SA0A222S000B / Ajax Mars Pte Ltd ENTRY DATE & TIME: 01/03/2022 16:28 (SGT) SUBMITTED BY: Susan VERSION: 1 (01/03/2022 16:28 (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 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
- 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 01/03/2022 16:28 (SGT) Date of Accident 12/02/2022 18:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG MINDEN ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN91P INSURED/POLICYHOLDER Is company? Nο Name Of Registered Owner TAN WEI SIANG NRIC No S9172795A Email Address Fergus.tws@gmail.com Mobile Phone No (Phone) +65-81396926 Alternative Phone No +65-81396926

VEHICLE PARTICULARS

Yamaha **Xmax** Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto CC 292

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number MC/00960362 Cover Note Number

DRIVER

Name of Driver TAN WEI SIANG S9172795A

Date Of Birth	20/05/1001
Occupation	20/00/1001
	• • • • • • • • • • • • • • • • • • • •
Date Of Driving Pass	1110172010
Driving experience	0 12/11/07/11/07
Gender	Male
Mobile Number	(Phone) +65-81396926
Alt. Phone Number	+65-81396926
Email Address	
	· 9 do do g do
Address	
Address complement	
Postcode	560635
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	
	1.0
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	OalBaire Observations to
,,	Complete Change/cross lane
Weather Conditions	
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Na
Number of vehicles involved in the accident	£
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	2
	2
Has the driver been approached by unknown person(s)	N.
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	SIYU
Gender	0110
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	
	(1 110110) 100 00 17 0000
Alt. Police Station Phone No	(,,
Police Station Address	
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT : T/20220301/7007 LODGED AT	TRAFFIC POLICE
wet. I was riding with my wife as pillion, travelling straight along vehicle(SLQ8313M) slowing down, without signal, so I also slow an abrupt right turn which caught me off guard, seeing this I app	w down, still at a distance, then the vehicle (SLQ8313M) suddenly made oly my brake hard to avoid the collision, by then it was already too close e of the car, and I fell together with my pillion. I was conveyed to
ATTACHMENT(S)	
Are agained whether available for the skill 10	
Are accident photos available for attachment?	
Was there any video captured by Car Camera?	
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8313M
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA3 SEDAN 1,5 AT EU6
Vehicle Variant	
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	MARK
Contact Number	(Phone) +65-96511887
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN WEI SIANG
Gender	Male
Phone No	(Phone) +65-81396926
Address	<u>-</u>
Address Complement	•
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FRACTURED LEFT LEG, MULTIPLE LACERATION ON THE LEFT LEG AS WELL. BRUISES.
Injured person in which vehicle?	FBN91P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- Any false reporting may be referred to the Police for investigation.
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- 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:

- 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)
 - (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.
- 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.

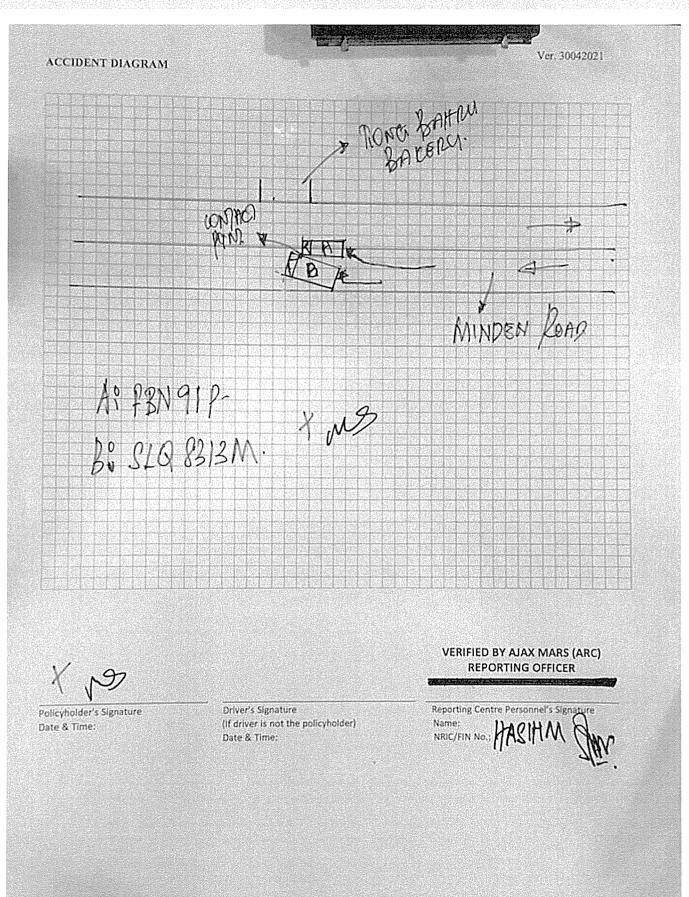
Policyholder's Date & Time:

Oriver's Signature

(If driver is not the policyholder) Date & Time:

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER HASHIM BIN KAMARI

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







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

1 of 3 Report No. T/20220301/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time 01/03/2022		ide;	Vide Report No.:		Station Diary No.:
Informant'	s Particul	ars			
Name of In TAN WEI S			Address: 635 ANG MO KIO AVENUE 6	#11-5123 SI	NGAPORE 560635
ID Type / ID No.: NRIC NO / S9172795A			Contact No.: Home/Office: Mobile: 81396926		
Nationality: MALAYSIAN			Email: FERGUS.TWS@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 26/05/1991	Type of Informant: Rider		
Race: Chinese			Language: English	Institution /	School Name:
Occupation Fitness Ins			Driving Licence Information: Class: 2A	Date of Exp	piry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/02/2022 18:00	Type of Location Straight Road
Location:			nterense (l'est est et es su dels tressesses directes alle solicules de suiviente de constant de l'active de d	ашин которы до на Винино ситомин на начина на начини на него на начини на начини на начини на начини на начини
MINDEN ROA	AD.			
alamining and another than a long and a construction of	entrolett hinne efikklendt til stil de jeterskik erkaltelan pokenligen unkjelaktion jennik untbersalpen planjation blasjetaturth	aniques sur la describiration de la company de la comp	and the second contract of the second contrac	
Weather:		Road Surface:		Road Speed Limit:
		Road Surface: Wet	1	Road Speed Limit: 50 Km/h
Weather: Drizzling Traffic Flow:	0000000 satisfatuutaa ka k			•
Drizzling		Wet		50 Km/h

Vehic e No.	Туре	Make	Mode	Color	Conditio	No of
FBN91P	Motorcycle	YAMAHA	CZD300A+/+ XMAX300	Green		1
SLQ8313M	Car	MAZDA	Mazda 3	Blue	and and with the assessment of the first terms and the control of control of the	1

Details of Vehicle Insurance	
Vehic e No. Insurance Company Insurance No Effective	Expiry Date



T/20220301/7007

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220301/7007

CONTINUATION OF REPORT

Vehic e No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN91P	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	MC/00960362	25/09/2021	24/09/2022

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Pillion						
Name	ONG SI YU			ID No.		S9130467H
Related Vehicle	FBN91P (Motorcycle)			Contact No.		96346969
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class of Driving Licence & Expiry		Class: ,2A Date of Expiry: NIL
Date	12/02/2022 Date			12/02/2022		
No. of Days gran	No. of Days granted Medical Leave 10 Degree of				Slight	
Rider						
Name	TAN WEI SIANG		ID No.		S9172795A	
Related Vehicle	FBN91P (Motorcycle)			Conta	ct No.	81396926
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class Driving Licent Expiry	9 :e &	Class: 2A Date of Expiry: NIL
Date	12/02/2022		Date		23/02/2022	
No. of Days gran	ted Medical Leave	101	Degree of		Serio	US

Brief Details

I was a riding my vehicle(FBN91P), along minden road in a safe speed and keeping safe distance as it was drizzling and the road was wet. I was riding with my wife as pillion, travelling straight along minden Road, I noticed a vehicle(SLQ8313M) slowing down, without signal, so I also slow down, still at a distance, then the vehicle (SLQ8313M) suddenly made an abrupt right turn which caught me off guard, seeing this I apply my brake hard to avoid the collision, by then it was already too close and the front part of my bike came in contact with front right side of the car, and I fell together with my pillion. I was conveyed to

Singapore general hospital via ambulance as we sustained injuries from the accident. I was given 101 days Hospital Leave.





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220228/7041

memory stick storing the video footages and went back to the station to record my statement.

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: 28/02/2022 16:00
Officer In-Charge Of Case:	Classification Of Case: