

BSA LAW CHAMBERS LLC

Advocates & Solicitors

Your Ref : Insured vehicle no. SLG 7499U

Our Ref : BSA. 10055. mc

Date : 19 May 2021

133 New Bridge Road
#10-04 Chinatown Point
Singapore 059413

Tel : 6236 2001

Fax : 6532 0412

Email : bala@bsalaw.com.sg

UEN Regn No: 201502330R

Secretary's DID: 6435 0020 (Alice)
6435 0019 (Mavis)

BY EMAIL: eqiprs@eqinsurance.com.sg

EQ Insurance Company Limited
Motor Claims Department
5 Maxwell Road #17-00 Tower Block
MND Complex
Singapore 069110

Dear Sir/Madam

NOTICE OF ACCIDENT

YOUR INSURED VEHICLE REGISTRATION NO: SLG 7499U

**ACCIDENT ON 16.05.2021 INVOLVING FBR 1723Y AND SLG 7499U ALONG
RIVERVALLEY ROAD INTERSECTING JLN MUTIARA AND KELLOK ROAD**

We are informed by the repairers of vehicle registration no. FBR 1723Y to notify you of the captioned road traffic accident.

Please note that State Court Practice Directions Amendment 1 of 2016 applies to this case. A copy of the accident statement / police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully



BALASUBRAMANIAM

Enc

cc Race Werks Pte Ltd
Email: norman@racewerks.com.sg
Vehicle No. FBR 1723Y



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	17/05/2021 17:59 (SGT)
Date of Accident	16/05/2021 10:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RIVERVALLEY ROAD INTERSECTING JLN MUTIARA AND KELLOK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR1723Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIAN ZHENXIONG
NRIC No	SXXXX893A
Email Address	nagareboshi@hotmail.sg
Mobile Phone No	(Phone) +65-94591823
Alternative Phone No	+65-94591823

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	AEROX GDR155A CVT ABS
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	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116595188
Cover Note Number	-

DRIVER

Name of Driver	LIAN ZHENXIONG
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NRIC No	SXXXX893A
Date Of Birth	25/10/1989
Occupation	Outdoor
Date Of Driving Pass	12/03/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94591823
Alt. Phone Number	+65-94591823
Email Address	nagareboshi@hotmail.sg
Address	BLK 93 COMMONWEALTH DRIVE
Address complement	#09-734
Postcode	140093
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?	Yes
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SEND TO INSURANCE DIRECTLY
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLG7499U
Vehicle Manufacturer	-
Vehicle Model	-
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	LIAN ZHENXIONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBR1723Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

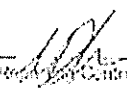
SKETCH PLAN

IMPORTANT NOTICE

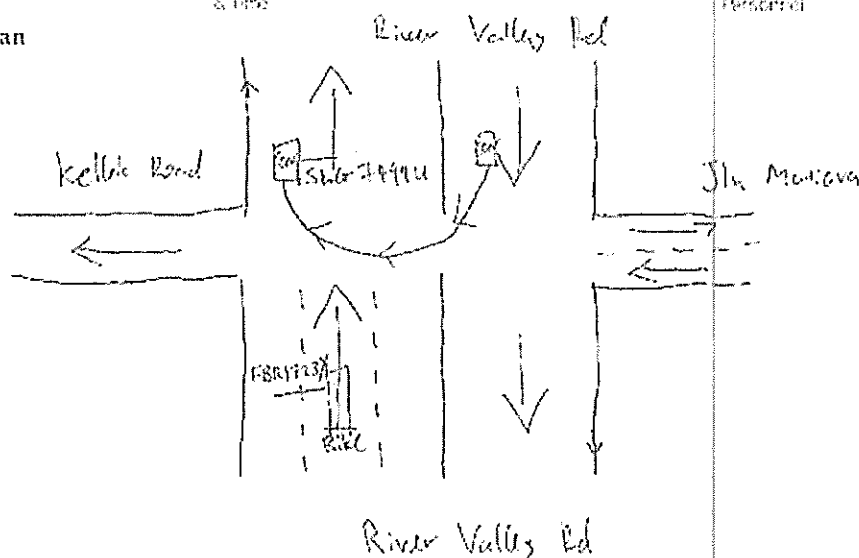
1. Please report correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy validity.
4. The issue and acceptance of this Form, insurance companies do not entitle you of policy validity on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Recenter 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 acceptance of this report to the insurers, you hereby consent to the archiving of this report at the centre and to deposit of the report being made available afterwards.
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, store, 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") on its/their and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (collectively the "Insurers"), the Insurers' law firm(s) and the Monetary Authority of Singapore and any relevant government agency/agency (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 investigation 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, notices, reports or notices to my 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 correspondence, envelope, and/or
(v) comply 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' law firm(s) may/are permitted to collect, store, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the law firm(s)), which may be sites outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by  Centre Personnel

Sketch Plan



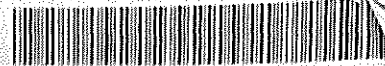
Declaration

Only the two the foregoing pad entries are that in every respect

Witnessed by Reporting Centre
[Signature]



**SINGAPORE
POLICE FORCE**



T/20210516/2058

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No: T/20210516/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBR1723Y	NTUC Income Insurance Co-Operative Limited	5116595188-01	05/03/2021	04/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIAN ZHENXIONG	ID No.	S8937893A
Related Vehicle	FBR1723Y (Motorcycle)	Contact No.	94591823
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B 2A 2,3 Date of Expiry: NIL
Date Treatment	16/05/2021	Date Discharge	16/05/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 16/05/2021, at about 1005hrs, I was in the midst of delivering GrabFood and travelling along River Valley Rd towards Lower Delta Rd when I got into an accident with the said car (SLG7499U). As I was riding straight, approaching minor road junction of Kellock Rd, I saw the said vehicle making a right turn from the opposite direction into Kellock Rd. Upon seeing this, I made a sudden brake, fell down, and hit the left rear bumper of the said vehicle.

Subsequently, the driver of the said vehicle called for ambulance, traffic police was at scene and I was later conveyed to Singapore General Hospital. I was given 7 days hospitalization leave.

The injuries I sustained:

1. Road rashes on knees, shoulders, feet, palms, left arm and left wrist.
2. Possible fractures but currently on cast for a week and subsequently will be heading to the specialist for thorough check.
3. Bruises shoulders and knees
4. Swelling and pain in the neck

The damages on my vehicle:

1. Left Side mirror dislodged
2. IU unit scratched
3. Plate number plate bent
4. Brake lever damaged
5. Fairings damaged

I have camera footage of the accident.



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16/205



SINGAPORE POLICE FORCE

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



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Report No. T/20210516/2058

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20210516/2058

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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20210516/2058

CONTINUATION OF REPORT

Sketch Plan

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 the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 TAN YONG WEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/05/2021 17:29

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SH 43

SIGNATURE