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 29/07/2021 14:07 (SGT) Date of Accident 29/07/2021 04:15 (SGT) Exact Location of Accident Singapore Additional Location Information CASHEW RD TOWARDS UPPER BUKIT TIMAH RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number FBR9113F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN JIN XING NRIC No S9324185A Email Address tanjinxing93@gmail.com Mobile Phone No (Phone) +65-97867298 Alternative Phone No +65-97867298

VEHICLE PARTICULARS

Manufacturer

Model **R15 ABS MANUAL** Variant Exact purpose for which vehicle was being used at time of Private use accident 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 Policy Number 5120120171 Cover Note Number 02/12/20 - 01/12/21

DRIVER

Name of Driver TAN JIN XING NRIC No. S9324185A

Date Of Birth 08/07/1993 Occupation Indoor Date Of Driving Pass 23/11/2020 Driving experience 8 MONTHS Gender Male Mobile Number (Phone) +65-97867298 Alt. Phone Number +65-97867298 Email Address tanjinxing93@gmail.com Address BLK 220 PETIR ROAD #07-343 Address complement Postcode 670220 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? Nο Was any other vehicle 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT 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 FBR310I Vehicle Manufacturer Vehicle Model

Motorcycle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver NRIC No	YEW HONG SING S7700892F
Contact Number	(Phone) +65-97600467
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	TAN JIN XING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	FBR9113E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1.VEHICLE NO.: FBR 9113E 2.INSURER CO: 1914C

3.ACCIE

3.ACCIDENT 29/07/21 04-15-HRS

- Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful and accurate as nossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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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- The report will be forwarded by the insurers of the GIA Records Management Centre astablished by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be nade 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)

Lunderstand, 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 atlinsurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all 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) inventigating the accident and/or my ctalms;
- (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 date about me to bring about delivery of the name 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')

IMPORTANT NOTICE

- (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 GW 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 & Driver's Signature (if driver is not the policyholder) / Date Personnel

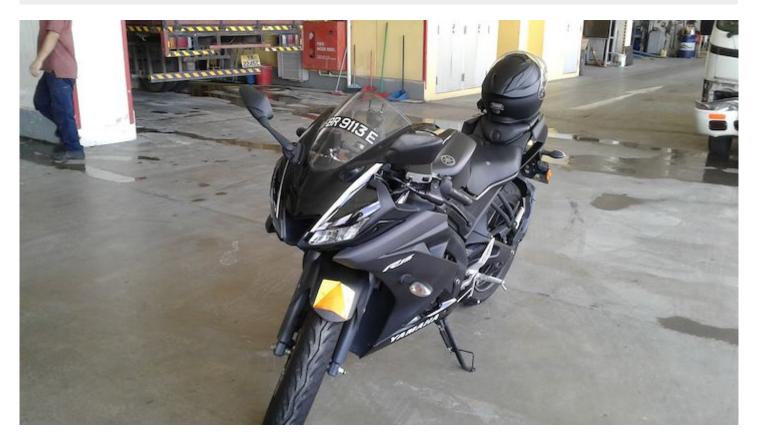
PLEASE

TURN

OVER

FBR FBR 310L					
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	-1-1	11111.1	1.1711	· · · · ·
	· · <u></u>				
					000

Note: Please note that your in		1777			
under your own compre	hensive policy. Plea	ase check with	your policy for m	ore information.	
/We declare the foregoing particular:	s are true in every resp	ect.			
La Delia-			7.		29/7/21
Policyholder's Signature Date & Time: 29/07/2021	Driver's Signature (if driver is not the p Date & Time;	olicyholder)		g Centre Personnel	



