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 22/12/2021 16:24 (SGT) Date of Accident 16/12/2021 19:00 (SGT) Exact Location of Accident Singapore Additional Location Information CTE (SLE) BEF MOULMEIN ROAD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS7107G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LOW CHUN FEI ALDONIS NRIC No S9320205H Email Address ALDONISLOWCF@GMAIL.COM Mobile Phone No (Phone) +65-97333787 Alternative Phone No +65-97333787

VEHICLE PARTICULARS

Manufacturer

Kawasaki Model Ninja Variant 400 Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Manual CC 400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5123635848 Cover Note Number

DRIVER

Name of Driver LOW CHUN FEI ALDONIS NRIC No S9320205H

Date Of Birth 23/05/1993 Occupation Indoor Date Of Driving Pass 06/09/2021 Driving experience 3 MONTHS Gender Male Mobile Number (Phone) +65-97333787 Alt. Phone Number +65-97333787 Email Address ALDONISLOWCF@GMAIL.COM Address **BLOCK 17 HOUGANG AVENUE 3** Address complement #03-151 Postcode 530017 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 vehicle 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 Tanglin Division Headquaters Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO 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 SHD5699K Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
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)	- - - - - - 2
PASSENGER 1	
Name Gender	UNKNOWN Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LOW CHUN FEI ALDONIS Male - BLOCK 17 HOUGANG AVE 3 #03-151 530017 30 FRACTURE ON BOTH COLLARBONE FBS7107G No Yes
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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.
- 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.
- 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 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:
 - 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.

Policyholder's Signature

Date & Time: 22/12/2021, 1700

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

Date & Time:

Reporting entre Personnel's Signature Name: Ignatius Lim

Name: Ignatius Lim NRIC/FIN No.: S991237

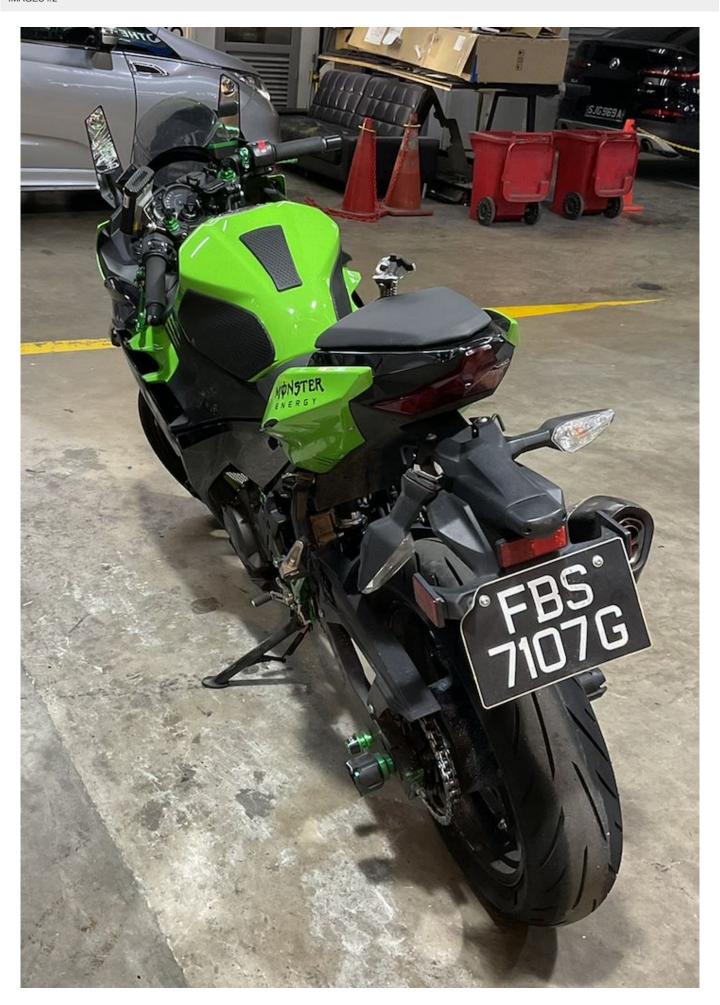
GIARMC SketchPlanForm_V.

