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.

- 4. The issue and acceptance of this is form by instrained 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 14/06/2021 11:15 (SGT) Date of Accident 09/06/2021 21:00 (SGT) Exact Location of Accident Sungei Kadut Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kawasaki

Vehicle Registration Number FBG7266T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SIM TECK GUAN (SHEN DEGUAN) NRIC No. SXXXX671I Email Address michael_r160@yahoo.com.sg Mobile Phone No (Phone) +65-97877466 Alternative Phone No +65-97877466

VEHICLE PARTICULARS

Manufacturer

Model Z1000SX M Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category

Motorcycle Transmission Auto 1043

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMMPHQ20-000933 Cover Note Number

DRIVER

Name of Driver SIM TECK GUAN (SHEN DEGUAN) NRIC No. SXXXX671I

Date Of Birth 11/02/1981 Occupation Outdoor Date Of Driving Pass 27/06/2007 Driving experience 14 YEARS Gender Male Mobile Number (Phone) +65-97877466 Alt. Phone Number +65-97877466 Email Address michael_r160@yahoo.com.sg Address BLK 945 JURONG WEST STREET 91 #08-517 Address complement Postcode 640945 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 - Change/cross lane 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 Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210611/2103 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLV2063Y Vehicle Manufacturer Vehicle Model Vehicle Variant

Private hire

Vehicle Colour
Vehicle Category

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 Address	SIM TECK GUAN (SHEN DEGUAN)
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBG7266T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time / 10 3 Y WW Driver's Signature (If driver is not the policyholder) / Date Personnel

Sketch Plan

Sunlyhi Known ANK

A) FBU 77667

Policyholder's Signature (If driver is not the policyholder) / Date Personnel

Sketch Plan

Sunlyhi Known ANK

Policyholder's Signature (If driver is not the policyholder) / Date Personnel

Sketch Plan

Sunlyhi Known ANK

Policyholder's Signature (If driver is not the policyholder) / Date Personnel

Sunlyhi Known ANK

Policyholder's Signature / Date & Time Personnel

Sunlyhi Known ANK

Policyholder's Signature / Date & Time Personnel

Sunlyhi Known ANK

Policyholder's Signature (If driver is not the policyholder) / Date Personnel

Sunlyhi Known ANK

KULAK	20 1/0/1/14	RH DODA	1/202/06	11/2103	
MATICAL	10 p-21101	proper	1/202106	(1/2/05 -	_
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			/		
			/		
		/			

Declaration

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

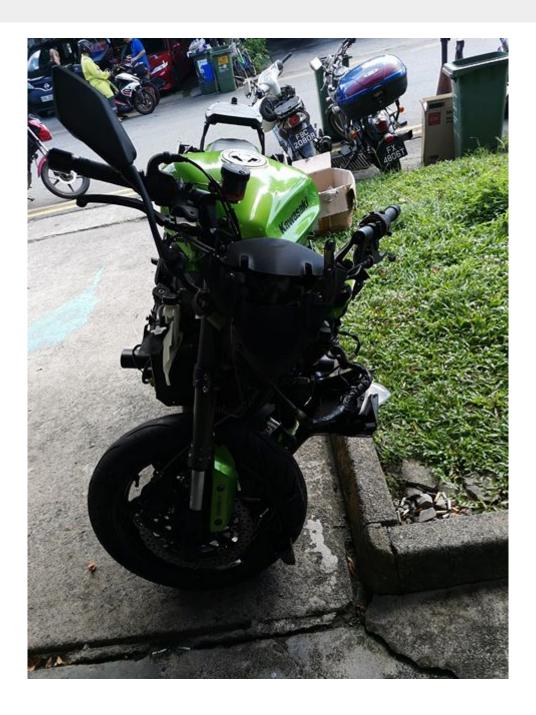
Policyholder's Signature / Date & Time

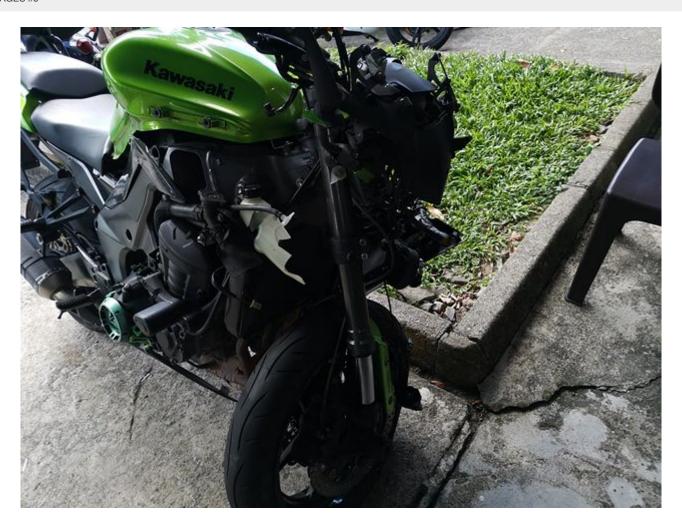
Driver's Signature (If driver is not the policyholder) / Date

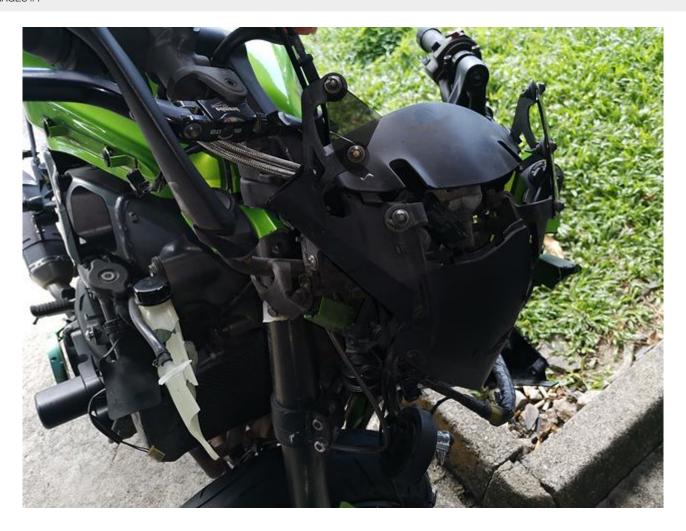
Witnessed by Reporting Centre

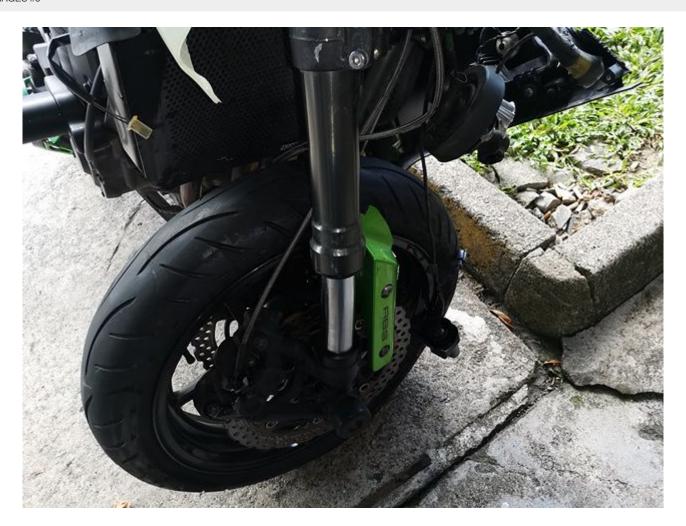
Personnel

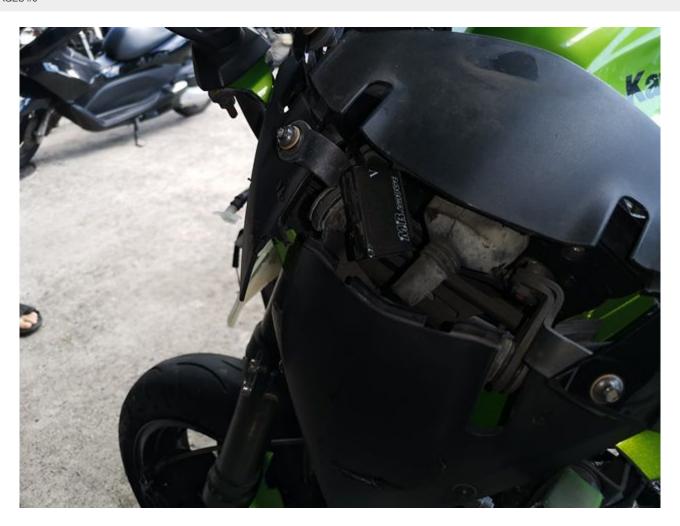


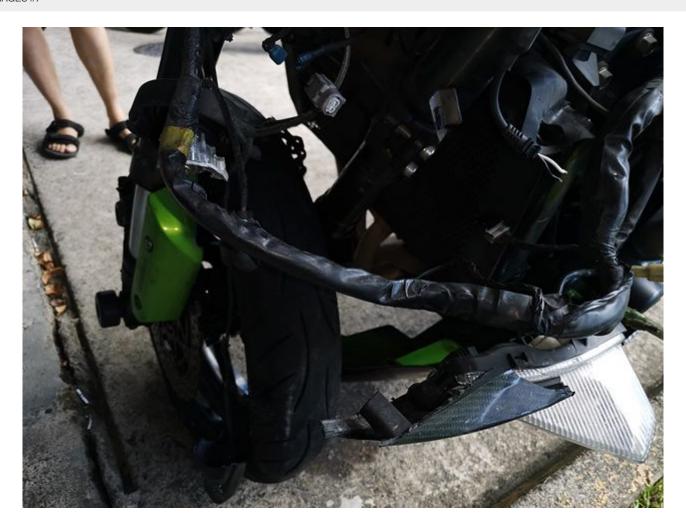


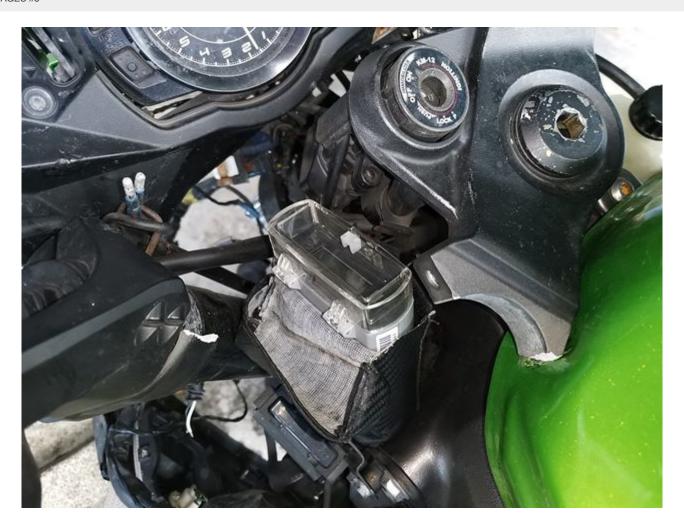


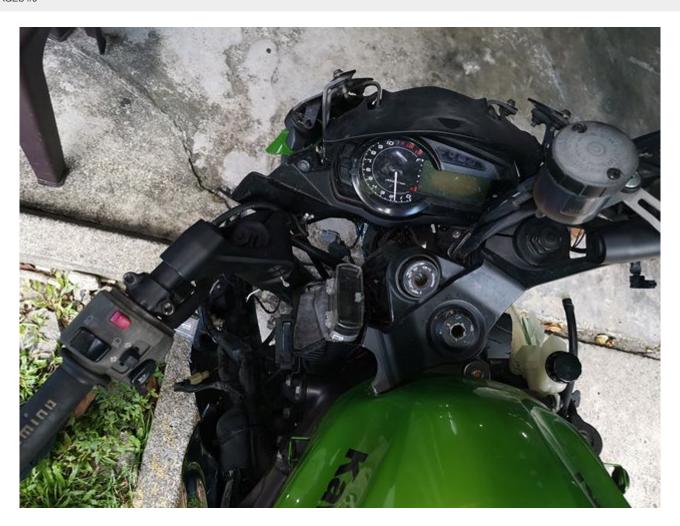


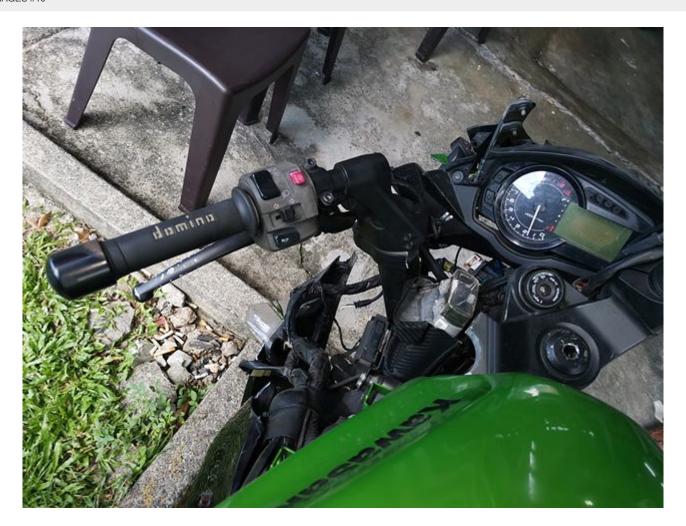




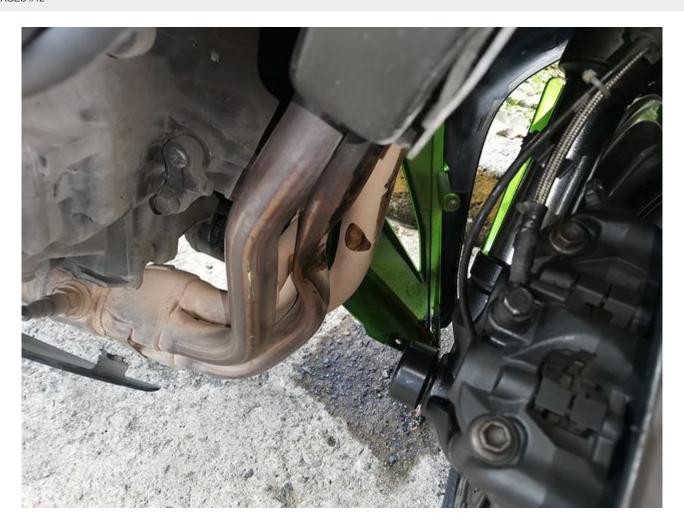




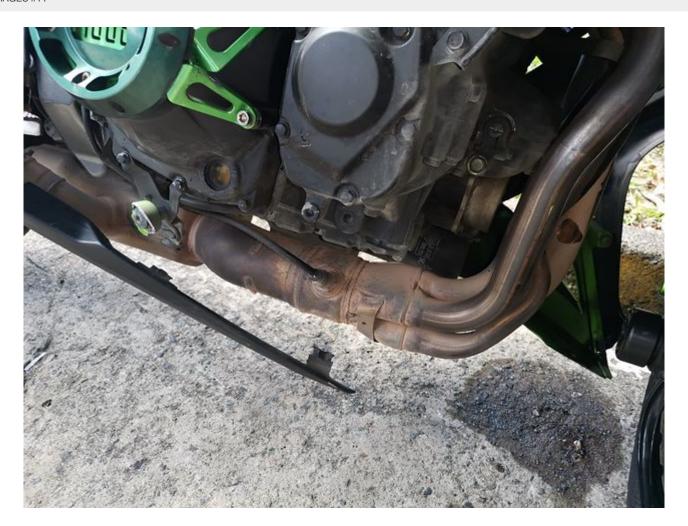


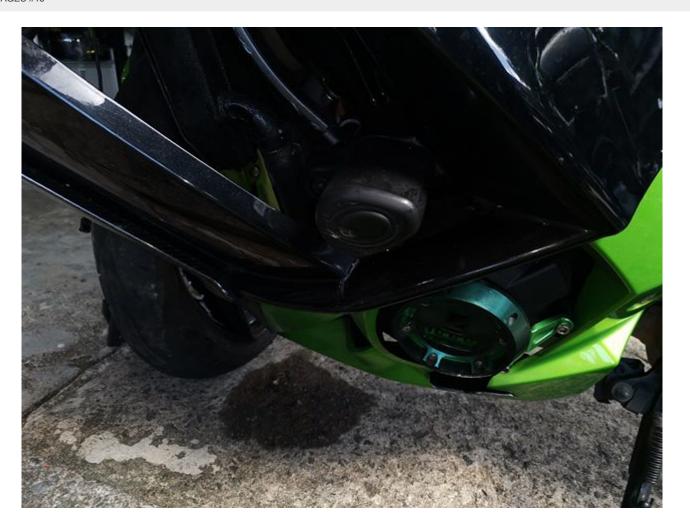


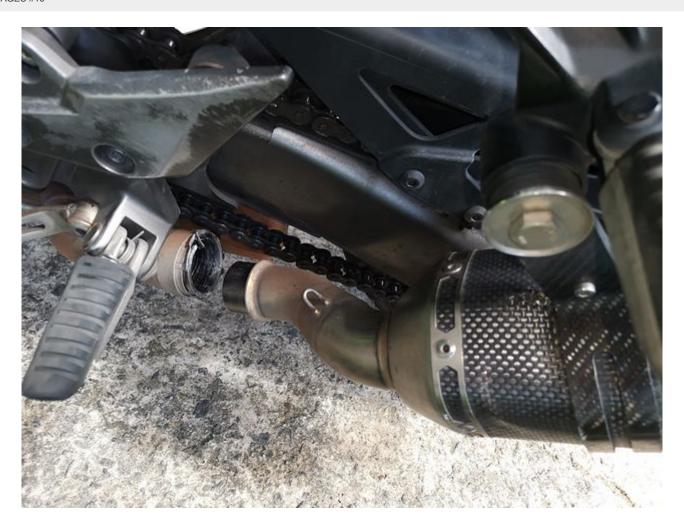


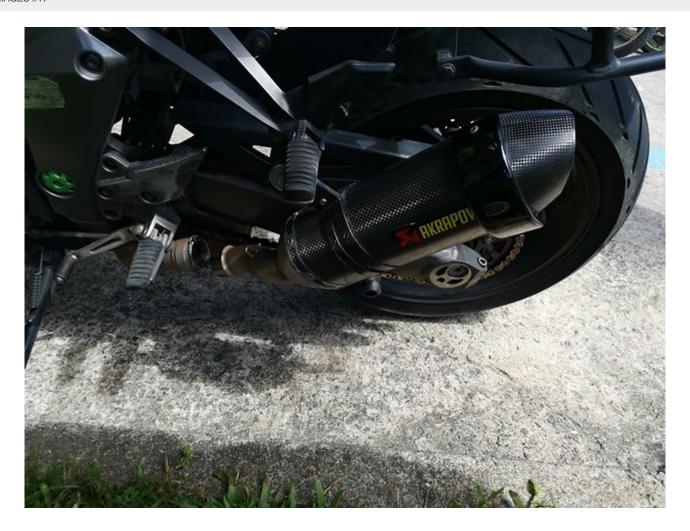


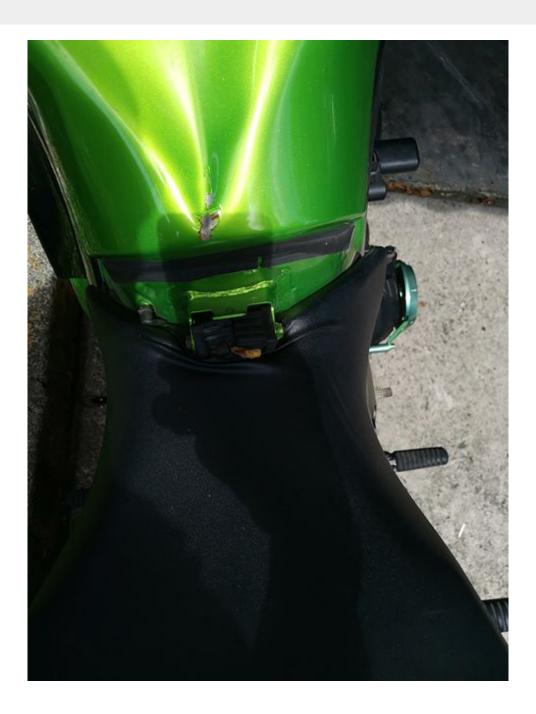






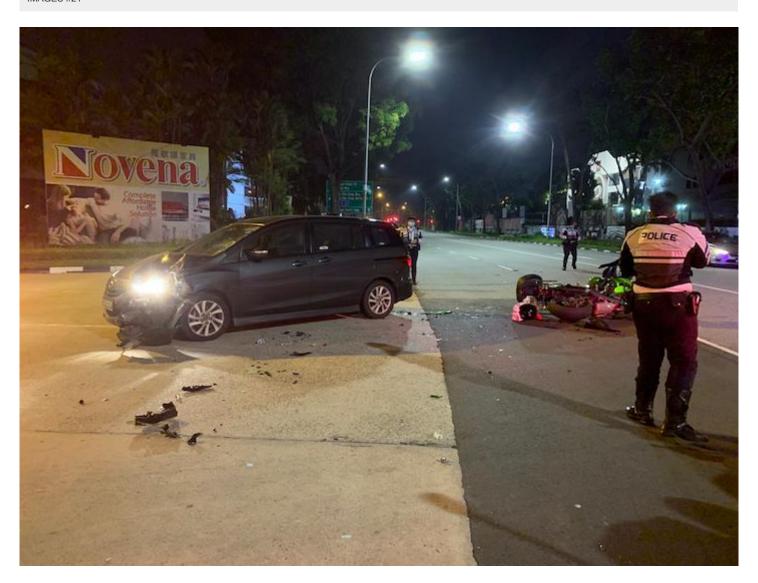


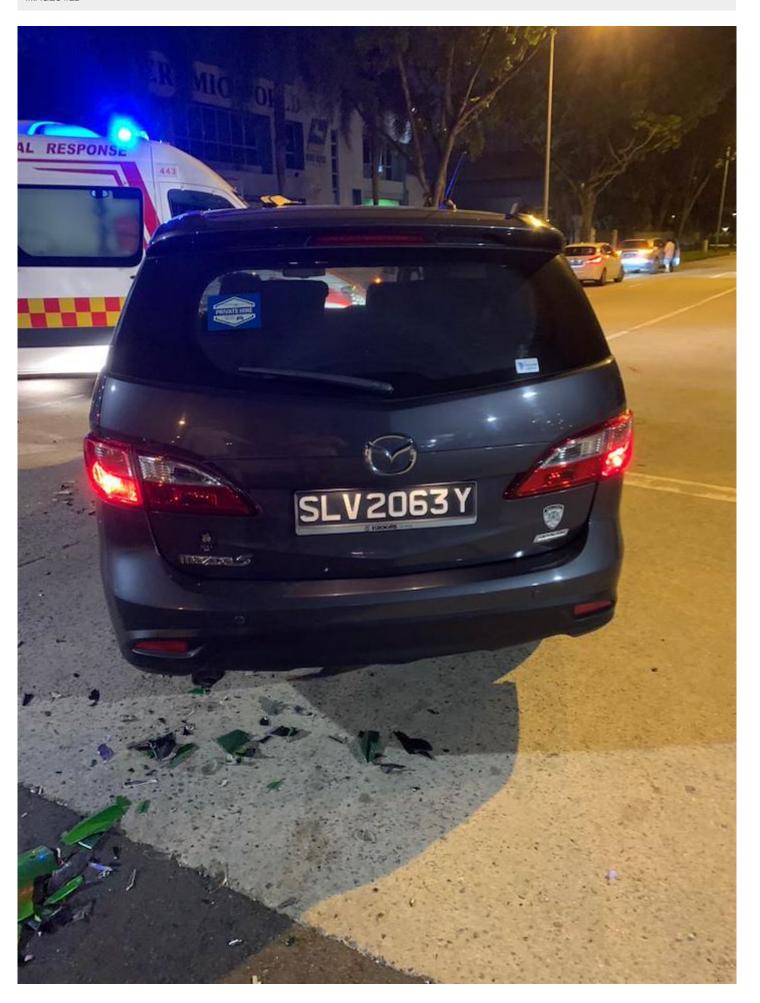


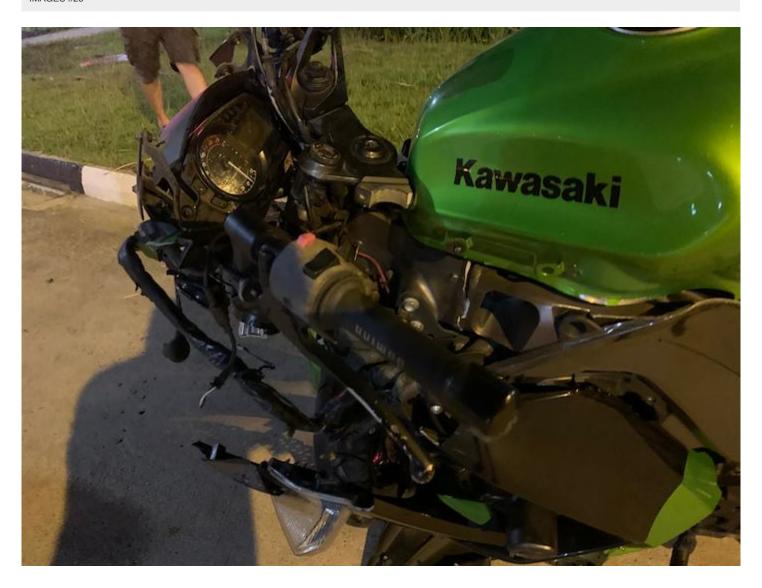


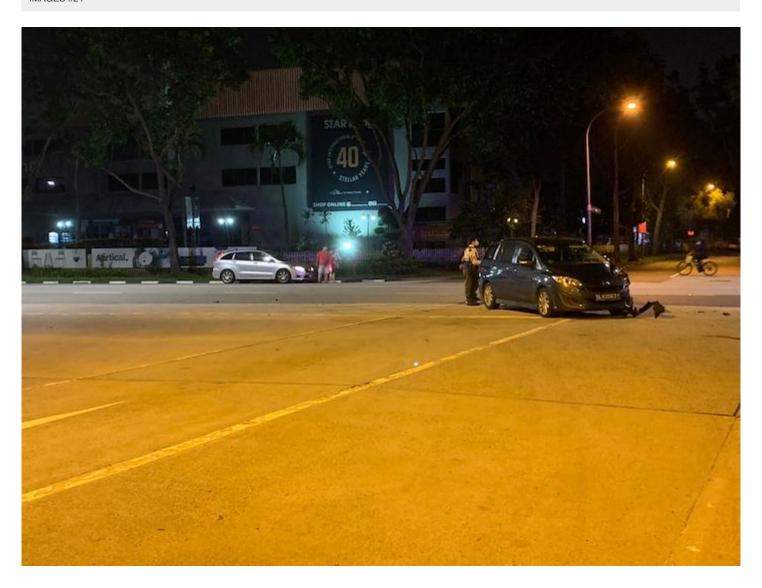


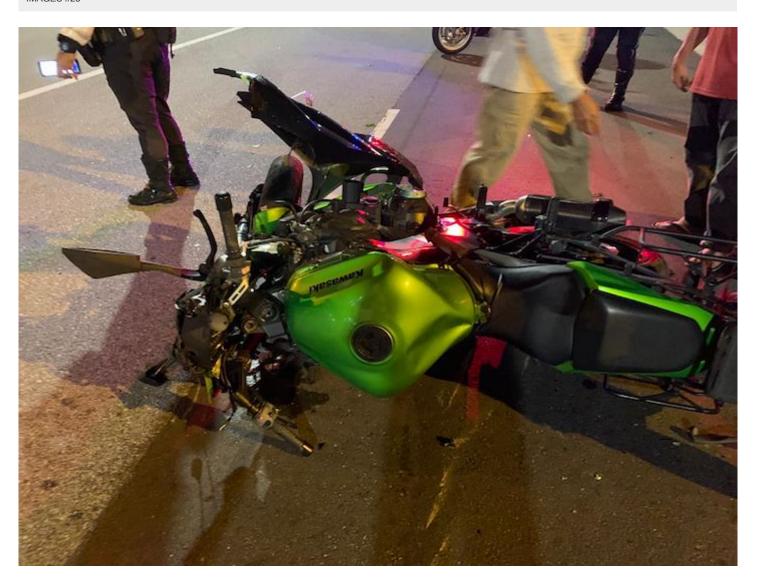


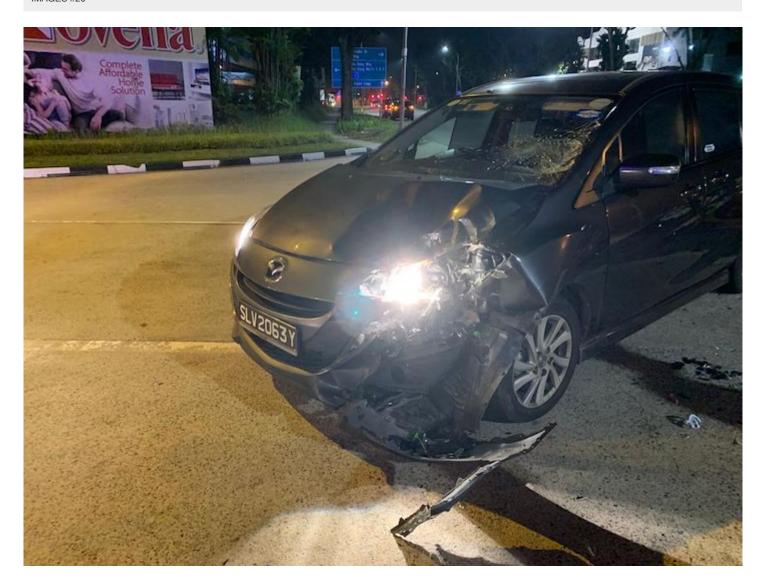


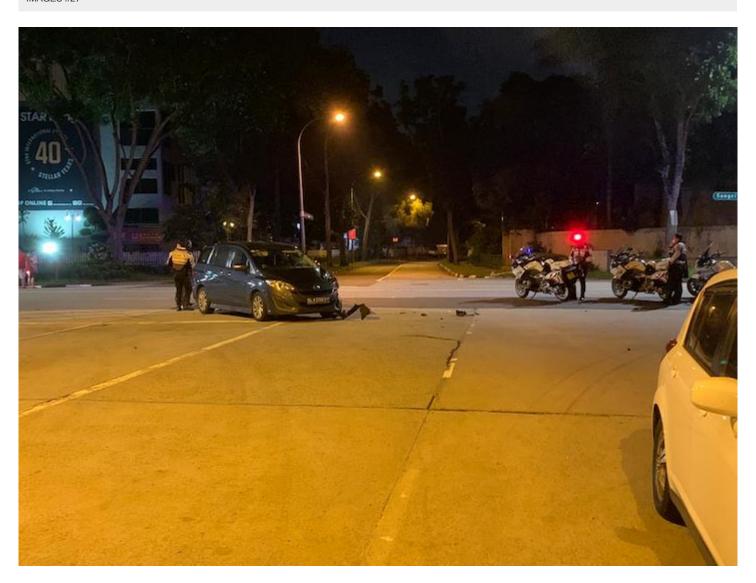


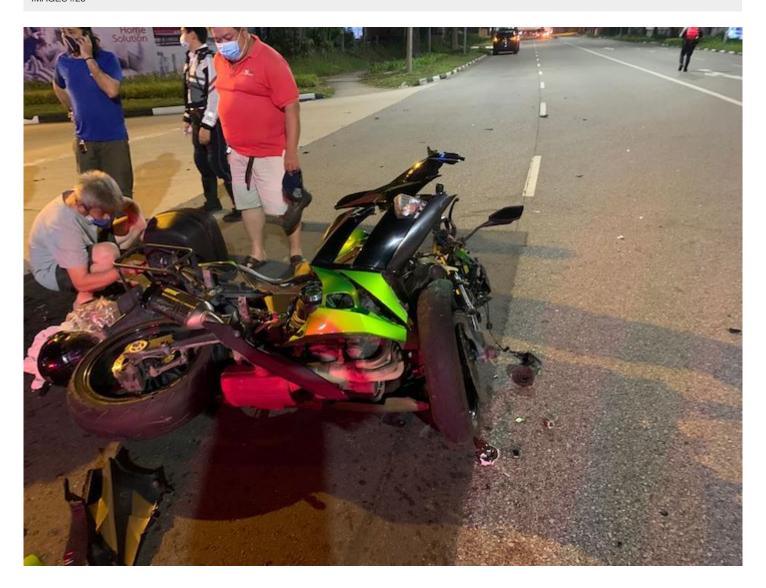
















1 of 3 Report No. T/20210611/2103

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2021 21:05		Made:	Vide Report No.: L/20210609/0123	Station Diary No.:		
Informa	ant's Partic	ulars	Marie Committee of the	12		
