAN HOO! , NRIC No SXXXX773G 26/09/1986 Date Of Birth

Occupation	Indoor
Date Of Driving Pass	15/01/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87539170
Alt. Phone Number	(Home) +65-87539170
Email Address	kenneth.yew85@gmail.com
Address	APT BLK 440A FERNVALE LINK
Address complement	#10-175 SINGAPORE
Postcode	791440
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No.
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
""""""""""""""""""""""""""""""""""""""	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
las the driver been approached by unknown person(s)	•
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Vas notice of intended Prosecution given?	No
f yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
LEASE REFER TO ATTACHED	•
ATTACHMENT(S)	
	Yes
re accident photos available for attachment?	Yes
	Yes No No

Vehicle Registration Number	SHA9151M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM TIAN SO



Contact Number (Phone) +65-91448262 Address	NRIC No	SXXXX884A
Address complement	Contact Number	
Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	Address	→ Profession — Professio
Insurance Company Name Nature Of Damage Details of property damaged in accident	Address complement	i − De la
Nature Of Damage Details of property damaged in accident	Postcode	- ¹ 4
Details of property damaged in accident	Insurance Company Name	
Details of property damaged in accident	Nature Of Damage	
No. Of Passenger (Including Driver)	Details of property damaged in accident	$= \{ (x,y) \in \mathbb{R}^n \mid x \in \mathbb{R}^n \mid x \in \mathbb{R}^n \}$
	No. Of Passenger (Including Driver)	o e o Maria de la compansión de la co

INJURED PERSONS DETAILS

4000 30

Yes

INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

YEW:KEAN HOO!
APT BLK 440A FERNVALE LINK
#10-175 SINGAPORE
791440
34 APT APPROVED REPORT
FBP296E

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SKETCH PLAN

IMPORTANT NOTICE

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- 5. 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:
 - (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:
 - 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.

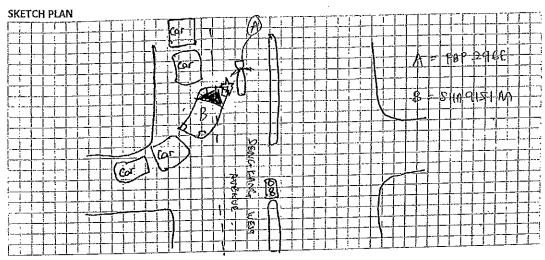
Policyholder's Signature
Date & Time: 12 | 12 | 20

12/12/20

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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along sengtions west are at lane one heading home just
Immediate after the traffic light in between femule road, I notice their
are car queuny at lane two in static status and lane one is clear
but I did slow down as I know come may suddonly swith out.
but I did stow down as I thin to the Town with number DIATE
Just the moment I approclame to the Tax: and with number plate
SHATIST PT SHA 9151 M, he suddenly filter out from lane two to
lane one without giving any signal, it is very close to him
when he make the swith. I horned to give him warning and
at the same time try to e-break, but I still failed to stop my
I do and in the end he hit my left spot and I tell down with
my bit, causing several injuries and damage to my bite.
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DECLARATION

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

Policyholder's Signature
Date & Time: 12 12 13 13 14 2 2 5 SPETTPRATOR

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

NRIC/FIN No.:





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Report No. F/20201212/7021

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Date/Time Report Made	Vide Re	port No.		Station Diary No.	
12/12/2020 13:54					
Name Of Informant	Address		777		
YEW KEAN HOO!	440A FERNVALE LINK #10-175 SINGAPORE 791440			GAPORE 791440	
ID Type / ID No.	Contact	No.			
NRIC NO / S8686773G	Home/C	office:	Mobile:		
			87539170		
Nationality	Email Address				
MALAYSIAN	KENKIYEW@GMAIL.COM				
Occupation	Sex	Age	Date of Birth	Race	
Management executive	Male	34	26/09/1986	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident	Location Of Incident				
11/12/2020 18:00 - 11/12/2020 18:05	along sengkang west ave infront of Selectar Mall		electar Mall		
Mcdonald just af		d just after	the cross juntion b	etween fernvale	
	road				

Brief details.

I was riding along sengkang west ave at lane one, just immediate after the traffic light in between fernvale road, I notice there are cars queuing at lane two and lane one is clear, but I did slow down as I know some may suddenly swtich out. Just the moment I approaching to Taxi with number plate SHA9151 M, he suddenly filter out from lane two to lane one without giving any signal, althought he did, it also no time for me to react. But I did tried to horn to warned him and try my best to e-brake. But I still failed to stop my bike and in the end he hit at my left spot and I felt down with my bike, causing my several injurise

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2020 13:54
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201212/7021

especialy only left hand and left leg and damages on my bie.

Subjects Involve	rd .		
Suspect			
Person Name	Lim Tian Soo		•
ID Type	NRIC NO	ID No	S1583884A
Gender	Male	Age	60
Race	Chinese	Language	Chinese
Occupation	Taxi driver	Mobile No	91448262
Relation To	a stranger		
Informant			
Victim			
Person Name	YEW KEAN HOOI		
ID Type	NRIC NO	ID No	S8686773G
Gender	Male .	Age	34
Race	Chinese	Language	English
Occupation	Management executive	Address	440A FERNVALE LINK #10-175
'		SINGAPORE 791440	
Mobile No	87539170	ls Informant A	Yes
	Victim?		
Person Name	YEW KEAN HOOI (Informar	 nt)	
		p	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2020 13:54
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp