SN072132000Q / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 02/03/2021 21:28 (SGT) SUBMITTED BY: Tee Hong Da VERSION: 1 (02/03/2021 21:28 (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 02/03/2021 21:28 (SGT) Date of Accident 25/01/2021 21:35 (SGT) Exact Location of Accident Singapore Additional Location Information FILTER LANE OF TAMPINES AVE 2 ONTO TAMPINES AVE 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number FBF174B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HAN YIN WAN NRIC No. S2509226J Email Address JOSHHANYJ@GMAIL.COM Mobile Phone No (Phone) +65-91159235 Alternative Phone No +65-91159235

VEHICLE PARTICULARS

Manufacturer

Model Cbf150 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 ThirdParty Fleet Policy Policy Number 5052477250-09 Cover Note Number

DRIVER

Name of Driver HAN YIN WAN NRIC No S2509226J Date Of Birth 17/09/1956 Occupation Indoor

Date Of Driving Pass 13/02/1981 Driving experience 39 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-91159235 Alt. Phone Number +65-91159235 Email Address JOSHHANYJ@GMAIL.COM Address BLK 205 TAMPINES ST 21 #03-1277 Address complement Postcode 520205 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 - 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? 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 **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 REFER TO POLICE REPORT 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 SHA6928J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver Contact Number

(Phone) +65-96644657

Address	<u>-</u>
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	HAN YIN WAN
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	-
Injured person in which vehicle?	FBF174B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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:
 - 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: 02 03 2021 190

Driver's Signature

(If driver is not the policyholder)

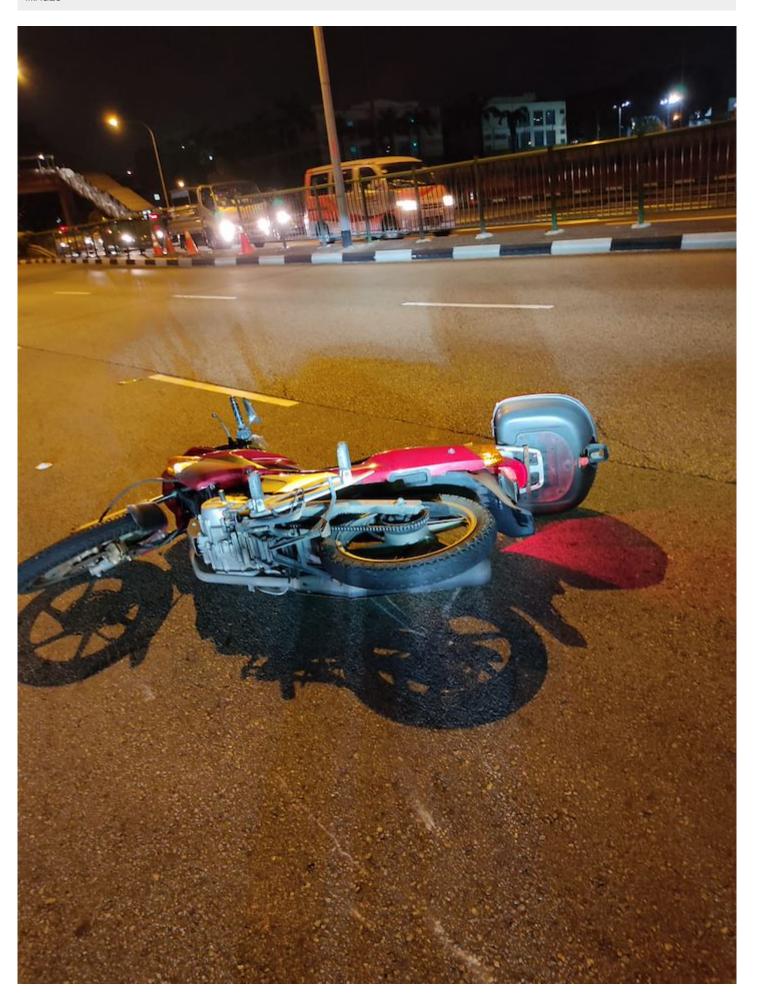
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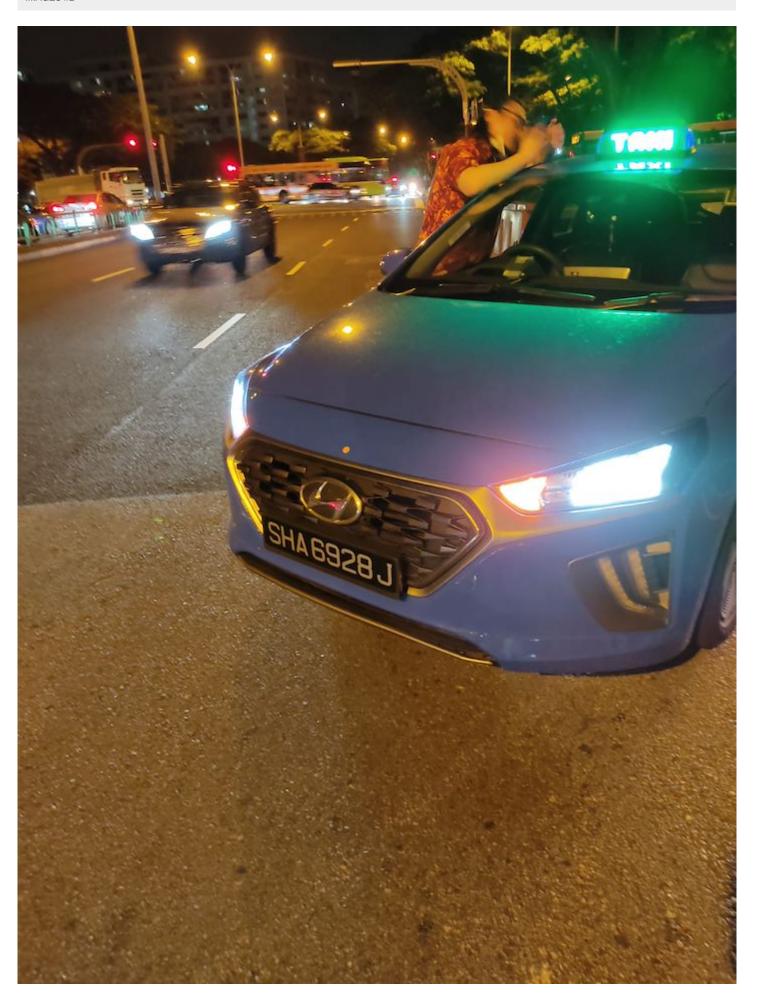
Reporting Centre Personnel's Signature

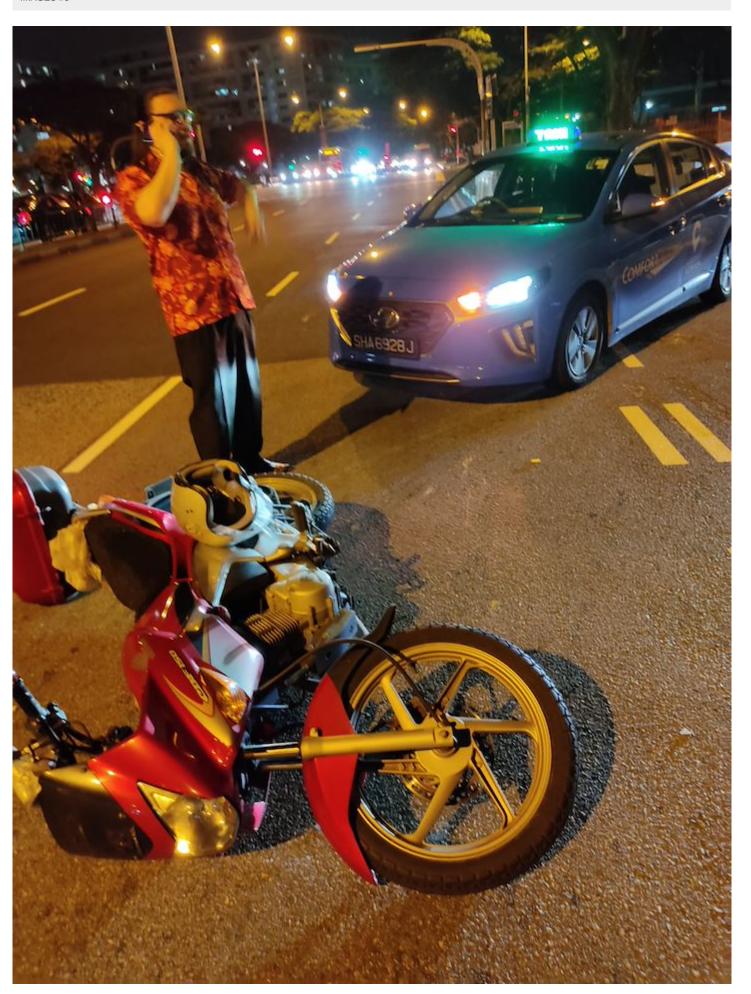
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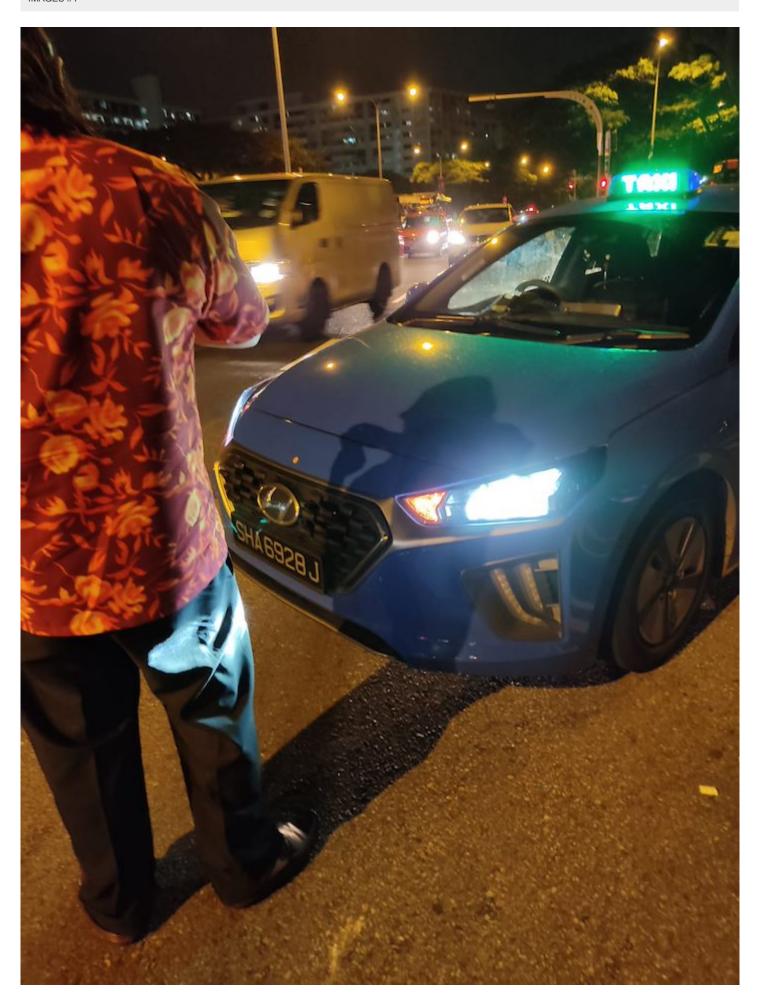
