SN0720CV0008 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 02/01/2021 10:09 (SGT) SUBMITTED BY: Samsia Beevi VERSION: 1 (02/01/2021 10:09 (SGT))

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.

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 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 02/01/2021 10:09 (SGT) Date of Accident 29/12/2020 20:00 (SGT) Exact Location of Accident Clementi, Singapore Additional Location Information CLEMENTI AVENUE 6 TOWARDS AYE (CITY) EXIT. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR2305P

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner YEO BENJAMIN NRIC No. S9526379H

Email Address benjamin_yjm@hotmail.com Mobile Phone No (Phone) +65-97341188

Alternative Phone No +65-97341188

VEHICLE PARTICULARS

Manufacturer Honda Model Nc700x

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? No - Reporting only

Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty

Fleet Policy

Policy Number 5120287199

Cover Note Number

DRIVER

Name of Driver YEO BENJAMIN NRIC No S9526379H Date Of Birth 31/07/1995 Occupation Outdoor

Date Of Driving Pass	10/03/2016
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97341188
Alt. Phone Number	+65-97341188
Email Address	benjamin_yjm@hotmail.com
Address	BLK 490B #07-263
Address complement	
Postcode	CHOA CHU KANG AVENUE 5
Is the driver the policyholder?	682490 Yea
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	- NI-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlicle Registration Number of Other Verlicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
Trodd Guridec	ыу
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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	CHUA WEE XIN NELLY
Gender	Female
	Temale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
MY MOTORCYCLE (FBR2305P) WAS TRAVELLING ALONG CL	EMENTI AVENUE 6, MAKING A LEFT LANE CHANGE FROM LANE
2 TO LANE 3 TO ENTER AYE (CITY) EXIT. THE CAR (EQ38T) V	VAS TRAVELLING ALONG CLEMENTI AVENUE 6, MAKING A
RIGHT LANE CHANGE FROM LANE 3 TO 2 TO ENTER AYE (T	UAS) EXIT AND COLLIDED INTO MY VEHICLE. MY MOTORCYCLE
WAS HIT ON THE REAR LEFT SIDE BY THE CAR, WITH MAJO	
PILLION FOOTREST AREA. MY MOTORCYCLE DID NOT FALL	BOTH VEHICLES PROMPTLY STOPPED BY THE ROADSIDE TO

EXCHANGE PARTICULARS AND TAKE PHOTOS. BOTH VEHICLES DO NOT HAVE CAMERA FOOTAGE OF THE ACCIDENT. I SUSTAINED SORENESS AT MY LEFT SHOULDER (2 DAYS MC) MY PILLION SUSTAINED PAIN AND SWELLING AT HER LEFT ANKLE (4 DAYS MC) NOBODY WAS CONVEYED BY AMBULANCE TO THE HOSPITAL. MY PILLION AND I HAD WENT TO NG TENG FONG GENERAL HOSPITAL ON OUR OWN VIA GRAB. THE DRIVER OF THE CAR HAS AGREED FOR AN INSURANCE CLAIM TO BE DONE ON HIM FOR MY DAMAGES AND OTHER RELEVANT CLAIMS.

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	EQ38T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WINSTON LEE SIEW BOON
NRIC No	S0273337D
Contact Number	(Phone) +65-96822949
Address	107 FABER DRIVE
Address complement	-
Postcode	129417
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	YEO BENJAMIN
Address	BLK 490B #07-263
Address Complement	CHOA CHU KANG AVENUE 5
Post Code	682490
Approximate Age Years Old	25
Injuries Sustained	-
Injured person in which vehicle?	FBR2305P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	
was this injured conveyed to nospital by ambulance?	No
INJURED 2	
Name of injured person	CHUA WEE XIN NELLY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	FBR2305P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report **correctly** the details of the accident to speed up the claims process
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- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)
 - 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.
- 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.

YEO BENJAMIN 31-12-2020 02:33:45 AM

Policyholder's Signature / Date &

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

Centre Personnel

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Sketch Plan



Describe Circumstances of the Accident

EQ38T

FBR2305P
MY MOTORCYCLE (FBR2305P) WAS TRAVELLING ALONG CLEMENTI AVENUE 6, MAKING A LEFT LANE CHANGE FROM LANE 2 TO LANE 3 TO ENTER AYE (CITY) EXIT.

THE CAR (EQ38T) WAS TRAVELING ALONG CLEMENTI AVENUE 6, MAKING A RIGHT LANE CHANGE FROM LANE 3 TO 2 TO ENTER AYE (TUAS) EXIT AND COLLIDED INTO MY VEHICLE.

MY MOTORCYCLE WAS HIT ON THE REAR LEFT SIDE BY THE CAR, WITH MAJORITY OF THE IMPACT ON MY PILLION'S LEFT ANKLE AND PILLION FOOTREST AREA.

MY MOTORCYCLE DID NOT FALL.

BOTH VEHICLES PROMPTLY STOPPED BY THE ROADSIDE TO EXCHANGE PARTICULARS AND TAKE PHOTOS.

BOTH VEHICLES DO NOT HAVE CAMERA FOOTAGE OF THE ACCIDENT.

I SUSTAINED SORENESS AT MY LEFT SHOULDER (2 DAYS MC) MY PILLION SUSTAINED PAIN AND SWELLING AT HER LEFT ANKLE (4 DAYS MC)

NOBODY WAS CONVEYED BY AMBULANCE TO THE HOSPITAL. MY PILLION AND I HAD WENT TO NG TENG FONG GENERAL HOSPITAL ON OUR OWN VIA GRAB.

THE DRIVER OF THE CAR HAS AGREED FOR AN INSURANCE CLAIM TO BE DONE ON HIM FOR MY DAMAGES AND OTHER RELEVANT CLAIMS.

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

YEO BENJAMIN 31-12-2020 02:33:45 AM Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder)

/Date & Time

Witnessed by Reporting
Centre Personnel

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