

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

MC / MC 10765 / 2019

Between

MUHAMMAD ZULHAKIM BIN BAKAR
(NRIC No. S9241617H)

... Plaintiff

And

CHUA SHUMIN KIMBERLEY JOANNE
(NRIC No. S9228625H)

... Defendant

AFFIDAVIT OF EVIDENCE IN CHIEF

I, **CHUA SHUMIN KIMBERLEY JOANNE** (NRIC No. S9228625H), of Block 155
Jalan Teck Whye, #07-61, Singapore 6870155, do hereby solemnly and sincerely affirm /
swear and state as follows:

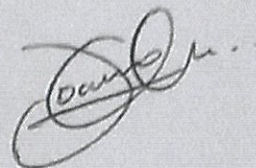
1. I am the abovenamed Defendant.
2. The matters deposed to herein are within my personal knowledge and knowledge acquired from the documents relating to this matter. Insofar as the matters deposed to herein are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

3. The Plaintiff's claim herein against me arises out of a road traffic accident on or about 26 September 2017 at about 5:30pm along the T-junction between Seletar Aerospace Crescent and Seletar Aerospace Drive involving motorcycle no. FBL 1182P ("Plaintiff's motorcycle") and the motorcycle no. FBD 9764A ("my motorcycle").
4. At the material time, the traffic flow was light. Visibility was clear and the road conditions were wet as it was drizzling.
5. Prior to the accident, I was riding my motorcycle slowly behind the Plaintiff along Seletar Aerospace Crescent, where Rolls-Royce Singapore is located, with the intention to make a right turn at the T-junction between Seletar Aerospace Drive and Seletar Aerospace Crescent.
6. As I was doing so, I had noticed a motor truck approaching from the right along Seletar Aerospace Drive ('the main road'). As the said motor truck was still at a distance from the T-junction, I had expected the Plaintiff to move off from the T-junction as there was ample time for him to safely do so. However, the Plaintiff did not move off and the front of my motorcycle collided into the rear of his motorcycle as a result.
7. The impact was a light one which did not cause me to lose balance. However, the Plaintiff's motorcycle lost balance and fell to the right.

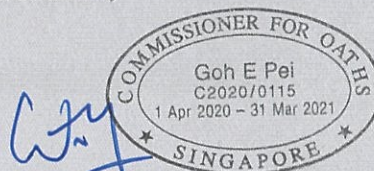
8. I then got off my motorcycle to check on the Plaintiff and exchange particulars with him. We then went on our own way thereafter.
9. The Plaintiff had then texted me the next day asking to meet me for a private settlement. He had proposed a sum of about \$4,000.00 in settlement. As it has been more than 3 years since the accident, I no longer have access to these text messages. I declined the Plaintiff's proposal to meet and rejected his offer as I felt that the amount he had asked for was too much.
10. I have also read the Plaintiff's Singapore Accident Statement lodged on 30 September 2017 and understand that the Plaintiff had reported that the alleged impact from the collision had caused him to surge forwards and hit an oncoming motor truck.
11. I wish to state that this is untrue. The impact from the collision was very light, in fact, there is no discernable damage on the front of my motorcycle and I did not even lose my balance. While the impact had caused the Plaintiff to lose balance, it did not cause him to surge forward to hit the passing motor truck. The said passing motor lorry also did not stop after the accident.
12. I have managed to track down the driver of the said passing motor truck by approaching the guardhouse as they record the timing and details of drivers and vehicles that enter the facility. The driver of the said passing truck, one Mr Chin

13. My Singapore Accident Statement dated 27 September 2017 enclosing photographs of my motorcycle and my sketch plan, is exhibited hereto and marked "CSKJ-1".

AFFIRMED / ~~SWORN~~ by the abovenamed)
CHUA SHUMIN KIMBERLEY JOANNE)
this 30th day of December 2020)
at Singapore)



Before me,



A COMMISSIONER FOR OATHS

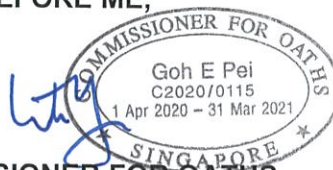
REFERRED TO IN THE AFFIDAVIT OF EVIDENCE-IN-CHIEF OF

CHUA SHUMIN KIMBERLEY JOANNE

~~SWORN~~ / AFFIRMED BEFORE ME ON

THIS 30th DAY OF December 2020

BEFORE ME,



A COMMISSIONER FOR OATHS

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 ability.
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 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 Report	27/09/2017 15:01
Date Of Accident	26/09/2017 17:50
Exact Location Of Accident	INSIDE 1 SELETAR AREOSPACE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD9764A
Insured/Policyholder	
Name Of Registered Owner	CHUA CHENG HUAT RAYMOND AUGUSTINE
NRIC No	S1412032G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98765412
Alternative Phone No	OFFICE-98765412

Vehicle Particulars

Manufacturer	HONDA
Model	TIGER-197CC GL 200R
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5069911169-02
Cover Note Number	

Driver

Name of Driver	CHUA SHUMIN KIMBERLEY JOANNE
NRIC No	S9228625H
Date Of Birth	12/08/1992
Occupation	INDOOR
Date Of Driving Pass	29/12/2014
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98765412
Fax Number	
Contact Number	OFFICE-98765412
Email Address	NOEMAIL

Address	12 TECK WHYE LANE #09-218
Postcode	S680012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH PLAN. ATTENDED BY : SUSAN

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	FBL1182P
Vehicle Make/Model/Colour	M/CYCLE
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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. 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.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: vacbb@singnet.com.sg

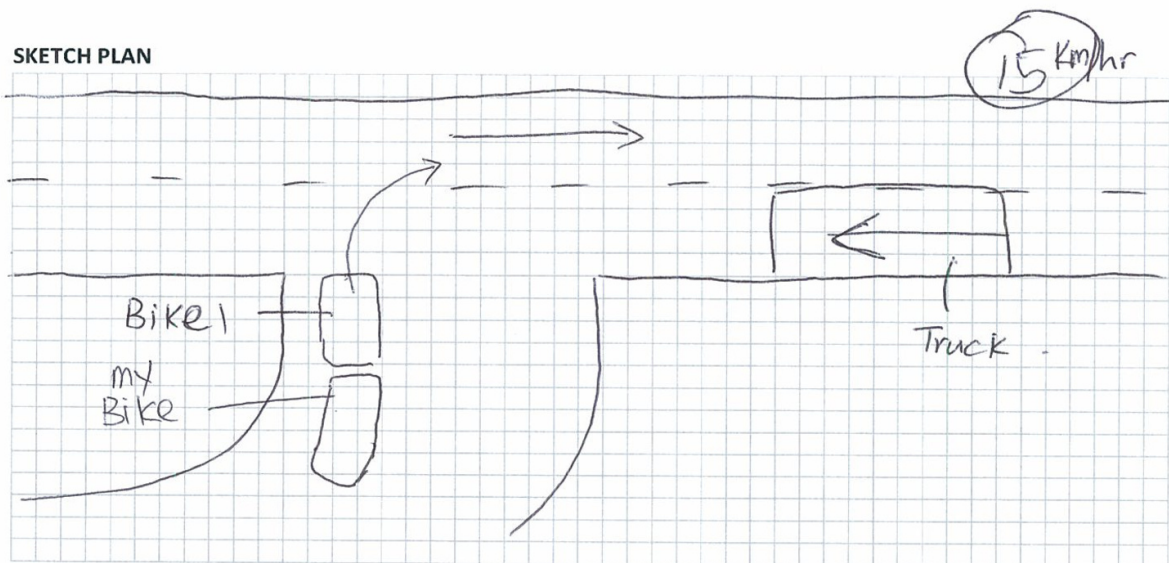
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

going to make
I was ~~making~~ ^{making} a right turn. I observed a truck at a far distant on the right ^{and was} expecting the front bike to move off, ~~that~~ ^{as} there was sufficient time for both of us to move off. However, he ~~braked~~ ^{braked}. To which I stopped behind him but bumped the back of his ^{trike} lightly. He lost balance and dropped his bike to the right. my bike did not fall over.

NOTE: Please contact me @ 98765412 to inform me ~~how~~ ^{how} much the claim is for.

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 & Time:

27 SEP 2017

27/9/17
15:10pm

IDAC BUKIT BATOK (VAC)

511 Bukit Batok St 23

Singapore 659545

Tel: 6567 9427 / 6560 3312

Fax: 6569 0722

Email: vachb@singapore-sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