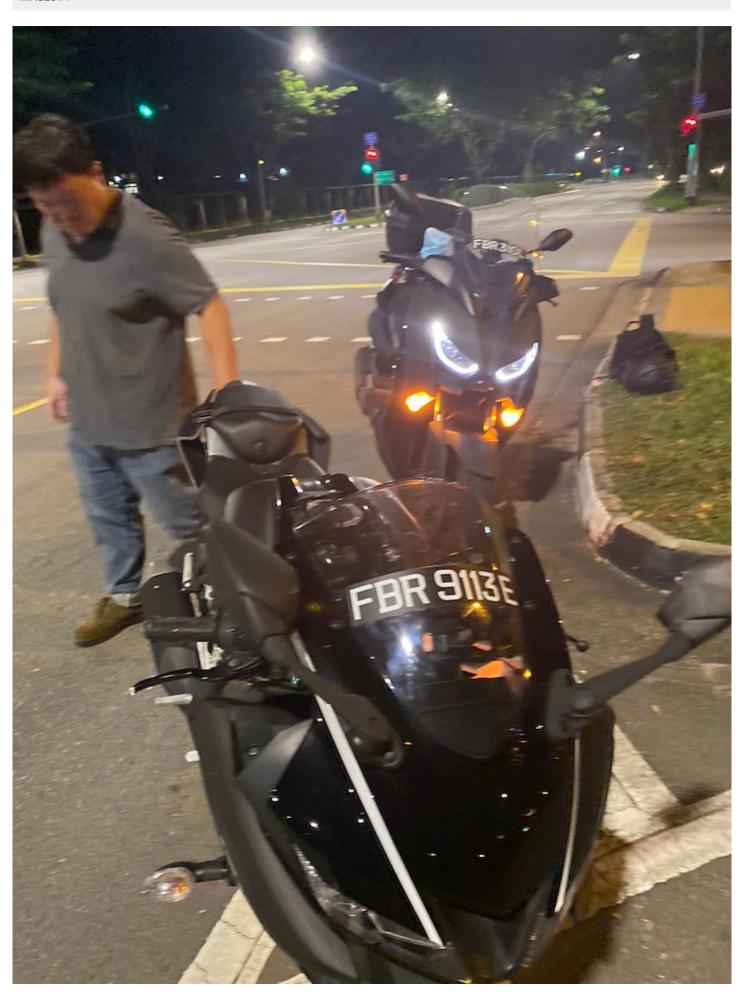


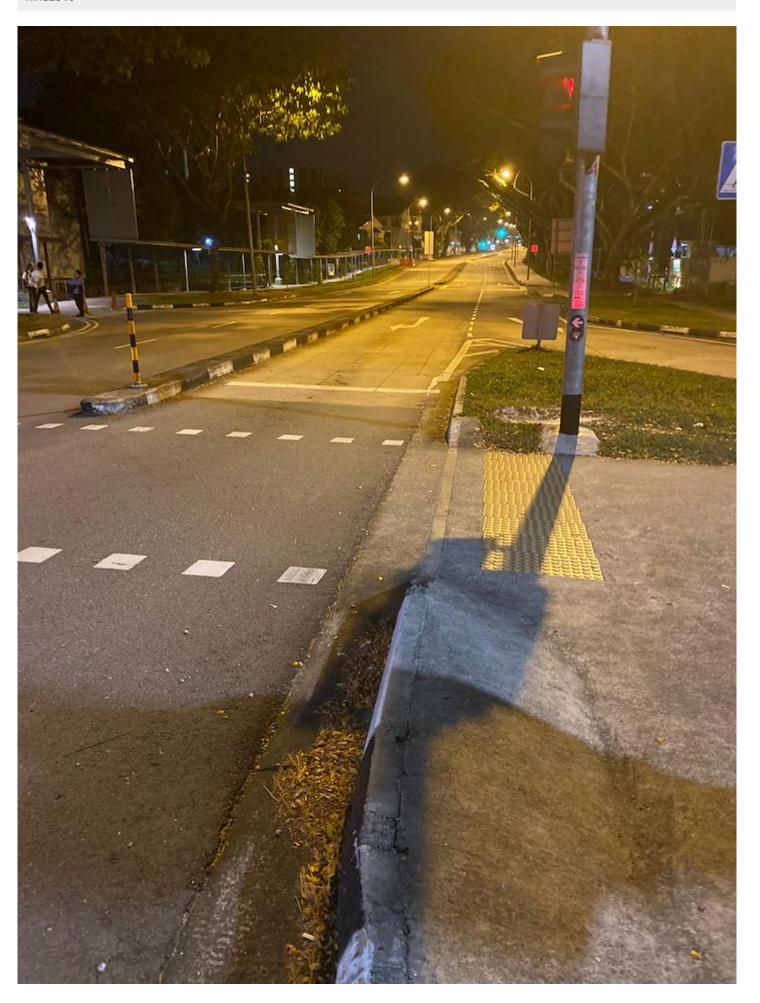


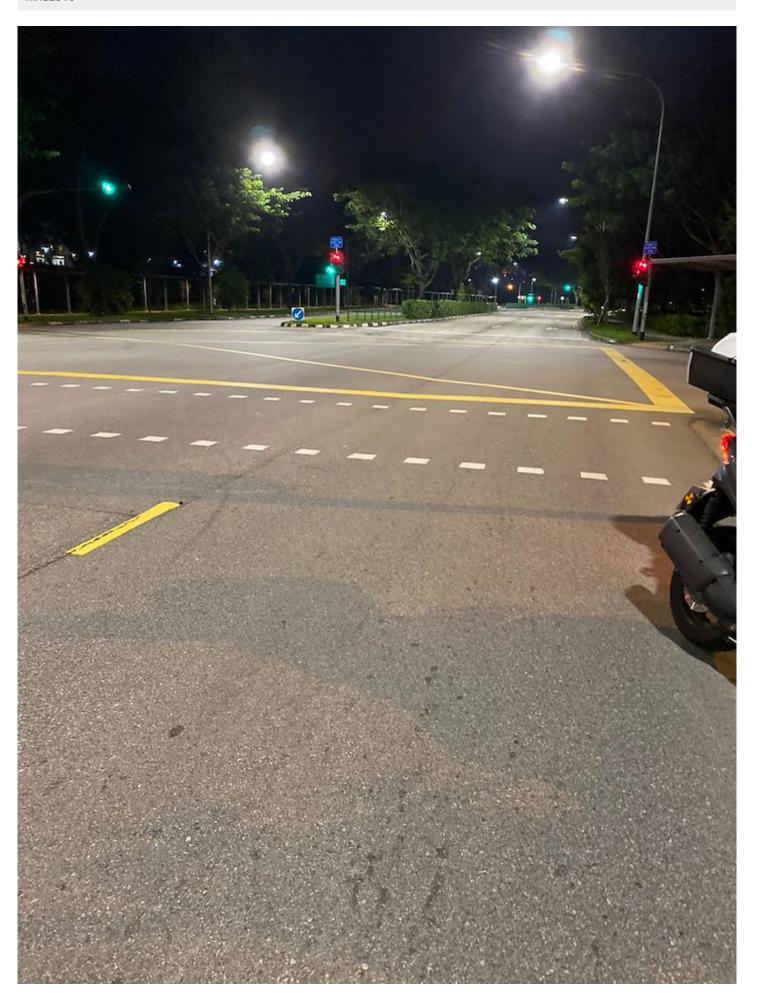
















1.01

Report No. T/20210729/7001

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

	ne Report M 121 06:02	fade:	Vide Report No.:	Station Diary No.:	
Informa	m's Partice	olars .			
Name of TAN JIN	Informant: XING		Address: 220 PETIR ROAD #07-343 SI	NGAPORE 670220	
ID Type / ID No.: NRIC NO / S9324185A			Contact No.: Home/Office: Mobile: 97867298		
National SINGAP	ity: ORE CITIZ	EN	Email: TANJINXING93@GMAIL.COI	M	
Sex: Male	Age: 28	Date of Birth: 08/07/1993	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupa air force			Driving Licence Information: Class:	Date of Expiry:	

Several Information Type of Accident:	/ liners		Date/Time of Accident: 29/07/2021 04:15	Type of Location: T-Junction	
Location: CASHEW RC	DAD	l No			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
		Traffic Control: Traffic Light - Work	king	Traffic Volume: Light	
Type of Collis Between Mov		Swipe - Same Direction		Anyone conveyed by ambulance: No	

SCHOOL NO.	4.68	Makersa	(Jacks)	Color - So	Legative	Notice 1
FBR310L	Motorcycle	YAMAHA	xmax	Black	No Damage	0
FBR9113E	Motorcycle	YAMAHA	R15V3	Black	Slightly Damaged	0

Free Contract Contrac
Details of vehicle manifered
Separation to a few sections of the second o
Details of Vehicle Insurance Vendenies de l'éties accorde de l'éties de la Exercitate Les années de l'éties de la Exercitate Les années de l'éties de la Exercitate



T/20210729/7001

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210729/7001

CONTINUATION OF REPORT

Details of V	hicle insurance		- W. W	
Webicle No. 3	Insurance Gergpany.	Linsurance No.	Elfeblive	Expire Date
FBR310L	MSIG INSURANCE (SINGAPORE) PTE. LTD.			2.000
FBR9113E	NTUC Income Insurance Co-Operative Limited	5120120171	02/12/2020	01/12/2021

Any Pedestrian In							
No. of Pedestrians Injured: NIL.			Use of P	Use of Pedestrian Crossing: NA			
bderberrant s				Of the second			
Name	TAN JIN XING			ID No.	S9324185A		
Related Vehicle	NIL	0		Contact No.	97867298		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL		
Date	NIL		Date	NIL			
	ed Medical Leave	NIL	Degree	of NIL			
Profes Being Fit			8.74				
Name	TAN JIN XING		1.2	ID No.	S9324185A		
Related Vehicle	NIL		***	Contact No.	97867298		
Hospital/Clinic	NiL	- 50	aT	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL		
Date	NIL		Date	NIL			
No. of Days grant	ed Medical Leave	NIL	Degree o				
sides herandships in				4.14 E. S.			
Name	YEW HONG SING			ID No.	S7700892F		
Related Vehicle	NIL			Contact No.	97600467		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL		
Date	NiL		Date	NIL			



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



Report No. T/20210729/7001

CONTINUATION OF REPORT

Brief Details.

At 4.15am, i was travelling along cashew road. It was a green light when i arrived at the T junction turning right to Upper Bukit Timah Road. So i proceeded with my right turn beside another motorbike Yamaha Xmax FBR310L towards Upper bukit timah road. The Xmax driver seems to be making a left turn instead. He hit my bike causing me to fall. I sustained injuries to my right palm, right wrist, right kneecap and my neck. My motorbike sustained slight damage to the the right side. Xmax rider agreed it is his fault for hitting me but denies making a left turn.



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



4 of 4 Report No. T/20210729/7001

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 29/07/2021 06:02
Classification Of Case: