

## 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 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 ..... 04/03/2021 03:03 (SGT)  
Date of Accident ..... 22/02/2021 20:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... OUTSIDE BAYCOURT CONDO (461A UPPER EAST COAST ROAD)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... AK999Z

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEW TZE MENG JENSEN  
NRIC No ..... S7142106F  
Email Address ..... jensentmchew@gmail.com  
Mobile Phone No ..... (Phone) +65-97610760  
Alternative Phone No ..... +65-97610760

#### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... R1200 GS  
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  
Transmission ..... Manual  
CC ..... 1170

#### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... PNMC2019-0000438  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHEW TZE MENG JENSEN

NRIC No .....	S7142106F
Date Of Birth .....	27/11/1971
Occupation .....	Indoor
Date Of Driving Pass .....	25/07/1995
Driving experience .....	25 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97610760
Alt. Phone Number .....	+65-97610760
Email Address .....	jensentmchew@gmail.com
Address .....	Kew Residencia, 353 Kew Crescent
Address complement .....	-
Postcode .....	465965
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

I TURNED RIGHT AFTER STOPPING AT THE BAYSHORE TRAFFIC LIGHT AND WAS GOING STRIGHT IN THE DIRECTION OF BEDOK CAMP WHEN A CAR (SBK1122T) SUDDENLY TURNED RIGHT FROM THE OPPOSITE LANE TO GO INTO BAYCOURT CONDO AT 461A UPPER EAST COAST ROAD. THAT WAS WHEN I HIT THE SIDE OF HIS CAR. I HAVE RIGHT OF WAY AND HE FAILED TO KEEP A LOOKOUT FOR ONCOMING TRAFFIC.

#### 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 .....	SBK1122T
Vehicle Manufacturer .....	Skoda
Vehicle Model .....	Superb

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	CHEW TZE MENG JENSEN
Address .....	Kew Residencia, 353 Kew Crescent
Address Complement .....	-
Post Code .....	465965
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	AK999Z
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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5. **Any false reporting may be referred to the Police for investigation.**
6. 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 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 :
  - (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 (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
  - (ii) for complying with requirements under any regulations, laws or court orders.



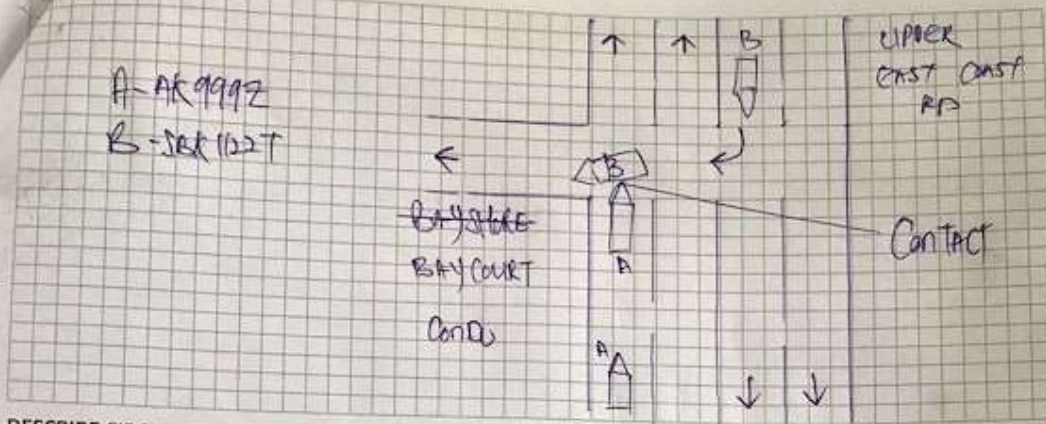
Policyholder's Signature  
Date & Time:

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

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time:

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





























































**SINGAPORE  
POLICE FORCE**



T/20210302/7020

1 of 3

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

Report No. T/20210302/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/03/2021 14:57	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHEW TZE MENG JENSEN			Address: 353 KEW CRESCENT SINGAPORE 465965		
ID Type / ID No.: NRIC NO / S7142106F			Contact No.: Home/Office: Mobile: 97610760		
Nationality: SINGAPORE CITIZEN			Email: JENSENTMCHEW@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 27/11/1971	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/02/2021 20:00	Type of Location: Straight Road
Location:  outside baycourt condo (461A Upper East Coast Road)				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
AK999Z	Motorcycle	BMW	r1200gs	Grey	Totally Damaged	0
SBK1122T	Car	SKODA	SUPERB	Blue	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20210302/7020

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

2 of 3

Report No. T/20210302/7020

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AK999Z	FWD Singapore Pte. Ltd	PNMC2019-00004388-01	06/10/2020	05/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	CHEW TZE MENG JENSEN		ID No.	S7142106F
Related Vehicle	AK999Z (Motorcycle)		Contact No.	97610760
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date	22/02/2021		Date	26/02/2021
No. of Days granted Medical Leave	47	Degree of	Serious	
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SBK1122T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

## Brief Details.

i turned right after stopping at the bayshore traffic light and was going straight in the direction of bedok camp when a car(sbk1122t) suddenly turned right from the opposite lane to go into Baycourt Condo at 461A Upper East Coast Road. That was when I hit the side of his car. I have right of way and he failed to keep a lookout for oncoming traffic.



**SINGAPORE  
POLICE FORCE**



T/20210302/7020

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

3 of 3

Report No. T/20210302/7020

**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 / TPHQ /  
LIM ENG KUAN, CLARENCE  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/03/2021 14:57

Classification Of Case:





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA0A2133000G Vehicle Registration No: AK999Z  
Name (as shown in NRIC) : CHEW TZE MENG JENSEN NRIC/FIN/Passport No : S7142106F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 97610760  
Email Address : jensentmchew@gmail.com  
Date of Accident : 22/02/2021 Time of Accident : 20:00  
Place of Accident : OUTSIDE BAYCOURT CONDO (461A UPPER EAST COAST ROAD)  
Insurance Company: FWD SINGAPORE PTE LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**


I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\_\_\_\_\_  
ATTACH ACCIDENT PICTURES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: SABITRA  
NRIC/FIN No.:  
Date: 06/03/2021

12:27

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**FWD**

**CERTIFICATE OF INSURANCE**

Please call +65-6322-2072 for FWD Emergency Assistance if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNM2019-00004388-01**

Plan Name: Third Party Fire & Theft

Motorcycle plate number: AK999Z

Your name (As the policyholder): Chew Tze Meng Jensen

Coverage start date: 06/10/2020

Coverage end date: 05/10/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

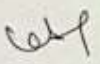
Important things to know:  
Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to ride Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 20/09/2020



**Khor Kee Eng**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6520-8888 or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in this Certificate of Insurance needs to be changed.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038986. T: (65) 6820 8888. Company Registration No. 200901737H | [www.fwd.com.sg](http://www.fwd.com.sg)  
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**FWD**

**YOUR THIRD PARTY FIRE & THEFT MOTORCYCLE INSURANCE SUMMARY**

Please call +65-6322-2072 for FWD Emergency Assistance if Your Motorcycle breaks down or is involved in an accident.