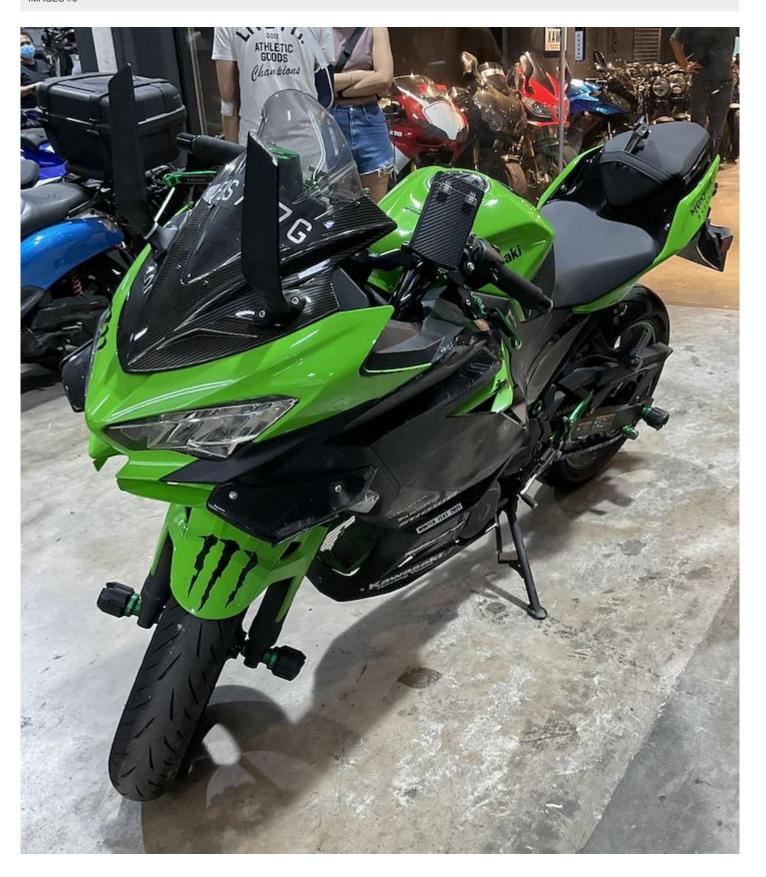
SKETCH PLAN A: FBS7107G B: SHD56599K DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to GEARS DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Reporting Centre Personnel's Signature Driver's Signature Date & Time: 22/09/2021, 1700 (If driver is not the policyholder) Name: Ignatius Lim NRIC/FIN No.: S991237

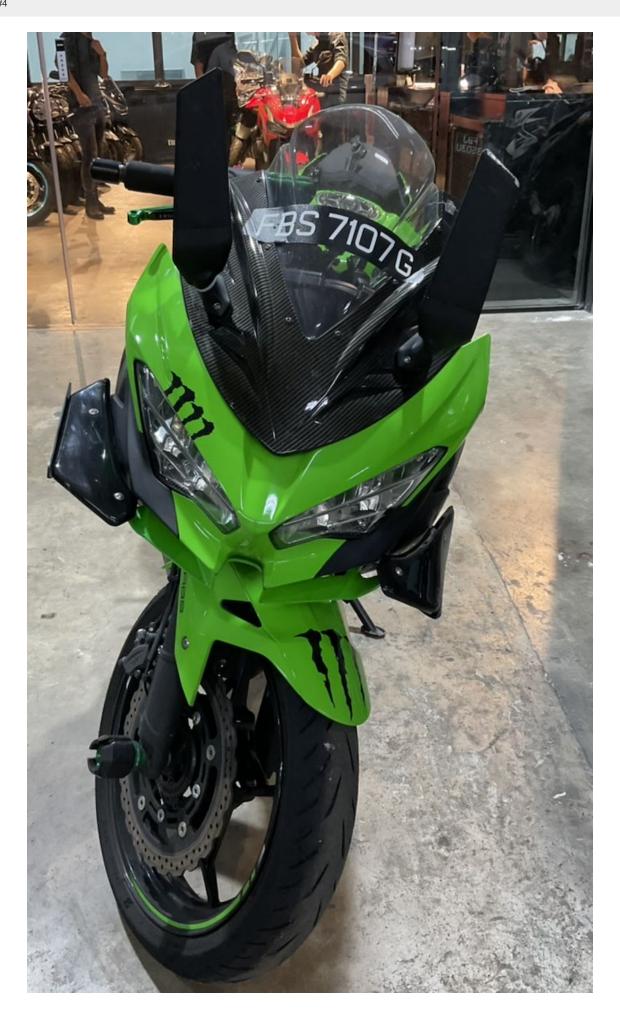
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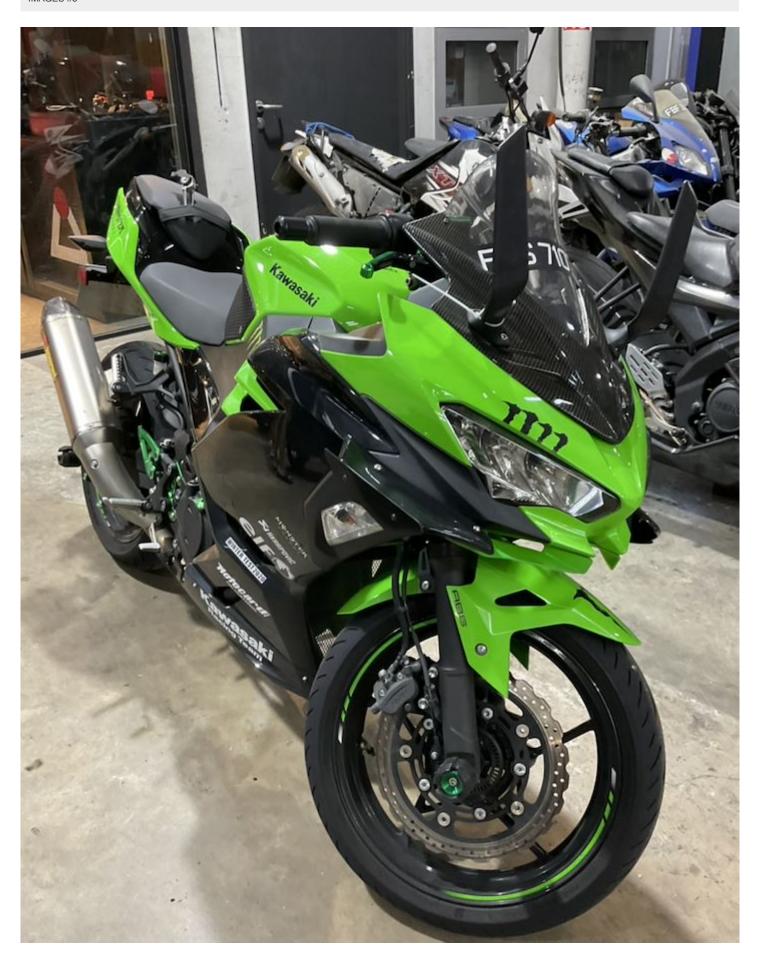
GIARMC SketchPlanForm_V3