Name of Informant: SIM TECK GUAN ID Type / ID No.: NRIC NO / S8104671I			Address: APT BLK 945 JURONG WES	ST STREET 91 #08-517		
			SINGAPORE 640945 Contact No.: Home/Office:	Mobile: 97877466		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 40 11/02/1981			Type of Informant: Rider			
Race: Chinese Occupation: Crane operator (port)			Language:	Institution / School Name:		
		t)	Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulan	Drink ce Drive: No	Date/Time of Accident: 09/06/2021 21:00	Type of Location Straight Road	
Location: SUNGEI KAD Weather:		oad Surface;			
Clear	_	оао Ѕипасе; ry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled			
Two Way Type of Collisi	IN IN	or Controlled		No Traffic	

CONTRACTOR SERVICES	ehicle Involve	d		AND STREET, STREET		DESCRIPTION OF STREET
Vehicle No.	71-	Make	Model	Color	Condition	No of Passenge
FBG7266T	Motorcycle	KAWASAKI	Z1000SX M	Green	Seriously Damaged	0
SLV2063Y	Car				Seriously Damaged	

Details of V	ehicle Insurance	ALC: HOLLESS AND AND ADDRESS OF THE PARTY OF	R DATE STORY	
was one out of the same	Insurance Company	Insurance No	Effective	Expiry Date
FBG7266T	EQ INSURANCE COMPANY LTD.	DMMPHQ20- 000933	04/08/2020	03/08/2021



T/20210611/2402

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

