SB0521CT0002 / BIS Automobiles Pte Ltd ENTRY DATE & TIME: 30/12/2021 12:21 (SGT) SUBMITTED BY: Gary VERSION: 1 (30/12/2021 12:21 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 30/12/2021 12:21 (SGT) Date of Accident 04/12/2021 20:20 (SGT) Exact Location of Accident Farrer Rd, Singapore Additional Location Information TOWARDS ADAM ROAD, BEFORE LEEDON HEIGHTS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SKU9726P**

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner NG HOW YONG NRIC No S7223342E Email Address howng2006@yahoo.com.sg Mobile Phone No (Phone) +65-90018431 Alternative Phone No +65-69961562

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry 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 Yes Vehicle Category Private car Transmission Auto 2000

INSURANCE COMPANY

Name of Insurance Company **AXA Insurance Pte Ltd** Type of Coverage Comprehensive Fleet Policy No Policy Number GA375969/1 Cover Note Number

DRIVER

Name of Driver NG KIANG WU

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	20/08/2000 Indoor 06/11/2020 1 YEAR AND 1 MONTH Male (Phone) +65-83338452 +65-69961562 ngkiangwu10@gmail.com 6 DOVER RISE #05-03 - S138678 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Motorcyclist Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 Yes Yes Yes 2 No
Name Gender	NG HOW YONG
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Clementi Neighbourhood Police Centre (Phone) +65-18008729999 (Fax) +65-68728039 No. Singapore 129858 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration Number

FBP9488J

Vehicle Model Vehicle Variant Vehicle Colour Blue Vehicle Category Motorcycle Name of Driver MUHAMMAD REJAB BIN JURRAT NRIC No S9932975J Contact Number (Phone) +65-89113565 Address BLK 615 WOODLANDS AVE 4 #02-511 Address complement Postcode S730615 Insurance Company Name Nature Of Damage Details of property damaged in accident SLIGHTLY DAMAGED No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMMAD REJAB BIN JURRAT Gender Male Phone No (Phone) +65-89113565 Address BLK 615 WOODLANDS AVE 4 #02-511 Address Complement Post Code S730615 Approximate Age Years Old 22 Injuries Sustained **NECK AND ANKLE** Injured person in which vehicle? FBP9488J Were seat belts worn? No 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 claims process.
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- 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.
- 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 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 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Sketch Plan

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

& Time

La Castre

Witnessed by Reporting Centre Personnel

4 2 4

	Refer to potre Report	
	*	
807		
- 3 - 53		

Declaration

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

Policyholder's Signature / Date &

ne - a/12/21

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

3.20%

Witnessed by Reporting Centre Personnel









































Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3 Report No. T/20211205/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2021 00:16		lade:	Vide Report No.: E/20211204/0201	Station Diary No.: 11	
Informa	nt's Partic	ulars			
Name of Informant: NG KIANG WU			Address: APT BLK 6 DOVER RISE #05-03 SINGAPORE 138678		
ID Type / ID No.: NRIC NO / T0091026G		26G	Contact No.: Home/Office: Mobile: 83338452		
Nationality: SINGAPORE CITIZEN		EN	Email: ngkiangwu10@gmail.com		
Sex: Age: Date of Birth: Male 21 20/08/2000			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/12/2021 20:20	Type of Location Straight Road	
Location: FARRER RO Lamp Post N	10.00000				
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:	
[10040000000000000000000000000000000000		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Dual Carriage			1.3	Anyone conveyed by	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBP9488J	Motorcycle	YAMAHA		Blue	Slightly Damaged	0
SKU9726P	Car	TOYOTA	CAMRY 2.0 AUTO	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20211205/2002

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Report No. 1/20211205/2002

2 of 3

Tel No: 1800-8729999 CONTINUATION OF REPORT

Driver							Falls
Name	NG KIANG WU			ID No		T0091026G	
Related Vehicle	SKU9726P (Car)		Conta	ct No.	83338452		
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	15
Date Treatment	NIL		Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL		NIL	Degree o	f Injury	NIL	INTERPRETATION OF THE PROPERTY	

Brief Details.

On 04/12/2021 at about 2020hrs, I was travelling along Farrer Road towards Adam Road, before Leedon Heights in my vehicle bearing registration number SKU9726P. It was a four laned road and I was on the fourth lane (extreme left). At that point of time, I wanted to change to the third lane and hence I signalled right. I saw three motorcycles on the third lane from my side mirror going straight thus I decided to wait until they passed by me before changing lanes.

After the three motorcycles passed me, I made a check on the third lane and blind spot. Once confirming that the traffic was clear, I looked back to the front and noticed a motorcycle (FBP9488J) in front of me (believed to be the third motorcycle). I immediately applied the braked while I was swerving slightly to the right. However, due to the distance I was unable to stop in time and hit the motorcycle.

I wish to add that all three motorcycles did not signal left before entering my lane.

Traffic Police and Ambulance attended to the accident. The rider was conveyed by Ambulance. Damages found on my vehicle were a dislodged front plate number and scratches on the middle of the front bumper. Damages found on the motorcycle were a broken rear plate number. I did not check for the damages on the other parts of his motorcycle. I am unsure of the injuries sustained by the rider and where he was conveyed to. The vehicle I was driving belongs to my father.

I wish to inform the Traffic Police Investigation Officer Fakrul Razi that my Father and I will be travelling to South Korea on 05/12/2021 at 11pm. We will be back in Singapore on 28 December 2021. I will not be contactable by mobile phone however I can be reached at my email: ngkiangwu10@gmail.com

My father namely Ng How Yong can be reached by WhatsApp at HP: 90018431.

I have an in-car camera and the SD card was handed over to the Traffic Police Officer at scene.





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 3 Report No. T/20211205/2002

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 Recordin D / Sgt 3 MUHAMMAD AIZAT B AMIR		Signature Of Informant:
Signature Of Interpreter: Not applicable	1	Date/Time: 05/12/2021 00:16
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED MUHAMMAI	O ISA BIN OMAR	Classification Of Case:
ALHABSHEE Contact No.: 65476214	SINGAPORE POLICE FORCE	SN 37
	1	SIGNATURE