

SY0A213G0004 / YEW TEE AUTOMOBILE TECH PTE LTD [417800]
ENTRY DATE & TIME: 16/03/2021 17:08 (SGT)
SUBMITTED BY: TOH LEI MING
VERSION: 1 (16/03/2021 17:08 (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 willful misrepresentation or withholding 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.
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 16/03/2021 17:08 (SGT)
Date of Accident 16/03/2021 14:05 (SGT)
Exact Location of Accident Pandan Loop, Singapore
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBL958A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner No ENG HONG JIE MERVIN
NRIC No SXXXX284C
Email Address MEHJ25@OUTLOOK.COM
Mobile Phone No (Phone) +65-81251065
Alternative Phone No (Home) +65-81251065

VEHICLE PARTICULARS

Manufacturer Yamaha
Model MW 125 3-WHEELER
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 No
Policy Number 5115724345-01
Cover Note Number

DRIVER

Name of Driver ENG HONG JIE MERVIN
NRIC No SXXXX284C

Date Of Driving Pass	16/01/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81251065
Alt. Phone Number	(Home) +65-81251065
Email Address	MEHJ25@OUTLOOK.COM
Address	45A EDGEFIELD PLAINS #17-06
Address complement	-
Postcode	828711
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

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)	1
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	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 ATTACHED

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	SJG5730M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

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 ENG HONG JIE MERVIN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained FBL958A
Injured person in which vehicle? Yes
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance?

WITNESS DETAILS

WITNESS 1

Name -
Phone (Phone) +65-90613351
Email -

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

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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)**
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 Insurers' 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 (noticing 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.

eg

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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Sketch Plan



A = FBL958A
B = SJG15730M

Describe Circumstances of the Accident

Refer to Police Report.