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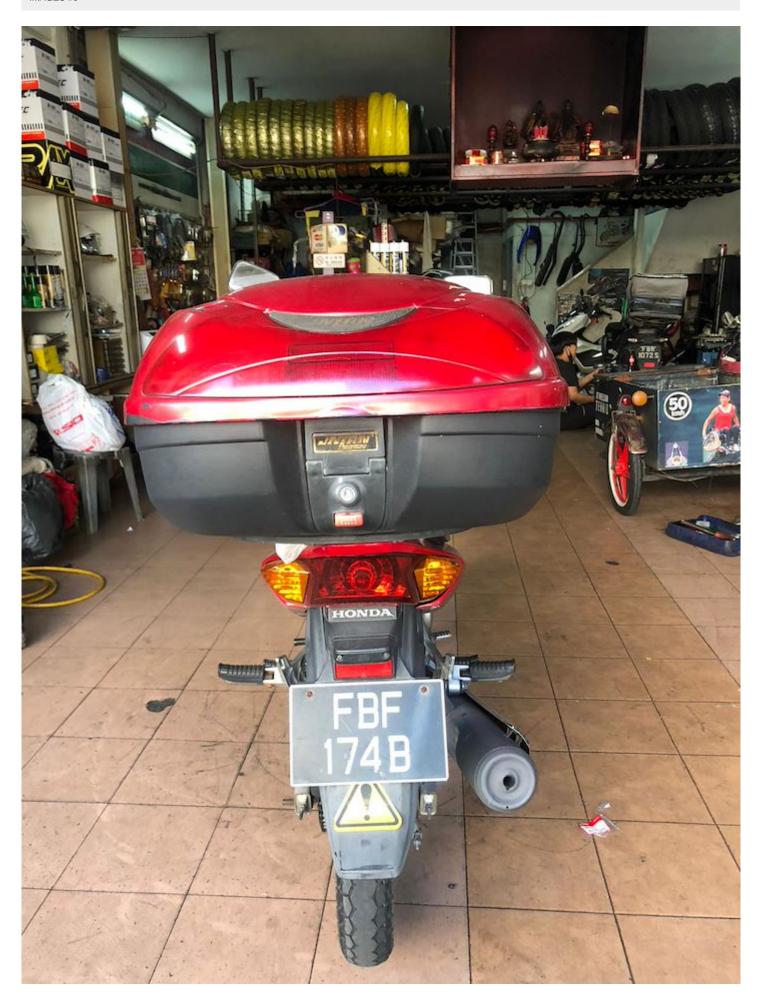


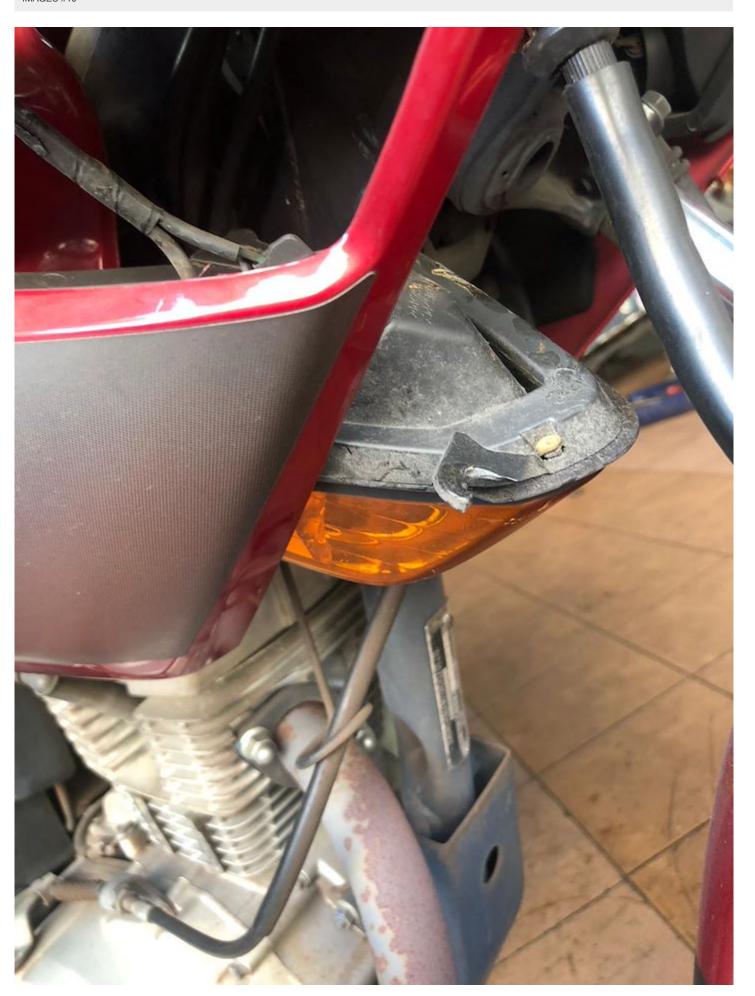


















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210226/7001

REPORT OF A TRAFFIC ACCIDENT

	ime Report Made: Vide Report No.: Station Diary 2021 10:14 G/20210225/0185				
Informan	t's Partic	ulars			
Name of Informant: HAN YUN JIA JOSH			Address: 205 TAMPINES STREE	ET 21 #03-1277 SINGAPORE 520205	
ID Type / ID No.: NRIC NO / S8229760Z			Contact No.: Home/Office: Mobile: 98538609		
	Nationality: SINGAPORE CITIZEN		Email: JOSHHANYJ@GMAIL.COM		
Sex: Age: Date of Birth: Female 38 09/09/1982		Type of Informant: child of casualty			
Race: Chinese		Language: Institution / School Nar English			
Occupation: Financial/Investment adviser		Driving Licence Information: Class: 2B,3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2021 21:35	Type of Location: Slip road merging into main road
Location: TAMPINES A	VENUE 2			
		Road Surface: Dry		oad Speed Limit: 0 Km/h
Weather: Clear Traffic Flow: One Way			6 T	

Details of V	ehicle Involve	d	DE HOUSE			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBF174B	Motorcycle	HONDA	CBF150	Red	Slightly Damaged	0
SHA6928J	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210226/7001

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF174B	NTUC Income Insurance Co-Operative Limited	5052477250-09	23/12/2020	22/12/2021
Details of P	erson Involved			
Any Pedestr	an Involved: No			
No. of Pedes	strians Injured: NIL	Jse of Pedestrian Cr	ossing: NA	
Rider				
Name	HAN YIN WAN	ID No.	S2509226J	

Hamo	CICH THE WORK			10.110		OLOGOLLOG
Related Vehicle	FBF174B (Motorcycle)			Conta	ct No.	91159235
Hospital/Clinic	CHANGI GENERAL HOSPITAL		L	Class of Driving Licence & Expiry		Class: 2B,2A,3,4A Date of Expiry: NIL
Date	25/02/2021		Date		25/02/2021	
No. of Days gran	ted Medical Leave	03	Degree of	f	Slight	
family member of	rider					
Name	HAN YUN JIA JOSH			ID No.		S8229760Z
Related Vehicle	FBF174B (Motorcycle)			Conta	ct No.	98538609
Hospital/Clinic	CHANGI GENERAL HOSPITAL		L	Class Driving Licence Expiry	e &	Class: 2B,3 Date of Expiry: NIL
Date	25/02/2021		Date			/2021
No. of Days grant	ted Medical Leave	03	Degree of	f	NIL	

Brief Details.

This is an accident between a Comfort Taxi SHA6928J driven by Lee, mobile number 96644657 and motorcycle FBF174B, handled by Han Yin Wan, NRIC 2509226J, mobile number 91159235. Motorist and Comfort Taxi are travelling from Tampines Avenue 2 merging into Tampines Avenue 5 via the slip road from Tampines Avenue 2.

Motorist was in front of the Taxi and stopped to give way to oncoming traffic from Tampines Avenue 5 (Tampines Avenue 2 x Tampines Avenue 5 - HP60A). Motorist came to a stop and Taxi which was following behind the motorist knocked the motorist, where the motorcyle fell and skid, and Motorist Mr Han got flung out to the lane of the oncoming traffic along Tampines Avenue 5.

There were photos taken after the incident and there is a car cam installed in the Comfort Taxi.



T/20210226/7001

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20210226/7001

CONTINUATION OF REPORT





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210226/7001

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 26/02/2021 10:14
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200	Classification Of Case:

NP168