SN09213I0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/03/2021 13:59 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (18/03/2021 13:59 (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 18/03/2021 13:59 (SGT) Date of Accident 27/02/2021 00:30 (SGT) Exact Location of Accident Bukit Batok East Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBI 2590M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE CHEE KANG NRIC No. SXXXX356J Email Address JOHN LEE93@ICLOUD.COM Mobile Phone No (Phone) +65-93386014 Alternative Phone No +65-93386014

VEHICLE PARTICULARS

Manufacturer Ktm Model Rc 200 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 ThirdPartyFireTheft Fleet Policy Policy Number 5118129397 Cover Note Number

DRIVER

Name of Driver LEE CHEE KANG NRIC No SXXXX356J Date Of Birth 08/12/1993 Occupation Outdoor

Date Of Driving Pass 23/04/2019 Driving experience 1 YEAR AND 10 MONTHS Gender Mobile Number (Phone) +65-93386014 Alt. Phone Number +65-93386014 Email Address JOHN_LEE93@ICLOUD.COM Address BLK 203B PUNGGOL FIELD #08-324 Address complement Postcode 822203 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 Side Swipe 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 T/20210304/2068 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 GBD2583B Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Accident report SN09213I0008

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

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	LEE CHEE KANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBL2590M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to sepd-my accident report to my worskhop: Alpha Car Services P/L via email. (alphacarservices@hotmail.com)

IMPORTANT NOTICE

Signature:____

- 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.
- 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.
- 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.
- 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 the purpose(s).
 - 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:

x

Driver's Signature

(If driver is not the policyholder)

Date & Time:

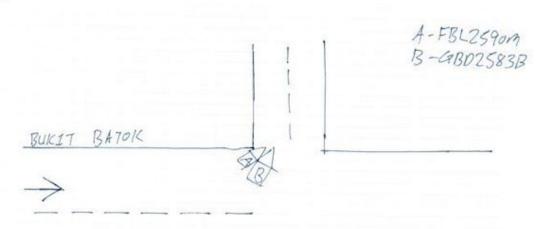
And I

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EFEZ	To	POLICE	REPORT -	7120210304/2068
				112021030412068
			1	
	-			
		A 275 - A 155 - C 155		
	S TIPLE			

DECLARATION

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

X

Policyholder Signature

Date & Time:

А

Driver's Signature

(If driver is not the policyholder)

Date & Time:

A.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









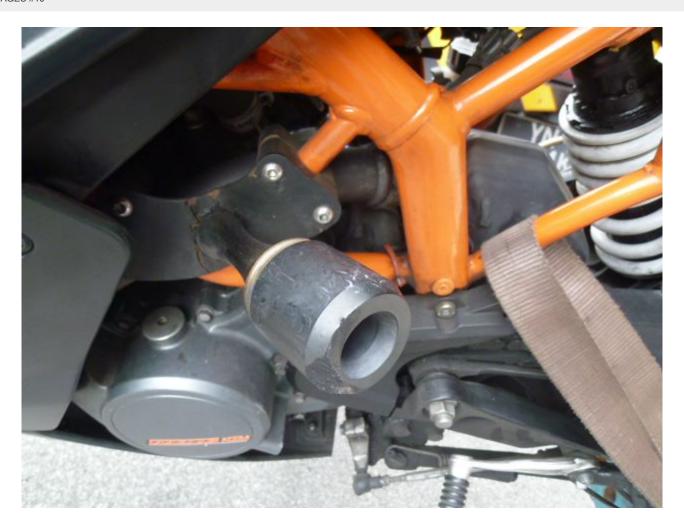


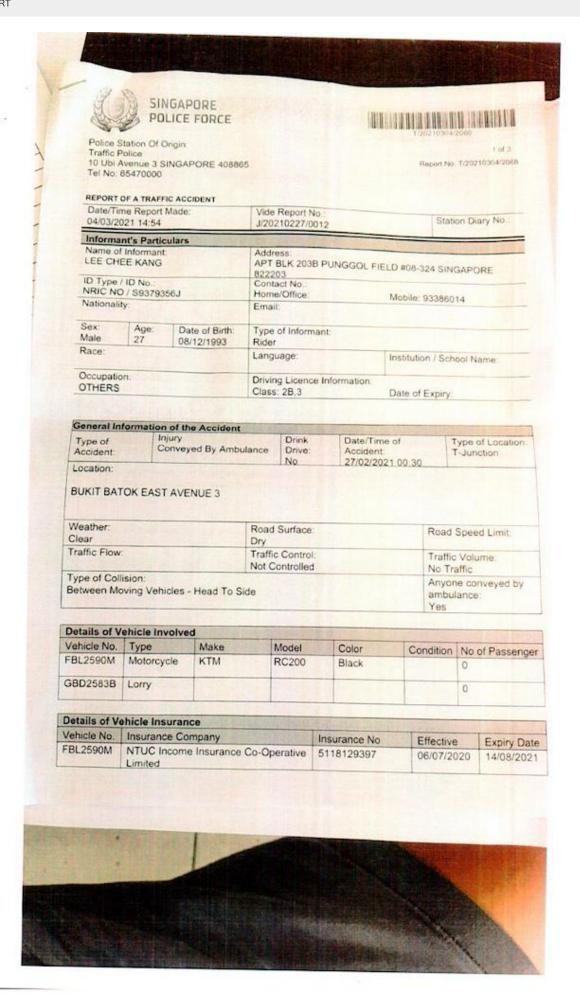














T/20210304/2068

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20210304/2068

CONTINUATION OF REPORT

Details of Pers	on Involved						
Any Pedestrian	involved: No						
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA			
Rider	NO DESCRIPTION OF THE PARTY.	STATE OF THE STATE OF	The same of	MINISTER OF THE PARTY OF THE PA			
Name	LEE CHEE KANG		ID No.		S9379356J		
Related Vehicle	FBL2590M (Motorcycle)			Contact No.		93386014	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL		
Date Treatment	27/02/2021 Date D			charge		2/2021	
o. of Days granted Medical Leave 10			Degree of Injury N		E. C. C. C.		

Brief Details.

ON 27/2/2021 @0030HRS, I WAS RIDING ALONG BUKIT BATOK EAST AVENUE 3, LEFT OF 2 LANES. I SAW THE SAID LORRY (GBD2583B) IN FRONT OF ME ON THE MIDDLE LINE OF THE 2 LANES, LEANING A BIT MORE TO THE RIGHT. APPROACHING THE SMALL T-JUNCTION TO TUR LEFT INTO THE CARPARK, I ACCELERATED BY KEEPING ON THE LEFT TO TURN LEFT. WHILE WAS ALREADY INFRONT OF THE LORRY, TURNING LEFT ON THE LEFT LANE, THE SAID LORR' ON THE MIDDLE LINE SUDDENLY ACCELERATED AND TURN LEFT. CAUSING A HEAD TO REAF SIDE SWIPE COLLISION. I FELL DOWN AND WAS INJURED. MOMENTS LATER THE AMBULANCE CAME FOLLOWED BY THE TRAFFIC POLICE. I WAS THEN CONVEYED TO NG TENG FONG HOSPITAL.

IC IO JEYA 65476178