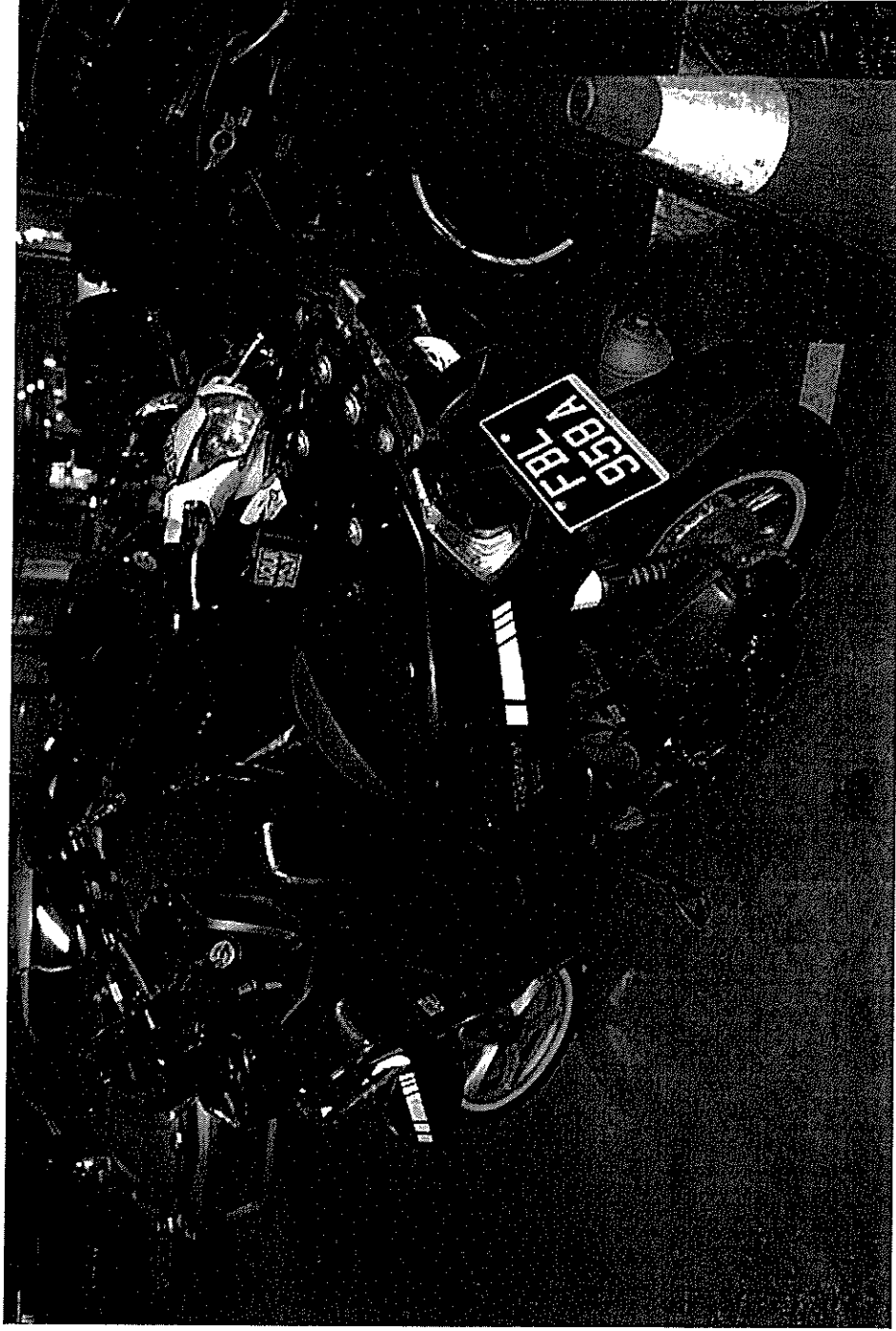
Declaration

“We decide the foreword particulars are true in every respect. Jeddah is a very beautiful city and we are situated in the center of our expansion area.”

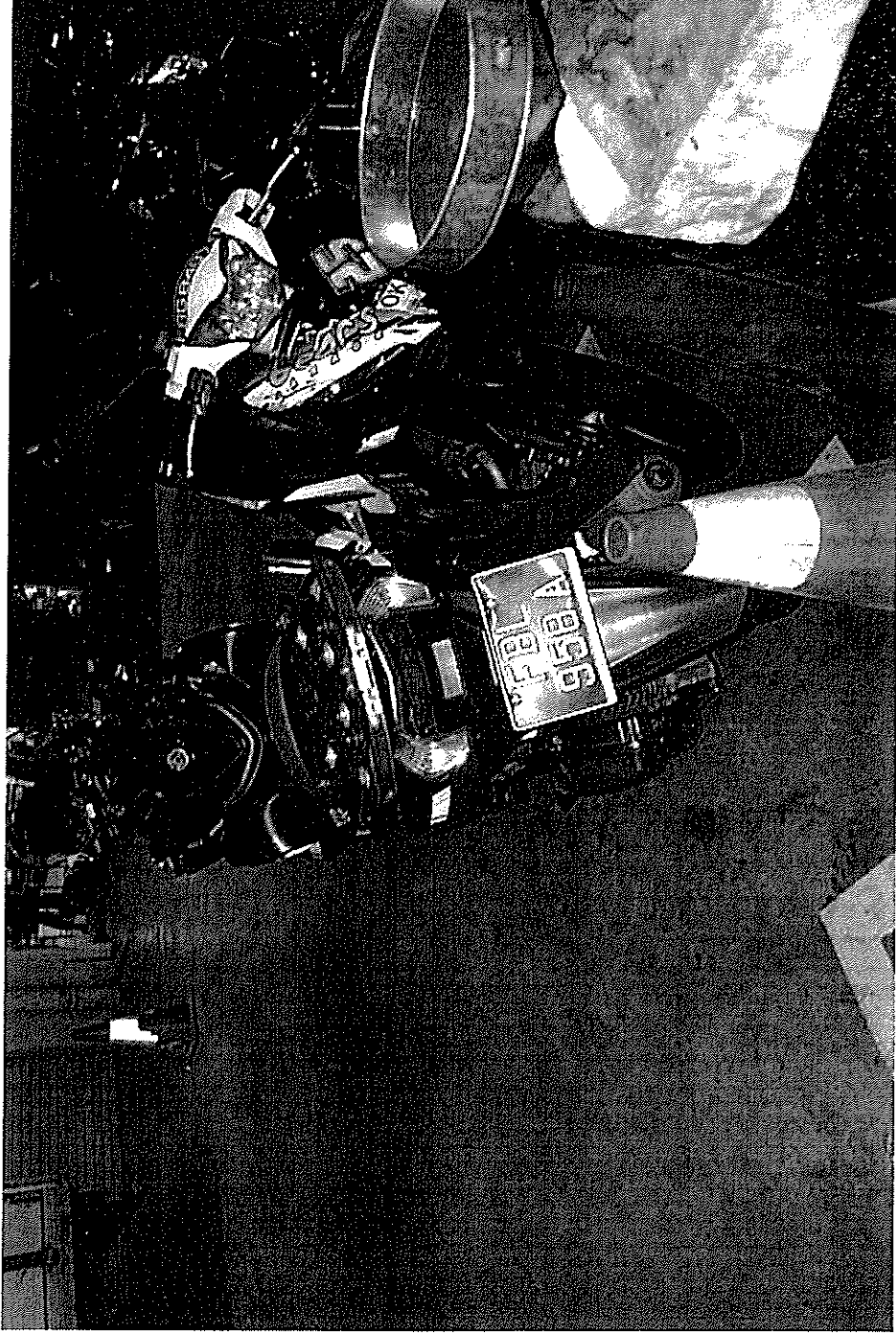
**Policyholder's Signature / Date &
Time**

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

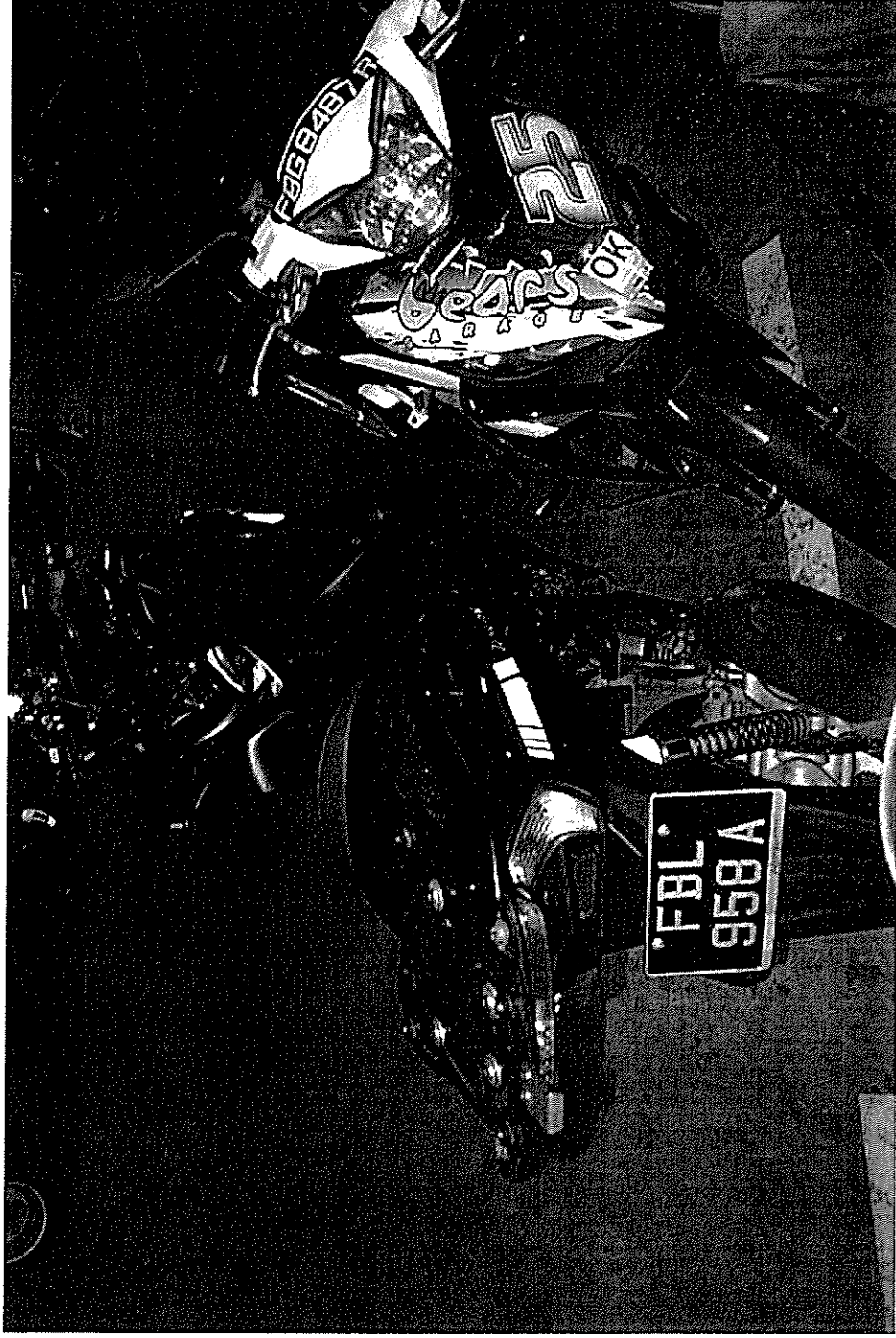
~~Witnessed by Reporting Centre
Personnel~~

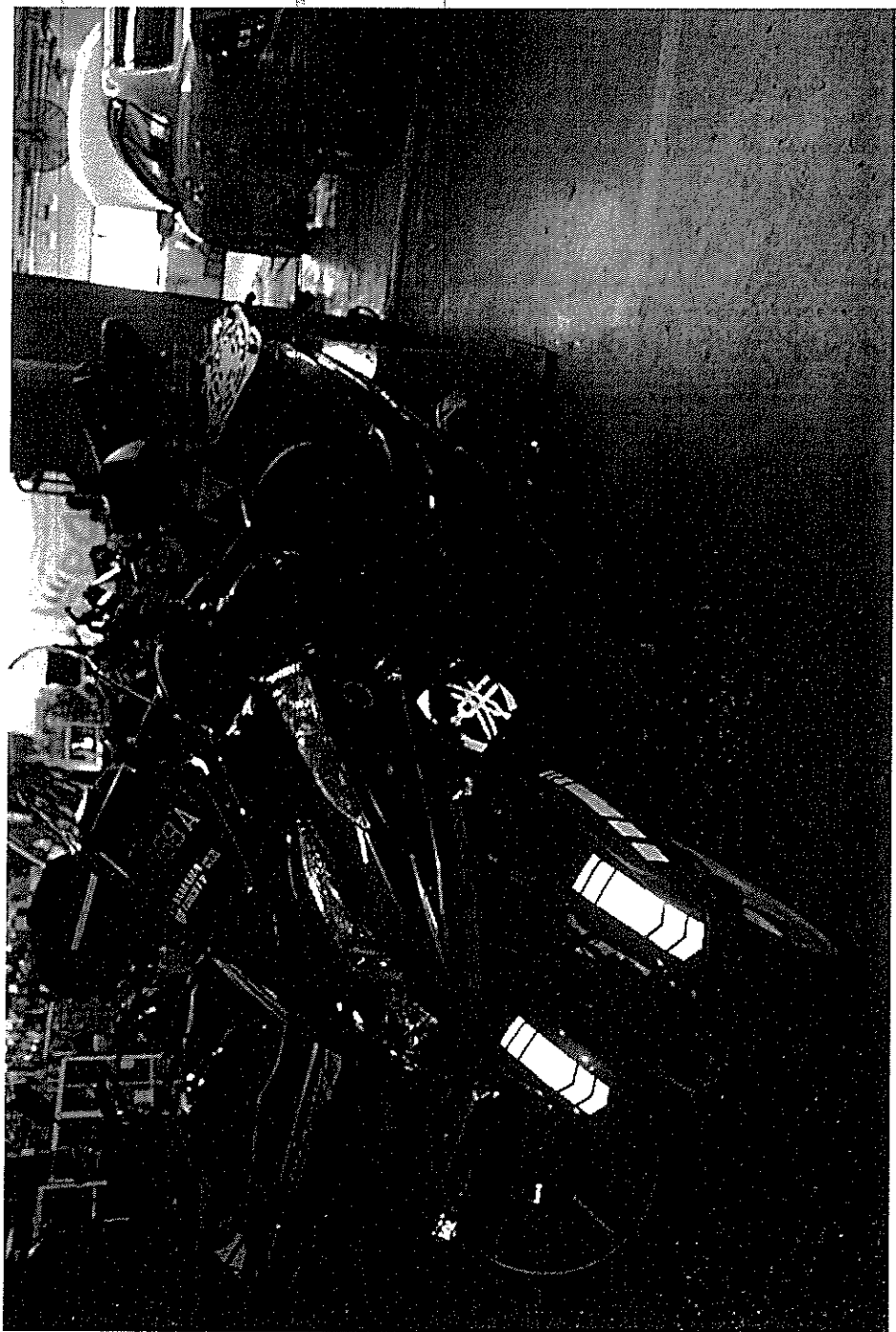


IMAGES #2



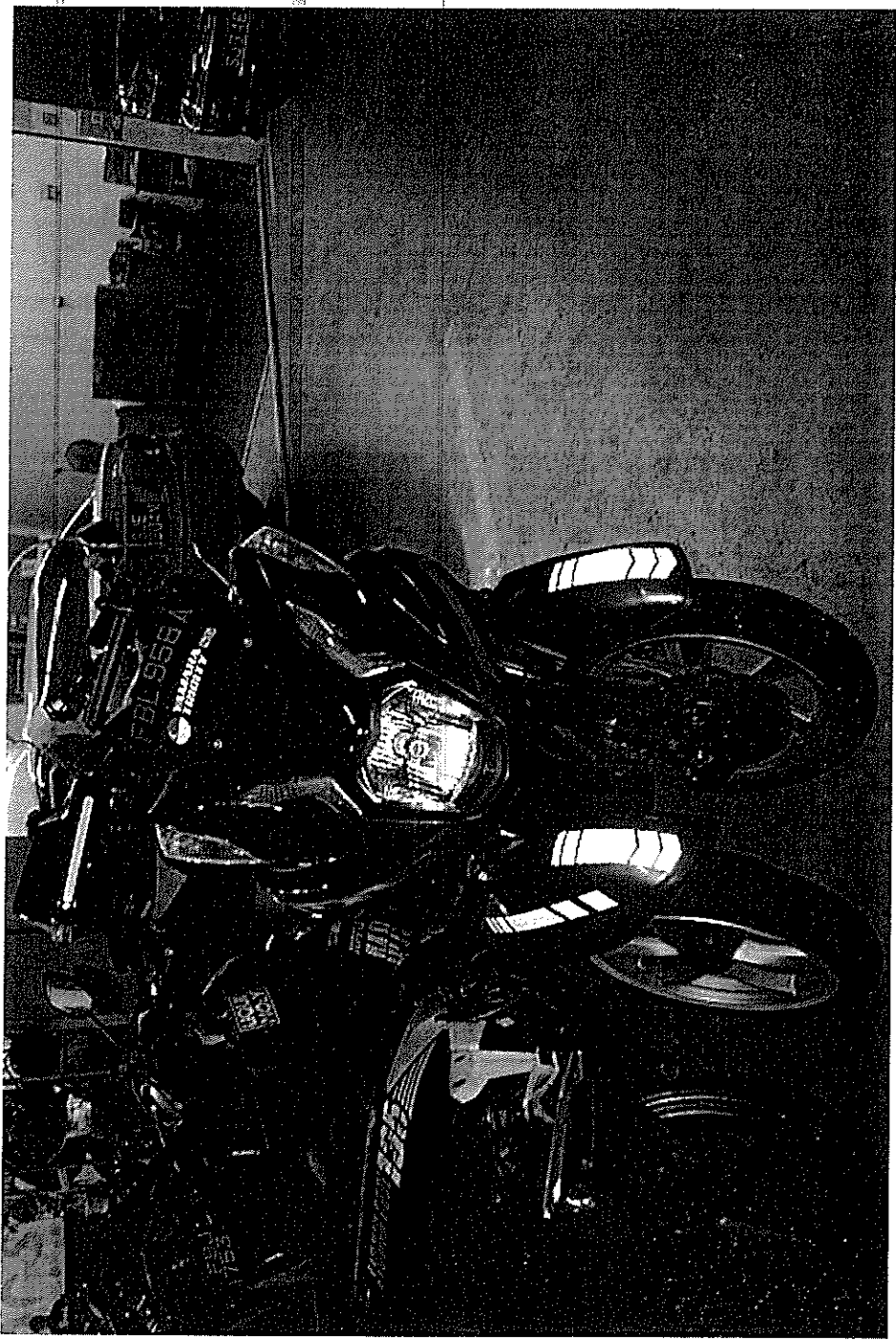
IMAGES #3



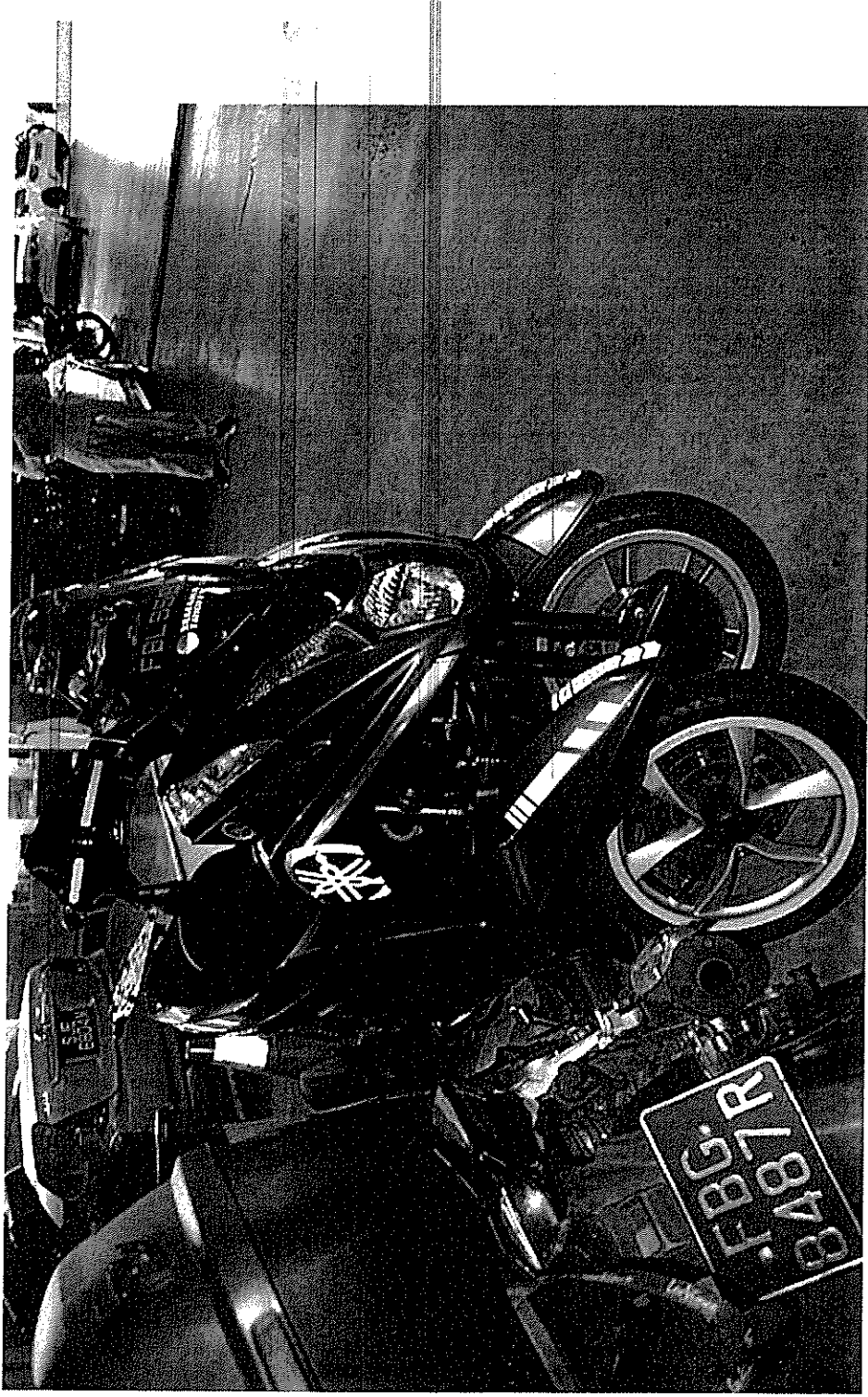


IMAGES #4

IMAGES #5



IMAGES #6



IMAGES #7



**SINGAPORE
POLICE FORCE**

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

1 of 3
Report No. T202103167020



T202103167020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2021 16:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MERVIN ENG HONG JIE			Address: 45A EDGEFIELD PLAINS #17-06 SINGAPORE 828711	
ID Type / ID No.: NRIC NO / S9619284C		Contact No.: Home/Office: Mobile: 81251065		
Nationality: SINGAPORE CITIZEN		Email: MEHJ25@OUTLOOK.COM		
Sex: Male	Age: 24	Date of Birth: 02/06/1996	Type of Informant: Rider	
Race: Chinese		Language: English		Institution / School Name:
Occupation: LALAMOVE DELIVERY		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident	Injury Others	Drink Drive:	No	Date/Time of Accident: 16/03/2021 14:05	Type of Location: X-Junction
Location: PANDAN LOOP					
Weather: Clear	Road Surface: Dry		Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
FBL958A	Motorcycle	YAMAHA	MW 125 3-WHEELER	Grey	Seriously Damaged	0
SJG5730M	Car	HONDA	CIVIC		Seriously Damaged	0



**SINGAPORE
POLICE FORCE**

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

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Report No. T/20210318/7020

CONTINUATION OF REPORT



T/20210318/7020

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective Expiry Date
FBL958A	NTUC Income Insurance Co-Operative Limited	5115724345-01	26/11/2020 25/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	MERVIN ENG HONG JIE	ID No.	S9619284C	
Related Vehicle	FBL958A (Motorcycle)	Contact No.	81251065	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	16/03/2021	Date	16/03/2021	
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING MOTOR PLATE FBL958A WAS TRAVELLING STRAIGHT IN MY LANE ON THE MOST LEFT LANE FROM PANDAN LOOP TO WEST COAST ROAD, AT THE POINT OF TIME THE TRAFFIC LIGHT IS GREEN AND IS IN MY FAVOUR.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SJG5730M TURN RIGHT FROM WEST COAST RD AND BANG ME FROM THE RIGHT. I FALL TO THE GROUND LANDING ON THE LEFT SIDE OF MY BODY.

AFTER THE ACCIDENT, I SUFFERED INJURIES ON MY NECK AND BACK. SO I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.

WITNESS CONTACT NO:
+65 9061 3351



**SINGAPORE
POLICE FORCE**

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

T/20210316/7020

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Report No. T/20210316/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185
Authentication Stamp NF163

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 16/03/2021 16:02
Classification Of Case: