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.

- 4. The issue and acceptance of this is form by instrained 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.

ACCIDENT STATEMENT

Date of Submission 07/01/2021 12:13 (SGT) Date of Accident 29/12/2020 13:00 (SGT) Exact Location of Accident Boon Lay Dr, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN3042I

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIN CHEN POOL NRIC No. SXXXX144E Email Address chooiyee78@gmail.com Mobile Phone No (Phone) +65-98876623 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model AFS125MSF Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5112058791-01 Cover Note Number

DRIVER

Name of Driver **CHIN CHEN POOI** NRIC No SXXXX144E Date Of Birth 13/06/1974 Occupation Outdoor

Date Of Driving Pass 02/01/2002 Driving experience 18 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98876623 Alt. Phone Number Email Address chooiyee78@gmail.com Address **BLK 2 BEACH ROAD** Address complement #03-4797 Postcode 190002 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has 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 Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201229/2167 & T/20210101/2032. 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 **SLR4741G** Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIN CHEN POOI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	SHOULDER
Injured person in which vehicle?	FBN3042L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No





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

1 of 4 Report No. T/20201229/2167

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Ma

29/12/2020 23:23	Vide Report No.:	
Informant's Particulars	Nopoli No.;	Station Diary No.:
Name of Informant		195

No. of Concession, Name of Street, or other Designation, or other	-0.20)	. ac report No.	
Inform Name	ant's Parti	culars		Station Diary No
ID Type	HEN POO	1	Address:	
National	O / S74871	144E	Contact No.: Home/Office:	#03-4797 SINGAPORE 190002
MALAYS	SIAN		Email:	Mobile: 98876623
Male Race:	Age: 46	Date of Birth: 13/00/1974	Type of Informant:	A STATE OF THE STA
hinese ccupatio			Language:	Institution 19
lass & w	indows ma	inufacturing	Driving Licence Information: Class: 2B,3	Institution / School Name:
Ĉ.			W 153	Date of Expiry:

Type of Accident:	Injury Others	Drink	Date/Time of		
Location:		Drive: No	Accident: 29/12/2020 13:0	Typ Stra	e of Location
BOON LAY DE	RIVE				
Weather: Clear		Road Surface:	42122		
raffic Flow:		Dry Dry		Road Spee	d Limit
		T		EO I	
Dual Carriage M	/av	Traffic Control		50 Km/h	- Carine.
Vie of Collinia		Traffic Control: Not Controlled vipe - Same Direction		Traffic Volu	mo

ehicle No. BN3042L	1.160	Make	100		AND THE REAL PROPERTY.	
N13042L	Motorcycle	HONDA	Model	Color	Condition	
R4741G	0		AFS125MSF	Blue	Circlin	No of Passen
	Car	MAZDA			Chighthy	0
4		All and the second second	MAZDA3 SEDAN 1.5	Blue	Damaged Slightly	

Details of Vehicle Insur	AI EU6	Damaged
Vehicle No. Insurance	Company	
1.07	Insuran	ce No Effective
1000	S and the entitle to	ce No Effective Expiry Date



T/20201220/2167

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

Report No. T/20201229/2167

CONTINUATION OF REPORT

	ehicle Insurance			STATE OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE
	Insurance Company	Insurance No	Effective	Expiry Date
- INCOMEL	NTUC Income Insurance Co-Operative	5112058701.01	07/09/2020	06/09/2021

Any Pedestrian	Involved: No					
Rider	ans Injured: NIL		Use of	Pedestri	an Cro	ssing: NA
Name		Marty-Spirit			arr Cro.	ssing. NA
	CHIN CHEN POO			IDN	lo.	S7487144E
Related Vehicle	FBN3042L (Motoro	cycle)		Cont	tact No	98876623
Hospital/Clinic	NG TENG FONG	GENERAL	HOSPITAL	Class Drivin Licen	ng ice &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/12/2020		- D	Expir	y Date	friend a
No. of Days gran	ited Medical Leave	05	Date Dis	charge	NIL	tore
Driver		103	Degree o	of Injury	Serio	ous
Name	RICKY			ID No		NIL
Related Vehicle	SLR4741G (Car)			Conta	ct No.	90052692
Hospital/Clinic	NIL			Class Driving Licence	e â	Class: NIL Date of Expiry: NIL
ate Treatment	NIL		Deta Di	Expiry	-	
o. of Days grante	ed Medical Leave	NIL	Date Disc Degree of	harge	NIL NIL	

Brief Details.

On 29/12/2020, at around 1300hrs, I was driving my motorbike, V1) FBN3042L along the dotted line of Boon Lay Drive, between Blk 197A Boon Lay Dr and Tuas Pek Kong Keng Temple, in the direction away from Corporation Rd. Then, I saw this car, V2) SLR4741G in front of me was in the right lane of Boon Lay Dr, preparing to make a U-turn.

When I was driving past V2, V2 suddenly decided not to make the U-turn and turn left in order to continue to go straight. I was on his left, very near to the vehicle (V2), hence its left side mirror hit me and I fell off from my motorbike and the motorbike was moved to slightly ahead of me due to its inertia. V2's driver also admitted that he was hestitating to make the U-turn and did not check his left side mirror before continuing to go straight, thus he did not see me. I did not manage to get V2's driver's particulars but I have his phone number, 90052692. His name is Ricky.

There were some scratches on the left handle bar area of my vehicle and my left side mirror was bent and damaged. V2's left side mirror was also bent and damaged and the bottom part of the exterior outside





CONTINUATION OF REPORT

T/20201229/2167

3,614 Report No. T/20201229/2167

1,000

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



11700 : 10/10

V23: Curre: 29/12/--

Ricky

el 14

cro.,

V2's co-driver seat also has some scratches. My right shoulder and both thighs feel sore until now. Currently my right hand was unable to lift up any heavy item. I have obtained a 5-days MC from 29/12/2020 to 02/01/2021 from Ng Teng Fong General Hospital.

Ricky rented V2 from Grab company and Grab has been informed regarding this accident.





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

A 014 Report No. T/202012/29/2167

12.24

TO ASSESSED.

CONTINUATION OF REPORT

Sketch Plan

TENDETAN TENDETAN

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant:	\$186 6006
SC2 CHENG DEREN	dun	มาร
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2020 23:23	46. 480 490
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204-	Classification Of Case:	TXP Sec
uthentication Stamp	(SN 126)	- 1965 CO-1965
Signature:		TO I





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

1 of 3 Report No. T/20210101/2032

REPORT OF A TRAFFIC ACCIDENT

01/01/2	me Report 2021 13:11	01.1102504-56	Vide Report No.:	Station Diary No.:
Informa	ant's Partic	culars	ENGLISHED STREET	39
Name of CHIN C	of Informant HEN POOI		Address:	100 4707 0111
NRIC N	/ ID No.: O / S74871	44E	Contact No.: Home/Office:	03-4797 SINGAPORE 190002
National MALAYS	ity: SIAN		Email:	Mobile: 98876623
Sex: Male	Age:	Date of Birth: 13/06/1974	Type of Informant:	\$ P
Race: Chinese			Language:	Institution / School Name:
Occupati GLASS & MANUFA	WINDOW	'S WORKER	Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road
Location:		No	29/12/2020 13:00	Straight Road
Weather:		David C		
Clear		Road Surface:	F	Pond Conned Live
		Dry	F	Road Speed Limit:
Clear Traffic Flow: Dual Carriage Type of Collision	Way			Road Speed Limit: 60 Km/h raffic Volume: lo Traffic

Vehicle No.	Type	Make		ARTERIOR DE		
FBN3042L	Motorcycle	HONDA	Model AFS125MSF	Color	Condition Slightly	No of Passenger
SEDAN 1.5	Blue	Slightly Damaged	0			

Details of Vehicle Insurance				
Vehicle No. Insurance Company				
- Company	Insurance No	Effective	Expiry Date	





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

2 of 3 Report No. T/20210101/2032

CONTINUATION OF REPORT

ehicle Insurance			
Insurance Company NTUC Income Insurance Co-Operative Limited	Insurance No	Effective 07/09/2020	Expiry Date 06/09/2021
	5112058701.01		

No of Dodest	n Involved: No		Self-Elile Savas			
Rider	ans Injured: NIL	Use of	Pedestri	an Gro	ssing: NA	
Name	Name CHIN CHEN POOI		THE THE PROPERTY.	445000		
			IDN	o.	S7487144E	
Related Vehicle FBN3042L (Motorcycle)			-			
U- n nem			Cont	act No	98876623	
Hospital/Clinic	NG TENG FONG GENERAL	HOSPITAL	Class	n of	01	
			Drivir	ng	Class: 2B,3 Date of Expiry: NIL	
Date Treatment		Expir	y Date			
No. of Days gran	atad Madi III	Date Dis	charge	NIL		
Driver	ited Medical Leave 05	Degree o	of Injury	Serio	us	
Vame	RICKY	RICKY				
	A CONTRACTOR OF THE PARTY OF TH		ID No.		NIL	
Related Vehicle	SLR4741G (Car)		-			
la - 't trau :	-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2			ct No.	90052692	
lospital/Clinic	NIL		Class	1	01	
			Driving Licence	e &	Class: NIL Date of Expiry: NIL	
ate Treatment	NIL	Deta Di	Expiry			
o, of Days grant	ed Medical Leave NIL	Date Disc	harge	NIL		
		Degree of	injury	NIL		

Brief Details.

Vide report no.: T/20201229/2167

I wanted to make some amendments to the first paragraph of the vide report, T/20201229/2167.

It should be:

"On 29/12/2020, at around 1300hrs, I was riding my motorbike, V1) FBN3042L on the left lane of Boon Lay Drive, between Blk 197A Boon Lay Dr and Tuas Pek Kong Keng Temple, in the direction away from Corporation Rd. Then, I saw this car, V2) SLR4741G in front of me was in the right lane of Boon Lay Dr,





T/20210101/2032

Report No. T/20210101/203

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

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.

CONTINUATION OF REPORT

SC2 CHENG DEREN	Signature Of Informant:
Signature Of Interpreter:	
Not applicable	Date/Time: 01/01/2021 13:11
Officer In Charge Of Case:	
IP/AEIT/	Classification Of Case:
SI MOHAMAD ZULFAZDLI BIN ABDULLAH	2529/3309
Contact No.: 654/6204	SN 1261
Authentication Stamp	SIN 126
Signature	:
Singapore Poli	



