2 of 3 Report No. T/20210611/2103

Tel No: 1800-7929999

CONTINUATION OF REPORT

Any Pedestrian	on Involved	CON 200840	AND THE REAL PROPERTY.	15-8-151	B-6055E	
No. of Pedestria Rider	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Name	SIM TECK GUAN	Service of	ALCOHOLD BY		A CONTRACTOR	
				ID No.		S8104671I
Related Vehicle	FBG7266T (Motorcycle)			Conta	act No.	97877466
Hospital/Clinic	KHOO TECK PUAT HOSPITAL					
	THE STEER OAT HOSPITAL			Class Drivin Licen	ig	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	09/06/2021	Date Disci		-	10.00	
No. of Days granted Medical Leave 04			Degree of		10/06. Seriou	

Brief Details.

On 09/06/2021 at about 2102hrs, while I was driving straight along Sungei Kodut Ave, a car with car plate number SLV2063Y turned right from the main road to the side road without noticing me riding along the road, which caused me to hit onto the left front side of the car. The car did not signal his intention prior to turning and there was also no traffic light at the place that he turned from.

Traffic police and ambulance was at scene and I was conveyed to Khoo Teck Puat hospital via ambulance on 09/06/2021 and was only discharged from there at 10/06/2021 at about 0339hrs. I was given 04 days MC from 09/06/2021 to 12/06/2021 and I was given 07 days of light duty from 13/06/2021 to 19/06/2021.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 3 Report No. T/20210611/2103

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 <u>report number</u> as reference.

Signature Of Officer Reco	rding The Report:	Signature Of Informant:	
Signature Of Interpreter:		Date/Time:	
Not applicable		11/06/2021 21:05 Classification Of Case:	
Officer In Charge Of Case:			
Staff Sgt YAN MINGSHEN	G DANIEL		
Contact No.: 65476252			
Authentication Stamp NP168	SINGAPORE POLICE FORCE		
	Sign	NATURE	