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.
 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 29/04/2021 18:46 (SGT) Date of Accident 28/04/2021 08:45 (SGT) Exact Location of Accident Singapore Additional Location Information CLEMENTI ROAD BEFORE ULU PANDAN EXIT

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL7703Y

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner TAI WEN HAN NRIC No SXXXX081B

Email Address HANNS80@HOTMAIL.COM Mobile Phone No (Phone) +65-83997279

Alternative Phone No +65-83997279

VEHICLE PARTICULARS

Manufacturer Yamaha Model Xabre

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Motorcycle

Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company **AXA Insurance Pte Ltd** Type of Coverage Comprehensive

Fleet Policy No Policy Number

Cover Note Number AN3190569

DRIVER

Name of Driver TAI WEN HAN NRIC No SXXXX081B

Date Of Birth 01/02/1980 Occupation Indoor Date Of Driving Pass 19/11/2015 Driving experience 5 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-83997279 Alt. Phone Number +65-83997279 Email Address HANNS80@HOTMAIL.COM Address BLK 690C CHOA CHU KANG CRESCENT #05-90 Address complement Postcode 683690 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? 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 SKETCH PLAN. 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 SLT9310Z

Private car

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	CHEN YILIANG
Contact Number	(Phone) +65-98305999
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 Address Address Complement	TAI WEN HAN -
Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	- - RIGHT SHOULDER AND RIGHT ARM SLT9310Z
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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.
- 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.
- 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: 29/4/21 & 3.20 pmDate & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

6452 7018

NRIC/FIN No.:

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2015	1.00	-	ALI V

CLEMENTI ROAD A: FBL 7703Y B: SLT 9310Z CLEMENTI ROAD BEFORE ULU PANDAM FXIZ

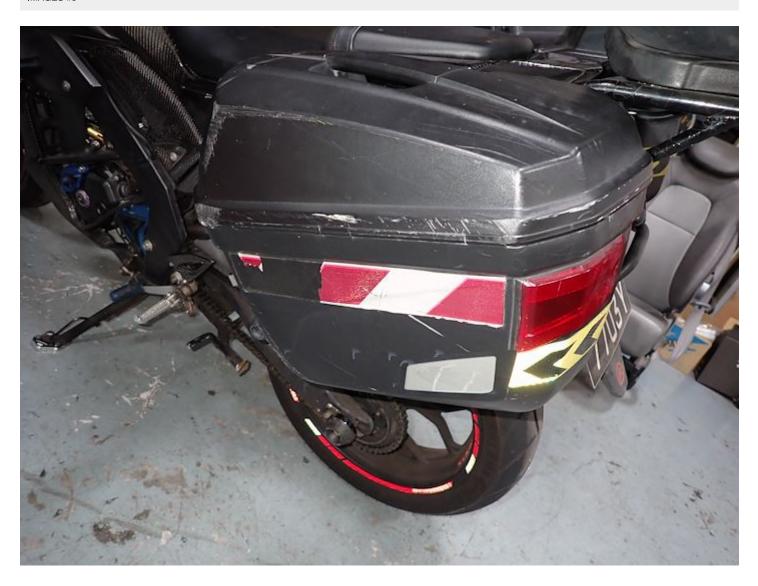
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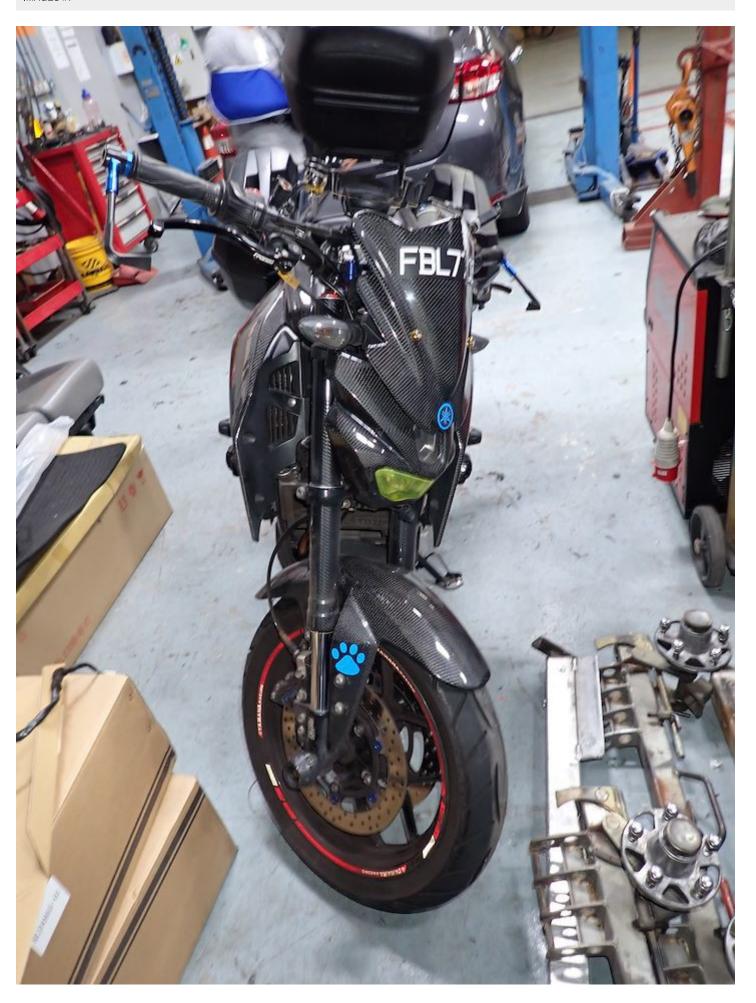


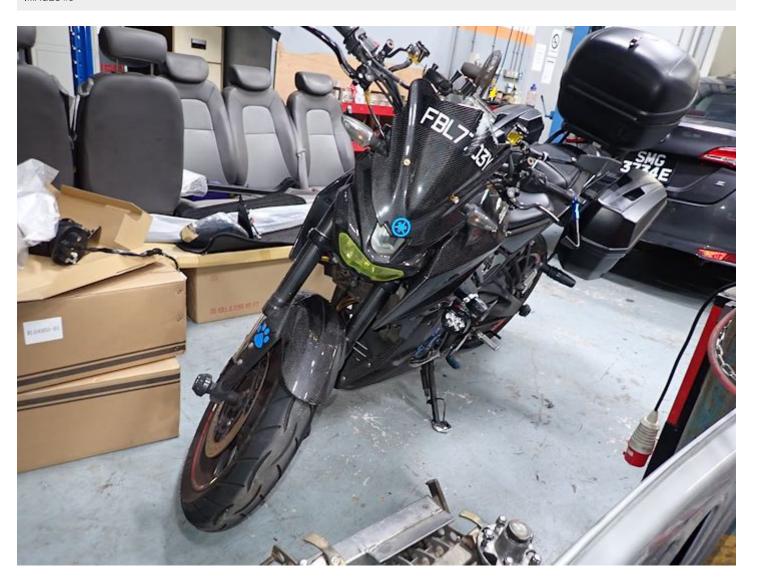


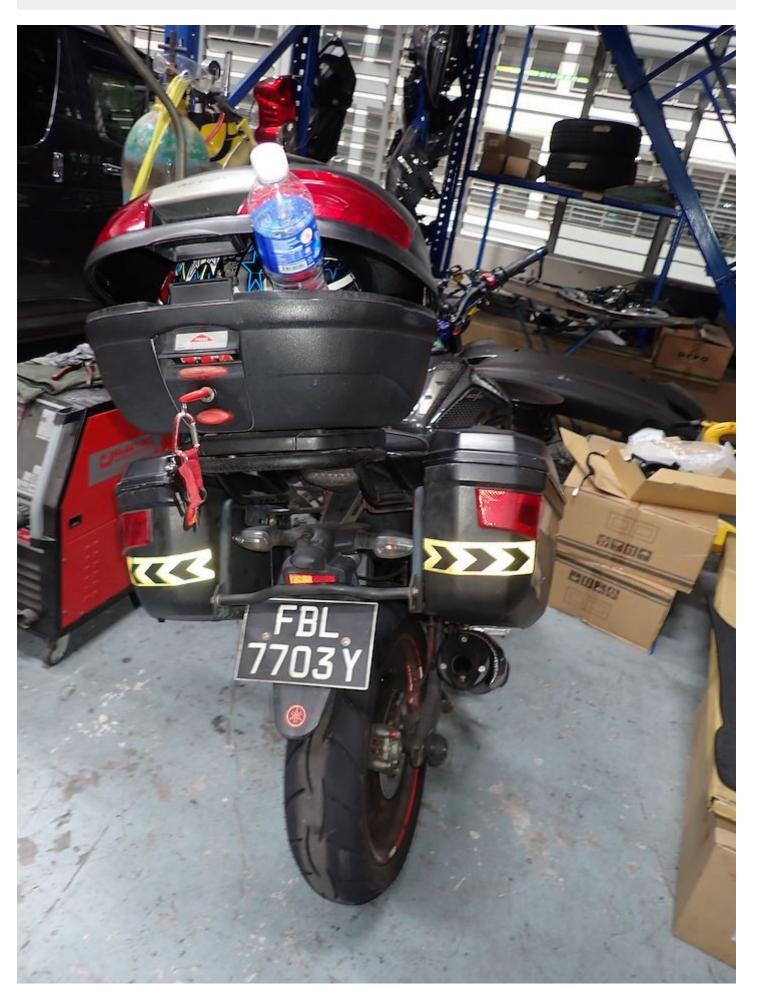














T/20210429/2036

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210429/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2021 11:55		flade:	Vide Report No.: Station Diary No.: D/20210428/0050				
Informa	nt's Partice	ulars	All Santan Children				
Name of Informant: TAI WEN HAN			Address: APT BLK 690C CHOA CHU KANG CRESCENT #05-90 SINGAPORE 683690				
ID Type / ID No.: NRIC NO / S8066081B			Contact No.: Home/Office:	Mobile: 83997279			
National	ity:		Email:				
Sex: Male	Age:	Date of Birth: 01/02/1980	Type of Informant: Rider				
Race:			Language:	Institution / School Name:			
Occupation: OTHERS			Driving Licence Information: Class: 2B,3 Date of Expiry:				

General Infor	mation of the Accident				
Type of Accident:	CONVOVOCIEW AMBUILDINGS		Date/Time of Accident: 28/04/2021 08:45	Type of Location: Bend	
Location: CLEMENTI R				D 10 - 11 - 2	
Weather: Road Clear Dry		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way			orking	Traffic Volume: Heavy	
Type of Collis Between Mov	sion; ving Vehicles - Side Swipe - S	Same Direction		Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d	and the same	0.00		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL7703Y	Motorcycle	YAMAHA	XABRE TFX150	Green		0
SLT9310Z	Car					0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7703Y	AXA INSURANCE SINGAPORE PTE	P2078099	03/03/2021	02/03/2022



T/2010429/2036

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210429/2036

CONTINUATION OF REPORT

Details of Perso	n Involved		Million Association			
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL	2 30.0	Use	of Pedestria	n Cross	ing: NA
Rider				Colon and Colon	hear-y	
Name	TAI WEN HAN			ID No).	S8066081B
Related Vehicle	FBL7703Y (Motorcycle)			Conta	act No.	83997279
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class Drivir Licen Expir	ng	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	28/04/2021 Date		Discharge	-	/2021	
No. of Days gran	ted Medical Leave	14	Deg	ree of Injury	Serio	us

Brief Details.

ON 28/04/2021 @0845HRS, I WAS RIDING ALONG CLEMENTI ROAD, BEFORE THE ULU PANDAN EXIT. THE TRAFFIC WAS VERY BAD. I WAS EXACTLY BEHIND A CAR ON ONE LANE. SUDDENLY A VEHICLE HAD HIT ME FROM BEHIND. WHEN I WAS ON THE GROUND, I COULD STILL FEEL MY RIGHT ARM. HOWEVER, WHEN I WAS MOVING MY BIKE TO THE SIDE, I COULD NOT LIFT MY ARM BACK UP. THE AMBULANCE HAD CAME THEN, AND I WAS CONVEYED TO NUH. IC IO MARIAH 65476433



Police Station Of Origin:

10 Ubi Avenue 3 SINGAPORE 408865

3 of 3 Report No. T/20210429/2036

CONTINUATION OF REPORT

Sketch Plan

Traffic Police

Tel No: 65470000

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have \(\gamma \) the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433 Authentication Stamp

Signature Of Informant: Date/Time: 29/04/2021 11:55 SINGAPURE Classification Of Case!

NP168