SG0F22170001 / GOLDBELL ENGINEERING PTE LTD
ENTRY DATE & TIME: 07/01/2022 14:32 (SGT)
SUBMITTED BY: Hasrianah
VERSION: 1 (07/01/2022 14:32 (SGT))

Your NCD will be affected due to late reporting

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	07/01/2022 14:32 (SGT)
Date of Accident	04/01/2022 19:30 (SGT)
Exact Location of Accident	Tampines Ave 1, Singapore
Additional Location Information	CROSS JUNCTION OF TAMPINES AVENUE 1 AND TAMPINES AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4592J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BONG BOON HWEE
NRIC No	S7575005F
Email Address	BOONBOONHWEE@GMAIL.COM
Mobile Phone No	(Phone) +65-91469993
Alternative Phone No	(Home) +65-91469993

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300l
Variant	-
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00031562100
Cover Note Number	-

DRIVER

Name of Driver	BONG BOON HWEE

NRIC No	S7575005F
Date Of Birth	19/06/1975
Occupation	Indoor
Date Of Driving Pass	04/07/2006
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91469993
Alt. Phone Number	(Home) +65-91469993
Email Address	BOONBOONHWEE@GMAIL.COM
Address	5 LIMAU RISE
Address complement	-
Postcode	465830
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 - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20220104/2103

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	FBF6201S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAFI
Gender	-
Phone No	(Phone) +65-87763491
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF6201S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
6. The report w ill be forw arded 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 w ill 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)**

I understand, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

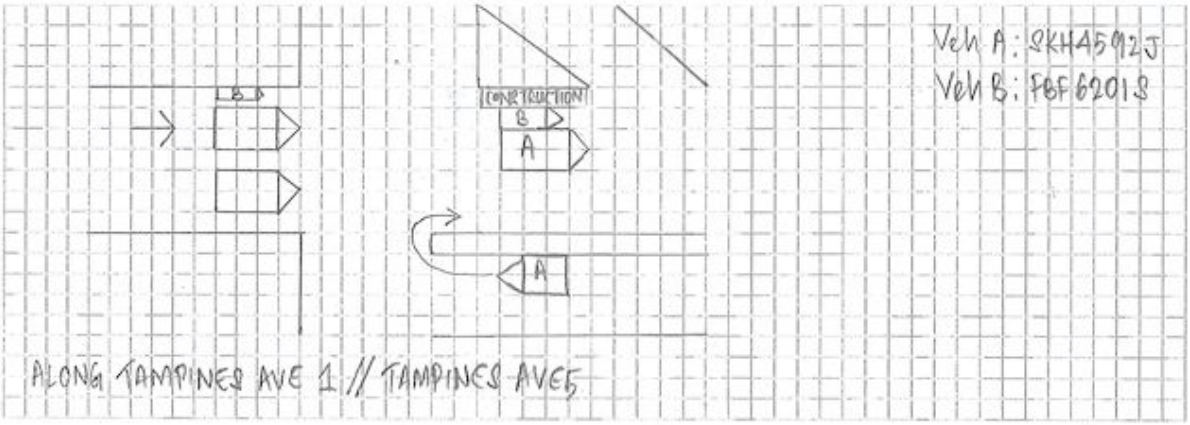
(collectively the "**Purposes**")

(b) all insurer(s) w ho 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 GIA to their third party service providers or agents (including their law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to traffic accident report no. T/20220104/2103.

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

Witnessed by Reporting Centre Personnel

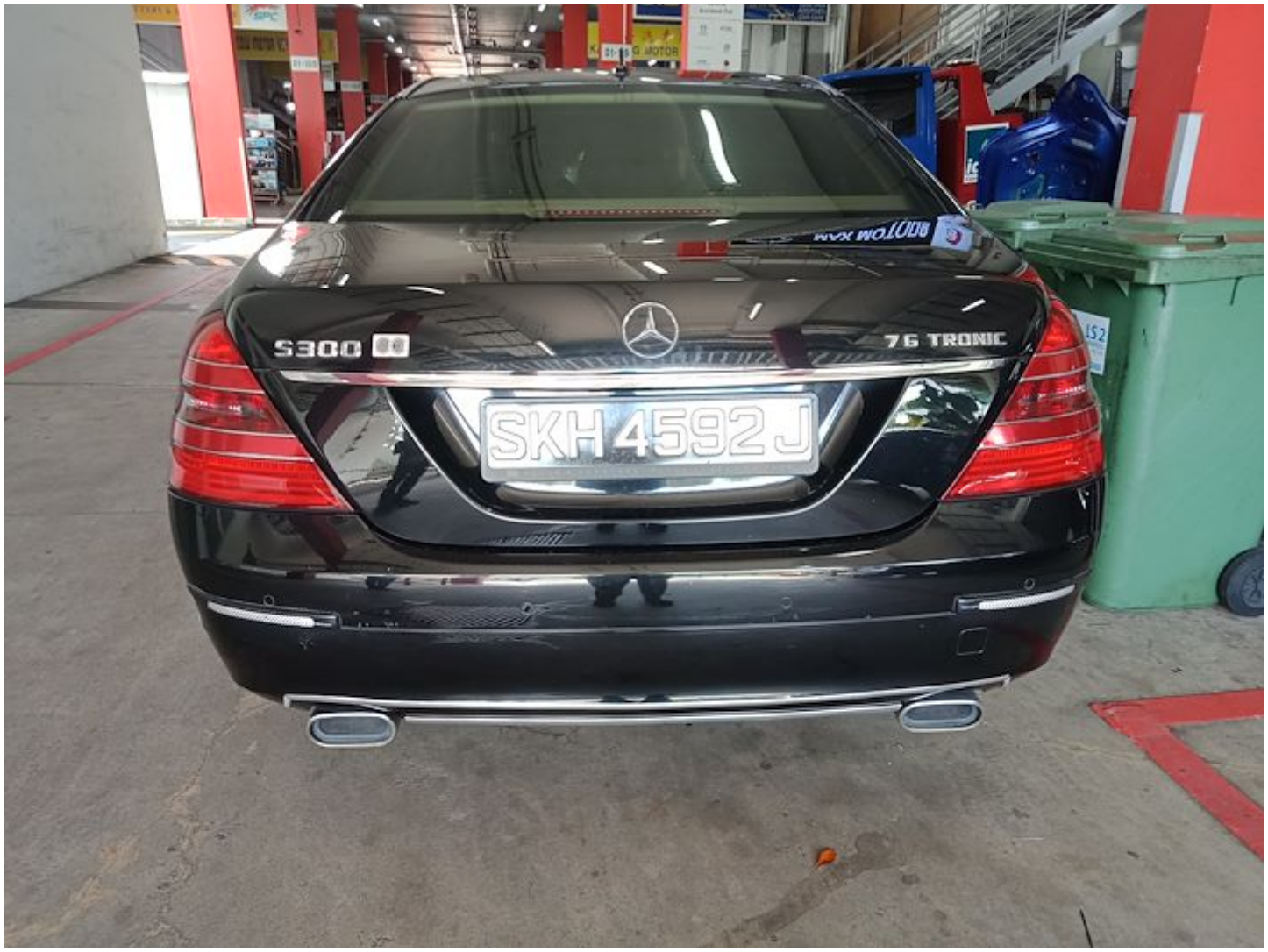
IMAGES

IMAGES #2

IMAGES #3


MAX MOTORS
麦克斯汽车工作室
G.B.
01·98
GOLDBELL KAKI BUKIT
S300
SKH 4592 J

IMAGES #4



IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

T/20220104/2103

Report No. T/20220104/2103

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/01/2022 21:55		118

Informant's Particulars

Name of Informant: BONG BOON HWEE			Address: 5 LIMAU RISE SINGAPORE 465830	
ID Type / ID No.: NRIC NO / S7575005F			Contact No.: Home/Office: Mobile: 91469993	
Nationality: MALAYSIAN			Email: BOONBOONHWEE@GMAIL.COM	
Sex: Male	Age: 46	Date of Birth: 19/06/1975	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CHIEF ACCOUTANT			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/01/2022 19:30	Type of Location: X-Junction
Location: TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBF6201S	Motorcycle	YAMAHA		Blue	Slightly Damaged	0
SKH4592J	Car	MERCEDES BENZ	S300L	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH4592J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000315 62100	25/02/2021	24/02/2022

SINGAPORE POLICE FORCE

T/20220104/2103

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BONG BOON HWEE	ID No.	S7575005F
Related Vehicle	SKH4592J (Car)	Contact No.	91469993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/01/2022 at about 1930hrs, I was driving along Tampines Avenue 1. At the cross junction of Tampines avenue 1 and Tampines avenue 5, I was waiting for the green arrow to make a U-turn. When the green arrow was on, I negotiated a U-turn on the most right lane. While turning, I felt an impact from the rear left of my car (SKH4592J). I immediately stopped and alighted from my car. I saw that a Blue motorcycle (FBF6201S) had collided onto my car. The bike was on its side and the side mirror damaged. The rider was about to stand up. In less than three minutes, ambulance arrived at scene and made a check on the rider. He did not wish to be conveyed as he informed that he was fine. I observed that his right hand and left leg was injured. The rider (Name: Rafi, HP: 87763491) informed that he wished to settle privately and I agreed. I also observed that there are scratches at the left rear of the vehicle. There is also a hole. We exchanged contact details and I drove off. I have in-car camera footage of the incident but the time and date is not accurate.

He contacted me later and his cousin insisted on paying SGD$4000/- and our IC details. I did not provide the details and decided to lodge a police report.

SINGAPORE POLICE FORCE

T/20220104/2103

Report No. T/20220104/2103

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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 Recording The Report G / Sgt 3 MUHAMMAD SHAHZELEEMI BIN MOHAMAD DANEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2022 21:55
Officer In Charge Of Case: TP / GIT / Other MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case: