SN08211Q0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/01/2021 11:25 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (26/01/2021 11:25 (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.

- 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 26/01/2021 11:25 (SGT) Date of Accident 24/01/2021 19:00 (SGT) Exact Location of Accident Havelock Rd, Singapore Additional Location Information CLEMENCEAU AVE TOWARDS RIVER VALLEY RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJI 4230U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner LAW MUI KHENG NRIC No. SXXXX828F

Email Address jeanettelaw@yahoo.com.sg Mobile Phone No (Phone) +65-98202494

Alternative Phone No +65-93839058

VEHICLE PARTICULARS

Manufacturer Honda

Model Stream

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 Private car

INSURANCE COMPANY

Name of Insurance Company AIG

Type of Coverage Comprehensive

Fleet Policy

Policy Number 1800134182-02

Cover Note Number

DRIVER

Name of Driver **IVAN LIM ZONGJUN** NRIC No SXXXX172B Date Of Birth

15/07/1995 Occupation Indoor

Date Of Driving Pass 22/07/2020 Driving experience 6 MONTHS Gender Male Mobile Number (Phone) +65-93839058 Alt. Phone Number Email Address ivanlzj95@yahoo.com.sg Address BLK 920 JURONG WEST STREET 92 #04-81 Address complement Postcode 640290 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 - Head to Rear 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? No 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? Nο 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 PLEASE REFER TO POLICE REPORT T/20210124/2076 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 NumberFBH7928LVehicle ManufacturerYamahaVehicle ModelJupiter Ic135Vehicle Variant-Vehicle Colour-Vehicle CategoryMotorcycleName 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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</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 a <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.

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- 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:
- (My insurery 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 closes and transfer under personal Information to all insurer(s) who have insured weblied(s) involved in this accident (all insurer(s) who have insured weblied(s) involved in this accident (all insurer(s) who have insured veblied(s) involved in this accident shall be collectively referred to as the "insurers"), the Insurer's lawers/law firms (have first with the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

 - (ii) investigating the accident and/or my claims;

 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 (iiv) 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

Bentine Centre Personnel's Signiture AMS
Name:
NRIC/FIN NO.: D. S. W. AMS

(ii) for complying with requirements under any regulations, laws or court orders.

MMA

Accident report SN08211Q0002

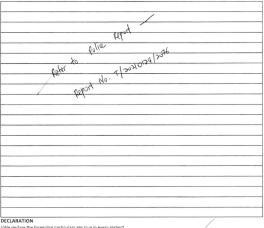
SKETCH PLAN



VA: SJL 430 U VB: FKH 7608L

Haveleck Koad / clamproau thre towards River Lalley road.

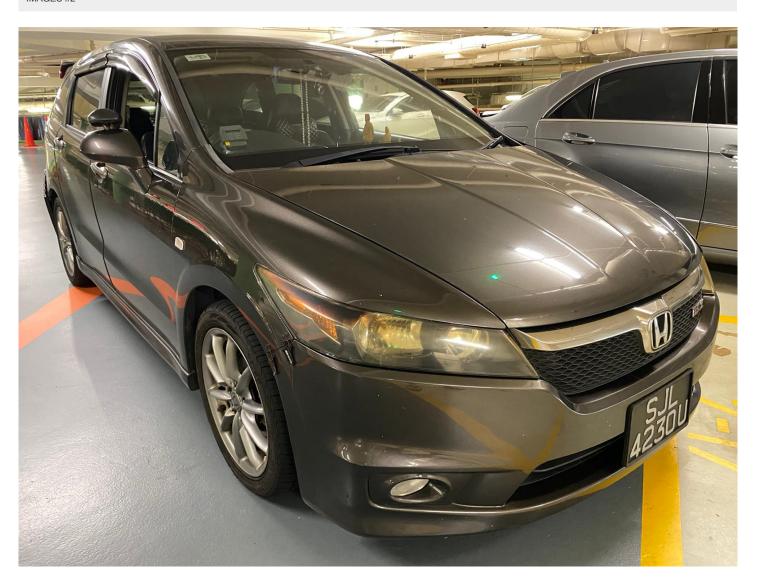
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

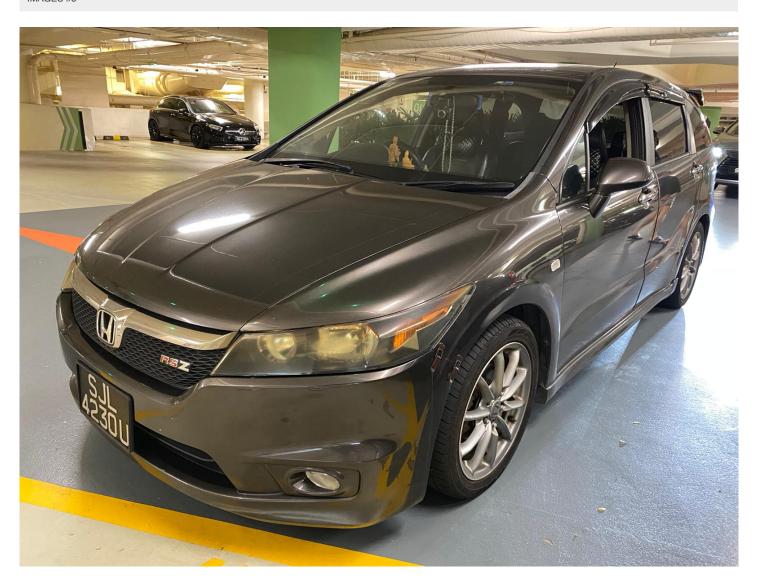


Driver's Signature (if driver is not the policyholder)

Ab W 8024 Reporting Centre Personaer's Signatury







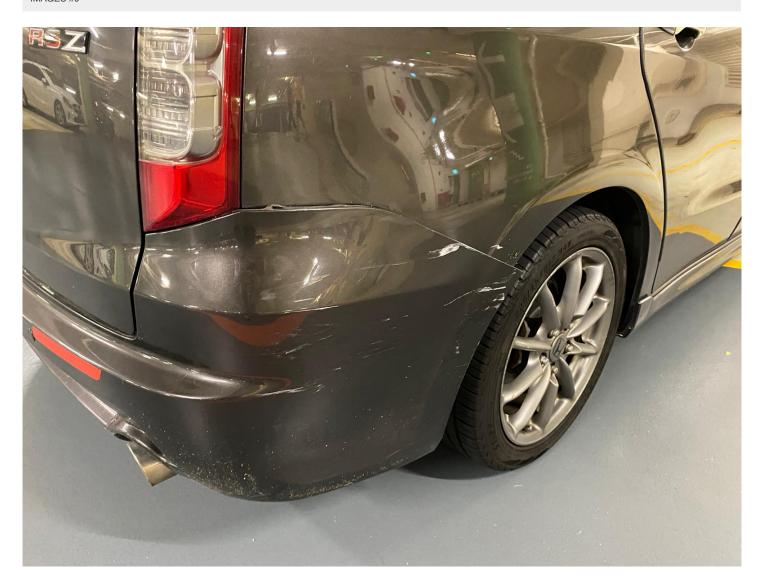
















Police Station Of Origin Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

enart No. T/20210124/2076

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 22:59	fade:	Vide Report No.: A/20210124/0131	Station Diary No.		
	nt's Partic		S SERVICE STATE OF THE SERVICE	SECULIA DE POSSO DE SERVIZIO DE LA COLO		
	Informant: M ZONGJU		Address: APT BLK 920 JURONG WES	ST STREET 92 #04-81		
NRIC NO	/ ID No.: D / S95251	72B	SINGAPORE 640920 Contact No.: Home/Office:	40920 Mobile: 93839058		
National SINGAP	ity: ORE CITIZ	EN	Email:	Mobile: 93839058		
Sex: Male	Age: 25	Date of Birth: 15/07/1995	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupati Police of	ion: ficer		Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/01/2021 19:00		Type of Location filter lane	
Location:	ROAD					
Weather: Clear		Road Surface: Dry		Roa	d Speed Limit:	
		Traffic Control: Not Controlled			Traffic Volume: Moderate	
I WU VVay						

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBH7928L	Motorcycle	YAMAHA	JUPITER 135 MANUAL	White	Slightly Damaged	1
SJL4230U	Car	HONDA	STREAM 1.8 RSZ A	Grey	Slightly	1 .

Details of Ve	ehicle Insurance	13 14 14 15 15 15	(3.5) V. V.	State of the
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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

Report No T/20210124/20/6

Details of Vehicle Insurance					
Insurance Company	Incurance No	Effective	Expiry Date		
	4000404400.00		25/11/2021		
	Insurance Company		Insurance Company Insurance No Effective		

Brief Details.

On 240/1/2021 at about 1900hrs, the weather was clear, and I was driving car bearing plate number SJL4230U along filter lane of junction Havelock Road / Clemenceau Ave Woards River valley road. Upon signaling, I turned towards the left filter lane. It was playing way to the oncoming vehicle, Suddenly a motorcycle bearing plate number FBH7928L collided into my right rear I siep out of my whiche and went to check on the impact of the collision and the rider. My right rear bumper to right rim is damaged. The motorcyclist sustained a few injuries and could not move his left knee. As such, I decided to call for ambulance. Traffic police came and I was issued case card to vide to A/20210124/0131.

