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 01/03/2021 20:37 (SGT) Date of Accident 10/01/2021 13:25 (SGT) Exact Location of Accident West Coast Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ3107T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SOON CHENG KIAT DERICK (SONG CHENGJIE DERICK) NRIC No. SXXXX029I Email Address cannondale84@yahoo.com.sg Mobile Phone No (Phone) +65-82888395 Alternative Phone No +65-82888395

Yamaha

VEHICLE PARTICULARS

Manufacturer

Model NMAX155 ABS Variant Exact purpose for which vehicle was being used at time of accident Employment 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 ThirdParty Fleet Policy Policy Number 5119764523 Cover Note Number

DRIVER

Name of Driver SOON CHENG KIAT DERICK (SONG CHENGJIE DERICK) NRIC No SXXXX029I Date Of Birth 23/07/1984 Occupation Indoor

Date Of Driving Pass 10/08/2005 Driving experience 15 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-82888395 Alt. Phone Number +65-82888395 Email Address cannondale84@yahoo.com.sg Address BLK 288B JURONG EAST STREET 21 #13-372 Address complement Postcode 602288 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JRF3964 Vehicle Category Motorcycle **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210216/7027 AND T/20210301/2078 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number JRF3964

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Motorcycle
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	SOON CHENG KIAT DERICK (SONG CHENGJIE DERICK)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBQ3107T
Were seat belts worn?	· -
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

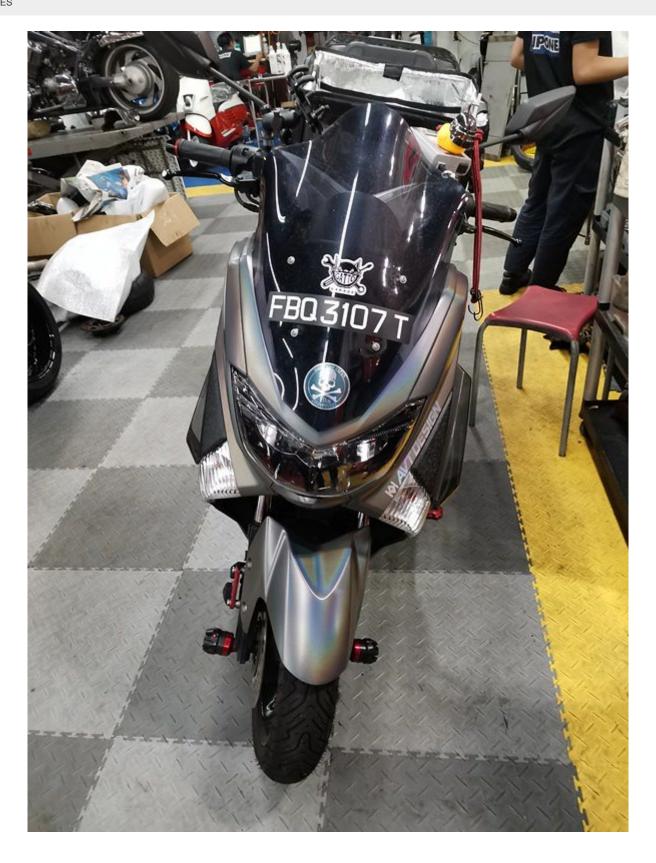
olicyholder's Signature /	Date & Driver's Signature (If driver is & Time	not the policyh	older) / Date	Witnessed by F Personnel	Reporting Centre
ketch Plan	A graffic light	WAS7	COASI POP	D	
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	A) FBQ 3107 T				
	B) JRF 3964				,

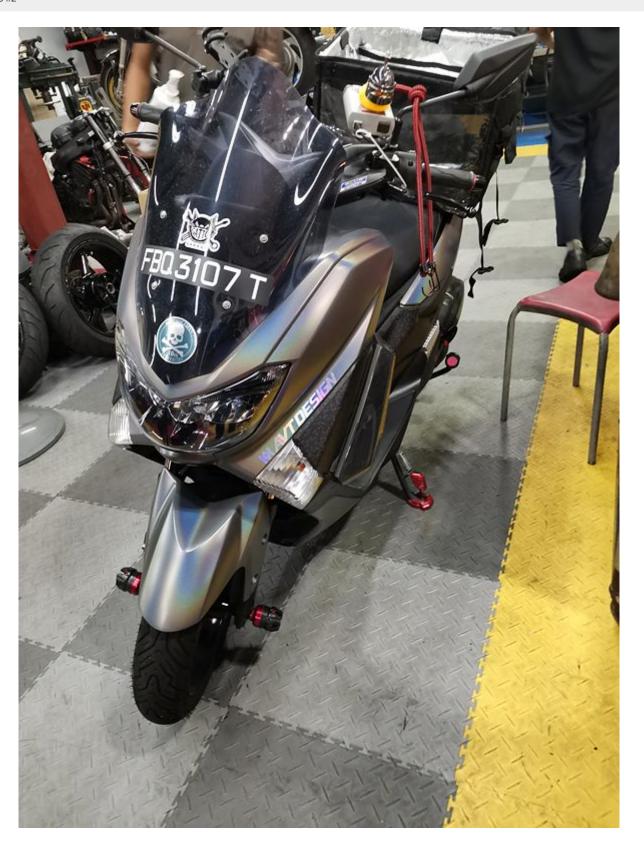
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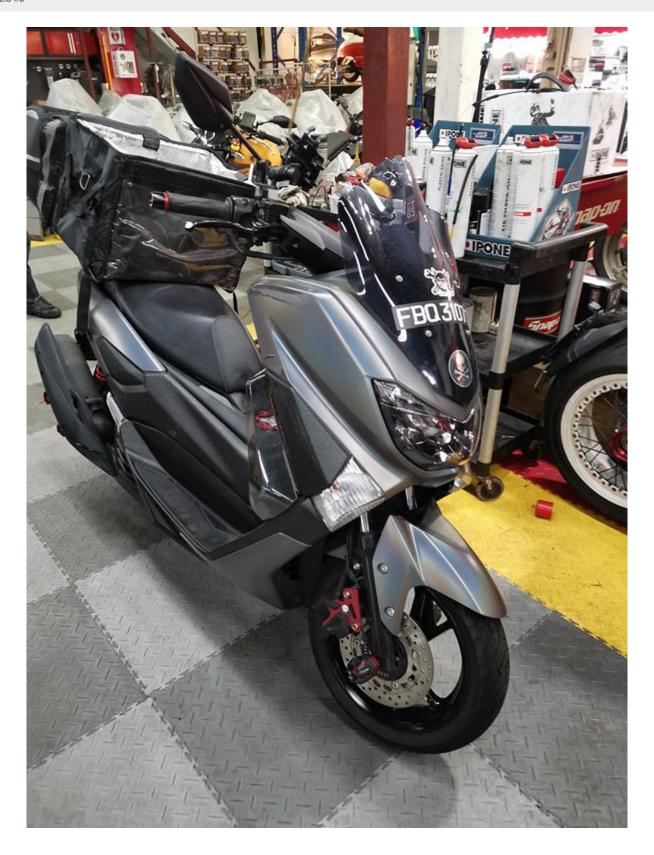
Driver's Signature (if driver is not the policyholder) / Date & Time

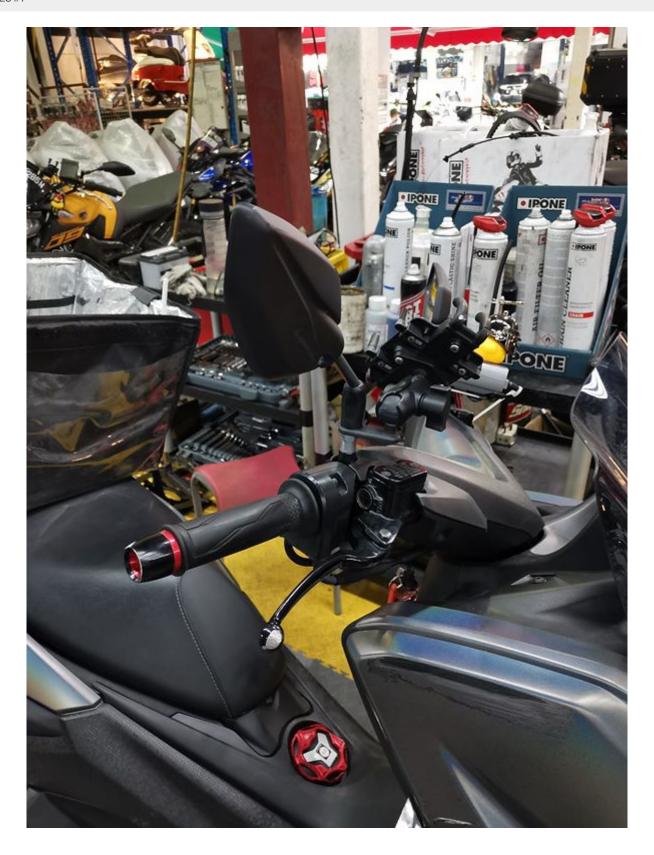
Policyholder's Signature / Date & Time

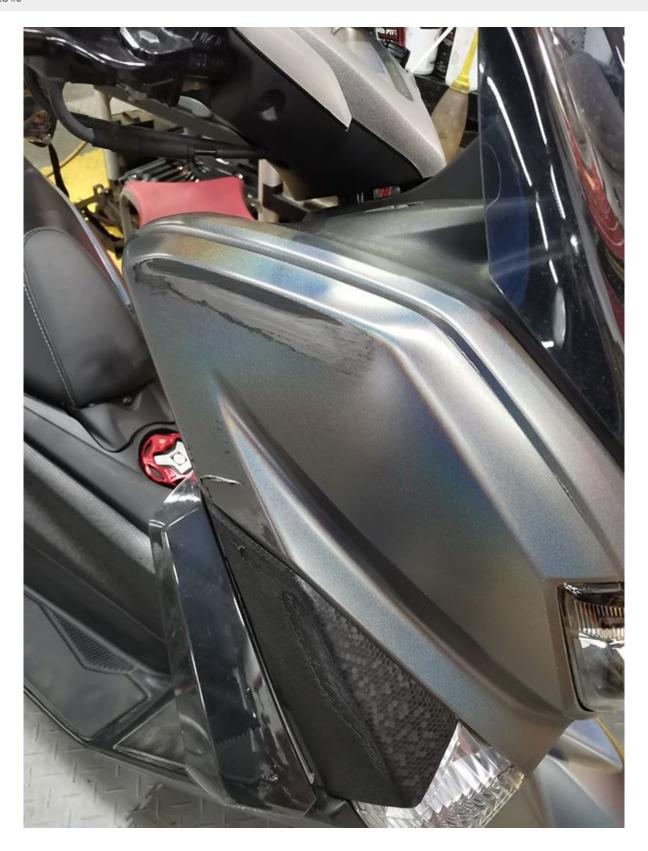
Witnessed by Reporting Centre Personnel

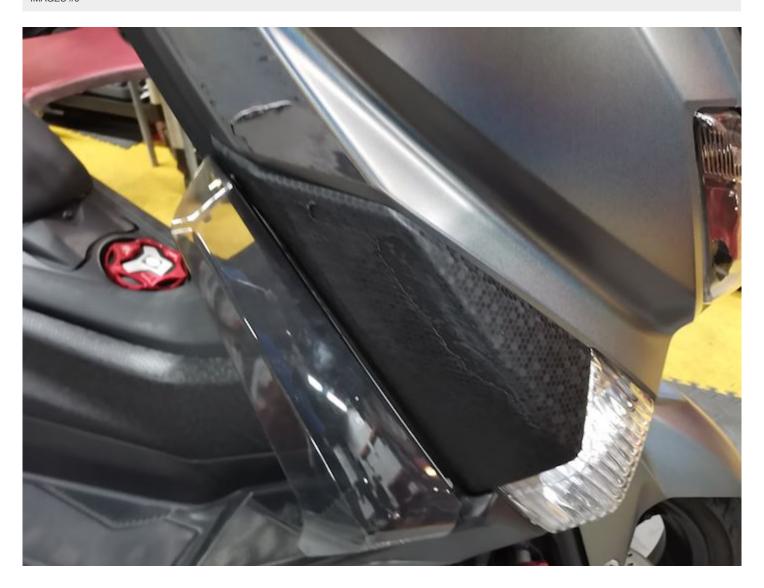














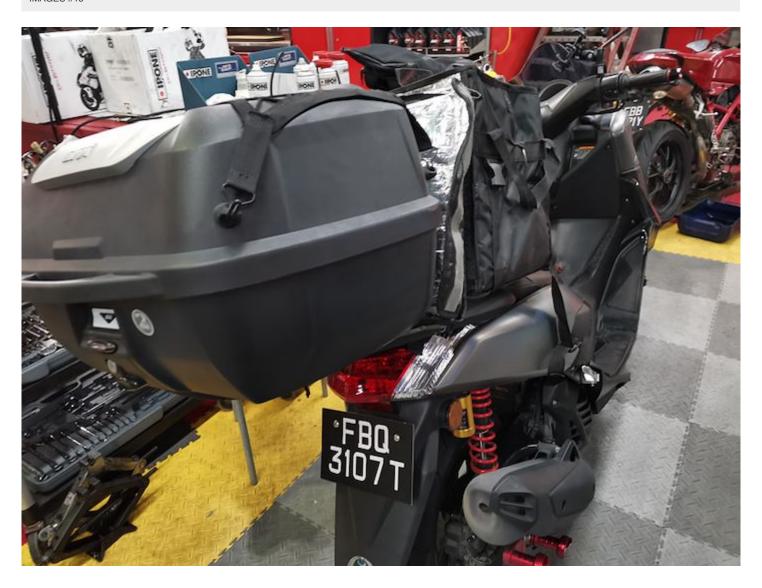


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. 7:20210216/7027

REPORT OF A TRAFFIC ACCIDENT

16/02/2	ne Report 21 16:58	Made:	Vide Report No.: Station	
Informa	nt's Partic	ulars		
Name of	Informant	T DERICK	Address: 2885 JURONG EAST STRE	ET 21 #13-372 SINGAPORE
D Type VRIC NO	/ ID No.: D / S84220	291	Contact No.:	
National			Enial:	Mobile: 82838395
Sex: Male	Age: 36	Date of Birth: 23/07/1984	CANNONDALES4@YAHOO. "YES of informant: Fider	COM.SG
Race: Chinese			Language: English	Institution / School Name:
Occupati delivery i	on. ider		Driving Licence Information: Class. 2B,2A,2	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Dave:	Date/Time of Accident:	Type of Location
Location:	1 8794		10/02/2021 13:2	5
WEST COAS	T ROAD			
			the sec	
		Ficed Surface:		Road Speed Livit
Weather: Clear Traffic Flow		Dry		Road Speed Linit: 50 Km/n
Clear Traffic Flow:	Way	Dry Truffe: Control:		Road Speed Linit: 50 Km/n Traffic Volume:
		Dry	sing	50 Km/n

Vehicle No.	Type	Make	シング だんりず 出意 連	THE WAY		
FBQ3107T	Motorcycle	The second second second second second	Waste.	Color	Condition	Travetta.
- 401011	Motorcycle	YAMAHA	国际人民代码	-A Grev	7.75	A STATE OF THE PARTY OF THE PAR

Vehicle No.	Insurance Company	1		14 11 11 11
		Insurance No	Effective //	Fxpiry Date
- 401011	NTUC Income Insurance Cc-Cparative	5119764523	06/11/2020	05/1:/2021



T/20210216/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210216/7027

CONTINUATION OF REPORT

Details of Perso	n Involved			W 95 20 3	52433	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA		
Rider	The San		(4.00)			AND THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE THE RESE
Name	SOON CHENG KIAT	SOON CHENG KIAT DERICK				S8422029I
Related Vehicle	FBQ3107T (Motorcycle)			Conta	ct No.	82888395
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Driving Licent Expiry	g ce &	Class: 2B,2A,2 Date of Expiry: NIL
Date	NIL		Date			/2021
No. of Days gran	ted Medical Leave	60	Degree o	f	Serio	

Brief Details

I was travelling on west coast road just beside pandan gardens toward west coast highway. On approaching the traffic light T junction outside pandan gardens, i slowed down as the traffic lights turned red, upon reaching the stop line, a malaysian registered bike veered to my side and hit my motorcycle which he proceeded to beat the red light after knocking me. There was a vehicle behind who captured the accident and the video have been sent to the investigation officer. I was conveyed to Ng Teng Fong Hospital via ambulance and had been discharged on 16/2/2021. I did not capture the malaysian bike number plate.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20210216/7027

CONTINUATION OF REPORT

Sketch Plan		
Informant is	not able to provide	ekata

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: 16/02/2021 16:58
Officer In Charge Of Case:	Classification Of Case:
TAN JUN YAN Contact No.: 65476311	
uthentication Stamp	

NP168



Case Summary Form (CSF)

Report No.T/20210301/2078

Manual Form Serial No

Report Number

T/20210301/2078

Vide Report Number

T/20210216/7027

Date/Time of Report Made

01/03/2021 16:10

Place Report Lodged

Traffic Police

Name of Informant

SOON CHENG KIAT DERICK

ID Type / ID No.

NRIC NO / S8422029I

Home/Office

Mobile

82888395

Email

Date/Time of Incident From

10/02/2021 13:25

Date/Time of Incident To

Incident Location

WEST COAST ROAD SINGAPORE

Junction of west Coast road and Pandan Gardens

Brief Facts

I was travelling on West Coast Road just beside Pandan gardens towards West Coast highway. On approaching the traffic light T junction outside Pandan gardens, I slowed down as the traffic lights turned red. Upon reaching the stop line, a Malaysian registered bike veered to my side and hit my motorcycle which he proceeded to beat the red light after knocking me. There was a vehicle behind who captured the accident and the video have been sent to the Investigation Officer. I was conveyed to Ng Teng Fong Hospital via ambulance and had been discharge on 16.02.2021. I did not capture the Malaysian bike number plate.

After discharging from the hospital, I lodge an online Road Traffic Accident Report and managed to call the Investigation Officer from traffic Police. I asked him for the Malaysian Registered bike and he gave it to me. The Malaysian registered bike number is: JRF 3964. The purpose of me lodging a CSF report is to include the Malaysian Bike number as I need to make insurance claims from IDAC.

Case Sensitivity

No

Officer-in-Charge of Case

TRAFFIC POLICE /

TAN JUN YAN

Contact No.

65476311

Classification of Case

1) NO OFFENCE DISCLOSED