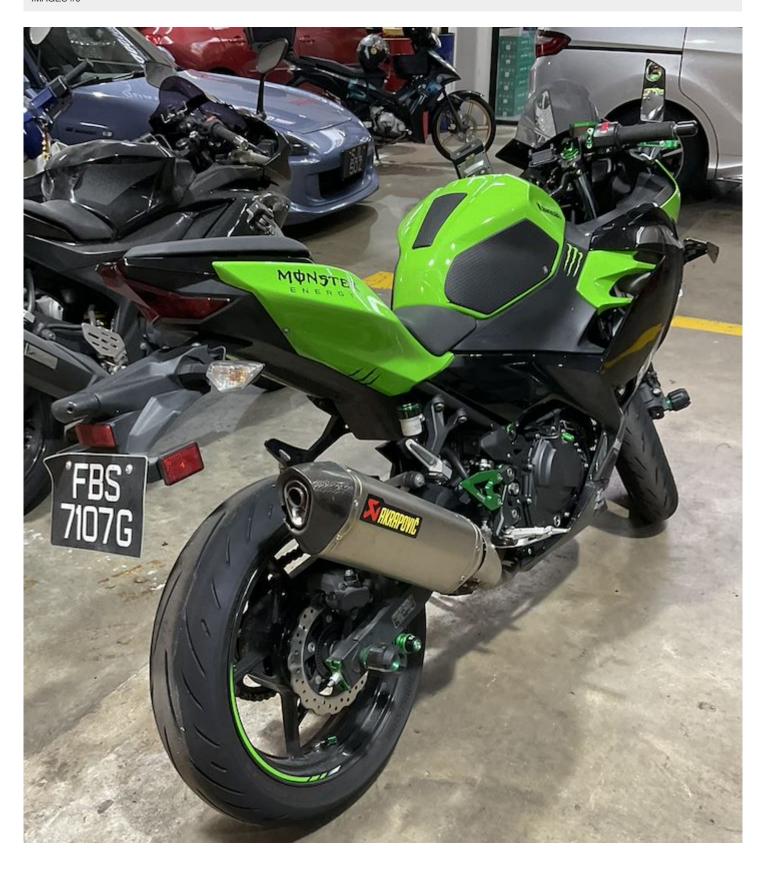


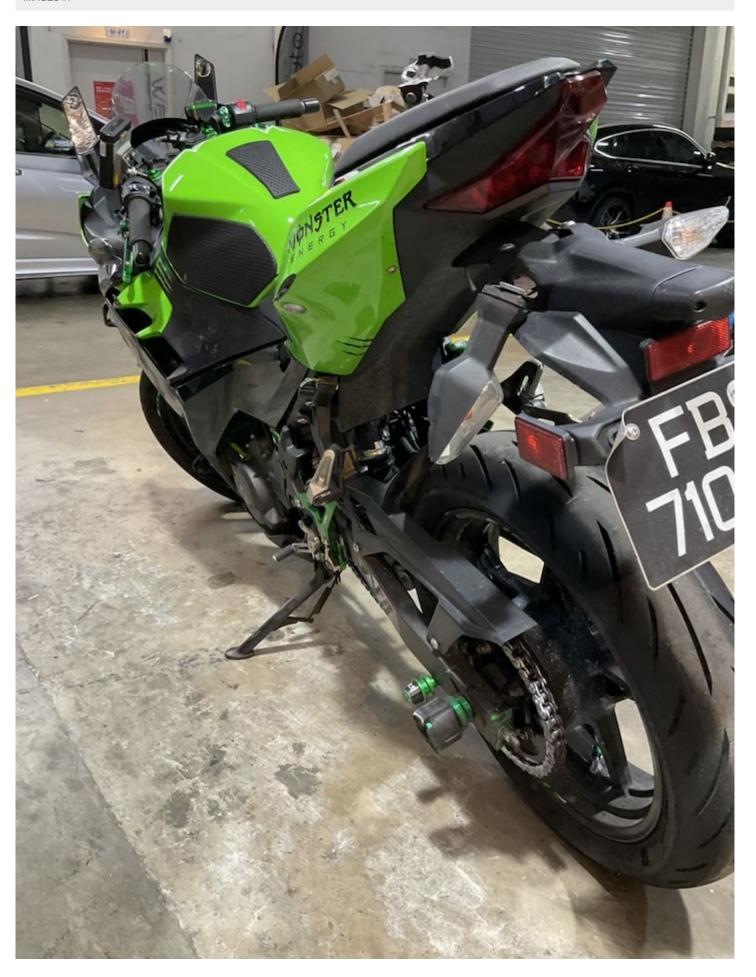


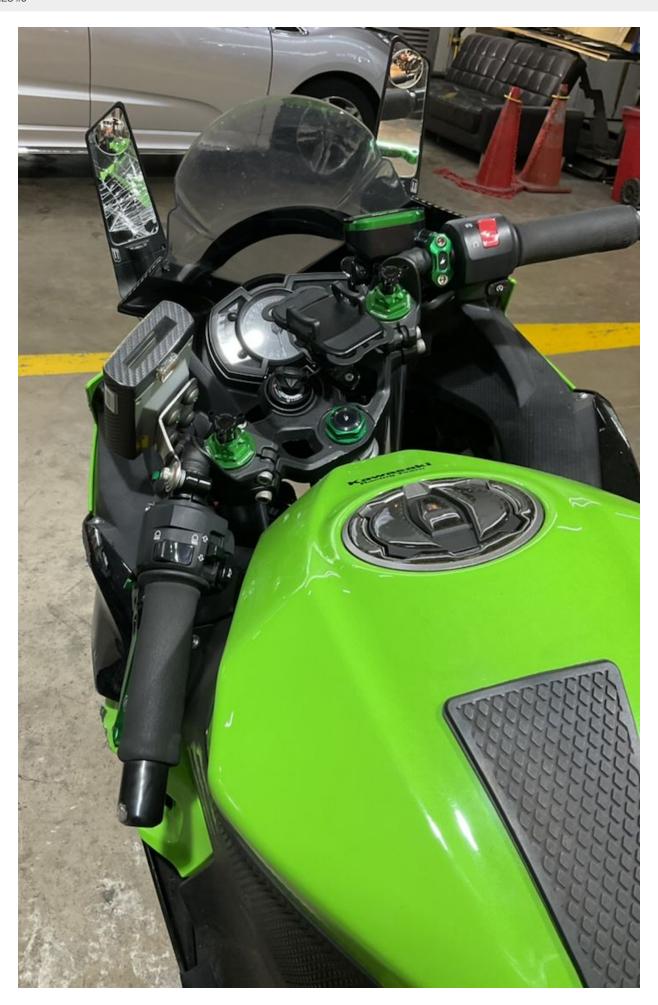




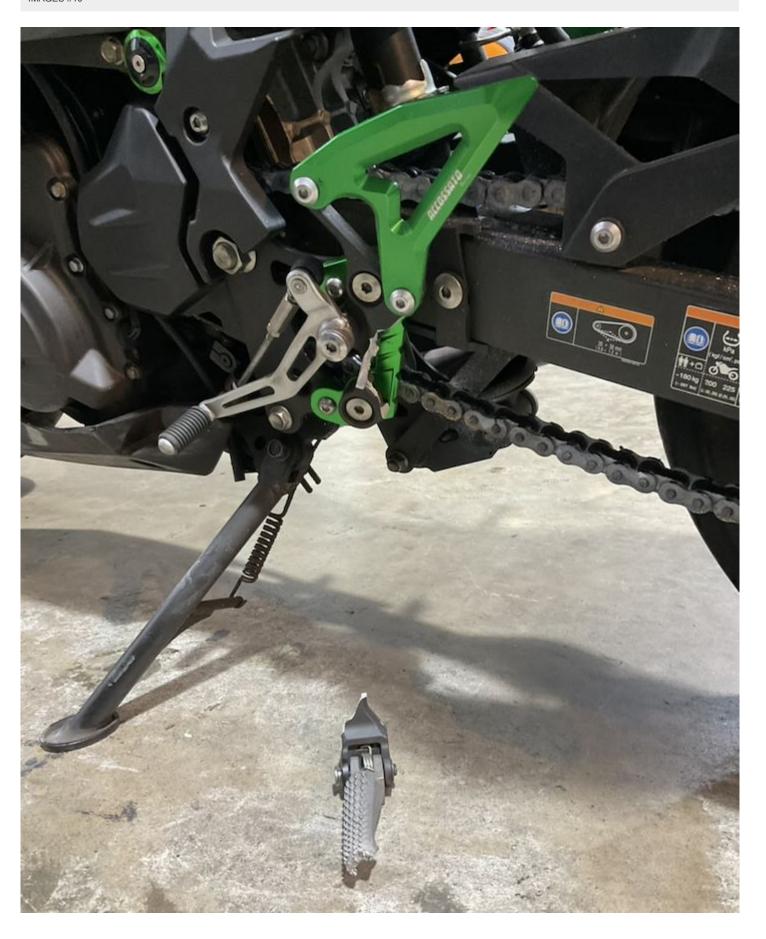


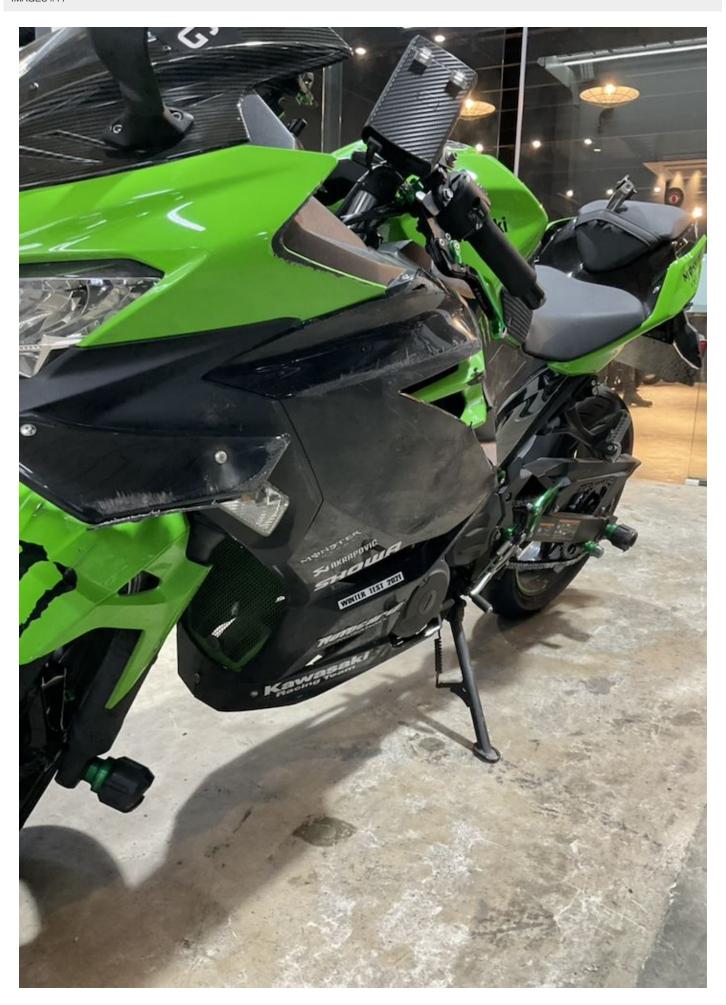
















1 of 2

Report No. E/20211218/7033

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Date/Time Report Made	Vide Report No.		Station Diary No.	
18/12/2021 18:35		3.0		
Name Of Informant	Address	10		
LOW CHUN FEI ALDONIS	17 HOUGANG AVENUE 3 #03-151 SINGAPORE 530017			
ID Type / ID No. NRIC NO / S9320205H	Contact Home/C	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Mobile: 97333787	
Nationality SINGAPORE CITIZEN	Email Address ALDONISLOWCF@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Project coordinator	Male	28	23/05/1993	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/12/2021 19:00	Location Of Incident CENTRAL EXPRESSWAY			
17/12/2021 19:00	CENTR	AL EXPRES	SSWAY	

Brief details.

This report is to give additional information to my previous report Report No. F/20211217/7069.

Location of accident is CTE towards AMK before Moulmein exit.

I was travelling straight on lane 1 and taxi SHD5699K who was on lane 2 on my left swerved into my lane and collided onto me.

There no no time for me to react at all.

Signature Of Informant:	
The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Date/Time: 18/12/2021 18:35	
Classification Of Case:	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211218/7033

We collided and me and my bike fell to the left and I rolled for a few metres and my bike slide far apart from me.

I immediately felt sharp pain on my collarbone and i felt pain on both my arms and both legs, my neck, back and shoulders also hurts.

Passerby then came and help.

Ambulance came and I was conveyed to TTSH A&E for treatment. I was told that I had fractures on both my collarbone and needed to see specialist.

I was then given 7 days MC for the time being.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2021 18:35
Officer In-Charge Of Case:	Classification Of Case:





1 of 1

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Report No. E/20211227/7011

Tel No:1800-3910000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
27/12/2021 13:53				
Name Of Informant	Address			
LOW CHUN FEI ALDONIS	17 HOUGANG AVENUE 3 #03-151 SINGAPORE 530017			
ID Type / ID No.	Contact No.			
NRIC NO / S9320205H	Home/Office: Mobile:			
	100-100 A 100-100		97333787	
Nationality	Email Address			
SINGAPORE CITIZEN	ALDONISLOWCF@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Project coordinator	Male	28	23/05/1993	Chinese
Institution/School Name	Language			
	English			
Date/Time Of Incident	Location Of Incident			
16/12/2021 19:00	CENTRAL EXPRESSWAY			
ALC: 12 10 10 ALC: 10				

Brief details.

This is to make amendment to the date of the accident in my previous report. Report No. E/20211218/7033.

The correct date is 16/12/2021 1900HR

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2021 13:53	
Officer In-Charge Of Case:	Classification Of Case:	



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDUM			
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS	S:		
	Original Report No: SN0721CM000T	Vehicle Registration No: FBS7107G		
	Name (as shown in MRIC): LOW CHUN FEI ALDONIS	_NRIC/FIN/Passport No: _S9320205H		
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as ap	propriate		
	Address: BLOCK 17 HOUGANG AVENUE 3. #03-151	Singapore (530017		
	Contact (Tel):_ NA	Mobile No.: _97333787		
	Email Address: ALDONISLOWCF@GMAIL.COM	=		
	Date of Accident: 16/12/2021	Time of Accident: 19:00		
	Place of Accident: CTE (SLE) BEF MOULMEIN ROAD EXIT			
	Insurance Company: INCOME			
	I have made a report on the above-mentioned accident a make the following amendments: Amend Date of Accident: 16/12/2021 Attach revised Police Report	and would like to include additional information or		
	*	James		
	Policyholder / Driver's Signature Date: 27/12/2021	Reporting Centre Personnel's Signature Name: Ignatius Lim NRIC/FIN No.: S991237		

Date: 27/12/2021

GIARMC Addendum Form