SC0921BH0005 / Cheng Hoe Motor Pte Ltd[568047] ENTRY DATE & TIME: 17/11/2021 19:21 (SGT) SUBMITTED BY: LI YAZHU DORLYN VERSION: 1 (17/11/2021 19:21 (SGT))

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 <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 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 17/11/2021 19:21 (SGT) Date of Accident 07/07/2021 16:15 (SGT) **Exact Location of Accident** Singapore Additional Location Information THOMSON ROAD

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

No

Vehicle Registration Number FT700L

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner LIM CHENG LIANG NRIC No S7112004Z **Email Address** jaylim@asia.com Mobile Phone No (Phone) +65-97930926

Alternative Phone No +65-97930926

VEHICLE PARTICULARS

Manufacturer Yamaha Model **NMAX** Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Auto

CC 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5119776783

Cover Note Number 07/11/2020 - 06/11/2021

DRIVER

Name of Driver KELLY GRACE CHUA NRIC No S75222931

Accident report SC0921BH0005

Date Of Birth 16/07/1975
Occupation Indoor
Date Of Driving Pass 07/01/1994

Driving experience 27 YEARS AND 6 MONTHS

Gender Female

Mobile Number (Phone) +65-92399909

Alt. Phone Number

Email Address kellychua@asia.com

Address BLK 160 LORONG 1 TOA PAYOH #03-1586

Address complement

Postcode 310160 Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured FIANCEE Does Driver Own Other Vehicles?

Does Driver Own Other Vehicles?
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 Hit and run / Vandalism / Damaged whilst parked

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?

No
Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes
Number of Personners (Including Privor)

Number of Passengers (Including Driver)

1
Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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 TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSMZ4301PVehicle Manufacturer-

Vehicle Model

Vehicle Variant

Vehicle Colour - Webiele Cotegory

Vehicle Category Private car

Name of Driver	JIANG KUN
NRIC No	S8365388D
Contact Number	(Phone) +65-83181910
Address	-
Address complement	21 OXLEY WALK #01-16
Postcode	238593
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1.VEHICLE NO.: FT 7001 2.INSURER CO. NTU(3.ACCIDENT 17107 21 0/6/1

IMPORTANT NOTICE

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- 2 This Formerus: be completed by the Policyholder and/or the Authorised Driver.
- 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 GW. 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 longement 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 Insurence Association of Singapore ("GIA") may are permitted to collect, use, disclose and/or process my personal data/personal and ormation set out in this [form] and any other personal information provided by my or possessed by my insurer (collectively the "Personal Information") and disclose end transfer such Personal Information to at 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" i, 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
- (8) 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 desing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about the to bring about delivery of the same as well as on the external cover of envelopes/mail packages); analor
- (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. few firms, maylare permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Mormation may/can be disclosed by any of the Insurers and/or GA to their third party service providers or agents (including their taw yers/law firms), which may be sited outside of Singapore, for one or more of the above Furposes.

Policyholder's Signature / Date & Time

Orwer's Signature (if driver is wort the policyholder) / Dali & Time

PLEASE TURN OVER Witnessed by Reporting Centre Personnel And A 7/11/21

Accident report SC0921BH0005





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210707/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2021 18:05		de:	Vide Report No.:		Station Diary No.:		
Informant'	s Particul	ars					
Name of Informant: KELLY GRACE CHUA			Address: 160 LORONG 1 TOA PAYOH #03-1586 SINGAPORE 310160				
ID Type / ID No.: NRIC NO / S7522293I			Contact No.: Home/Office: Mobile: 92399909				
Nationality: SINGAPORE CITIZEN			Email: KELLYCHUA@ASIA.COM				
Sex: Female	Age: 45	Date of Birth: 16/07/1975	Type of Informant: Rider				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Business consultant			Driving Licence Information: Class:	Date of Exp	oiry:		
		-					

- No. Control of the						
General Information of the Accident						
Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 07/07/2021 16:15		Type of Location: Car Park
Location:						
THOMSON ROAI	D					
Weather: Clear		Road S Dry	Surface:		Road 5 Km	d Speed Limit: n/h
Traffic Flow: Traffic Control: One Way Not Controlled				Traff Light	ic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle						one conveyed by ulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FT700L	Motorcycle					0
SMZ4301P	Car	MITSUBISHI	Outlander (estimation)	Grey	Slightly Damaged	0





2 of 3

Report No. T/20210707/7029

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

CONTINUATION OF REPORT

Details of Perso	n Involved	1.9				TO THE PROPERTY OF THE PROPERT
Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider						
Name	KELLY GRACE CHU	A		ID No.	,	S7522293I
Related Vehicle	FT700L (Motorcycle)			Conta	ct No.	92399909
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

At 4:13pm on 7 July 2021, I (FT700L) parked at the slip road, exactly in front of Far East Flora main gate at Thomson Road behind vehicle SMZ4301P. The exact coordinates is 120'10.8"N 10350'12.7"E. From the incident video, it is a dark grey Mitsubishi MPV (model looks like Mitsubishi Outlander).

I went into Far East Flora to purchase a pot of flower and was alerted by Far East Flora staff who attends to scanning customer's temperature at the main gate, that my bike was hit and toppled. I came out of Far East Flora at 4:20pm (after 7 minutes from the start of my parking time) to check on the bike. The bike toppled to the right side and content in my top box was scattered all over the floor. The bike was damage on the right and the top box cracked. Contents like my helmet was scarred and my mobile phone screen cracked.

This is a obvious hit-and-run case by vehicle SMZ4301P. There is no way the driver is unaware of the hit as there would have been a loud noise from the falling. The driver could have reversed the car onto my bike front wheel causing it to fall. My bike was within the driver's view on the right side mirror but I suppose the driver reverse without checking the rear camera view or check the right side mirror. Whatever the case, the driver drove off irresponsibly.

To add on, the motorcycle owner is my fianc (Lim Cheng Liang) and I am the authorised rider under his insurance. There is no pedestrian crossing on this road and I have a video of the vehicle in front of me but I am unable to upload the file here. I am now awaiting another stationery vehicle (parked behind me) to come back to me if his in-car camera captured any footage that might be useful for this case.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210707/7029

CONTINUATION OF REPORT

Sketch Plan	
Informant is not able	e to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/07/2021 18:05
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

Authentication Stamp
NP168