SN072235000U / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 05/03/2022 16:25 (SGT) SUBMITTED BY: Muhammad Haziq Shah Bin Abdul Aziz Shah VERSION: 1 (05/03/2022 16:25 (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 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 05/03/2022 16:25 (SGT) Date of Accident 26/02/2022 00:00 (SGT) Exact Location of Accident Singapore Additional Location Information CLEMENTI ROAD BEFORE MAJU DRIVE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBF7194Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner DARREN LAM KANG JUN NRIC No. S9814857D Email Address Candyowr@gmail.com Mobile Phone No (Phone) +65-98781611 Alternative Phone No +65-98781611

### VEHICLE PARTICULARS

Manufacturer Yamaha Model Fz16 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 - Claiming third party Vehicle Category Motorcycle

Transmission Manual CC 150

## **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Policy Number 5108216696-02 Cover Note Number

### DRIVER

Name of Driver CANDY ONG WAN RONG NRIC No. S9841833D

Date Of Birth 13/12/1998 Occupation Indoor Date Of Driving Pass 04/02/2021 Driving experience 1 YEAR Gender Female Mobile Number (Phone) +65-81981947 Alt. Phone Number Email Address candyown@gmail.com Address 618 WOODLANDS AVENUE 4 #06-529 Address complement Postcode 730618 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes 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? 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? Yes Reasons for not uploading a video of the accident SENT TO MOTORVIDEO@INCOME.COM.SG Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SHA3572X Hyundai
Vehicle Model	130
Vehicle Variant	_
Vehicle Colour	Blue



Vehicle Category	Taxi
Name of Driver	TAN KOK FOO
NRIC No	S0557589C
Contact Number	(Phone) +65-91075628
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Gender	CANDY ONG WAN RONG Female
Phone No	(Phone) +65-81981947
Address	618 WOODLANDS AVENUE 4 #06-529
Address Complement	-
Post Code	730618
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF7194Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

### SKETCH PLAN

# 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.
- 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.

Policybolder's Signature Date & Time: c/1/n

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/1/22 1610

Reporting Centre Personnel's Signature

Name: HATA a

NRIC/FIN No .: 55 917 10

SKETCH PLAN			Waln Dang	
A 6			A - FBF71947 B - SHA3572X	
atmen	III FORD			
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
REFER	TO PETONT NUM	T 20220216/ 702	5	
		-		
DECLARATION I/Wa deal year the f				
DECLARATION I/We declare the foregoing partic	ulars are true in every r	espect.		
DECLARATION I/We declare the foregoing partic	ulars are true in every r	espect.		
DECLARATION  I/We declare the foregoing partic  Policyholder's Signature  Date & Time: 5/5/2 11/2	ulars are true in every r			



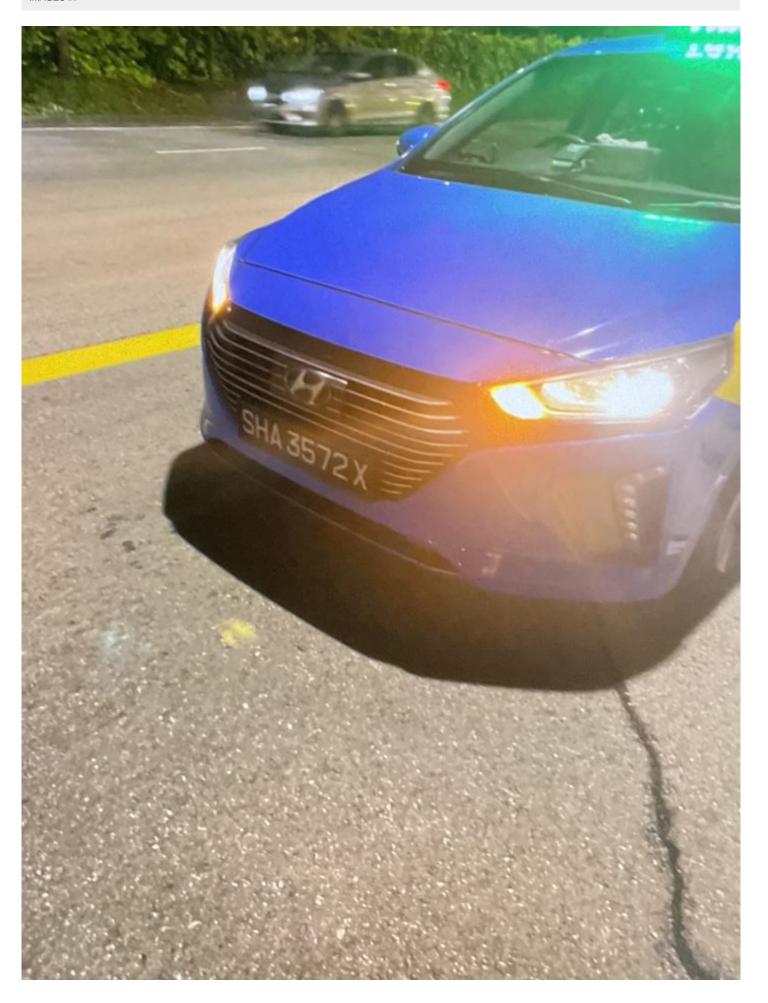


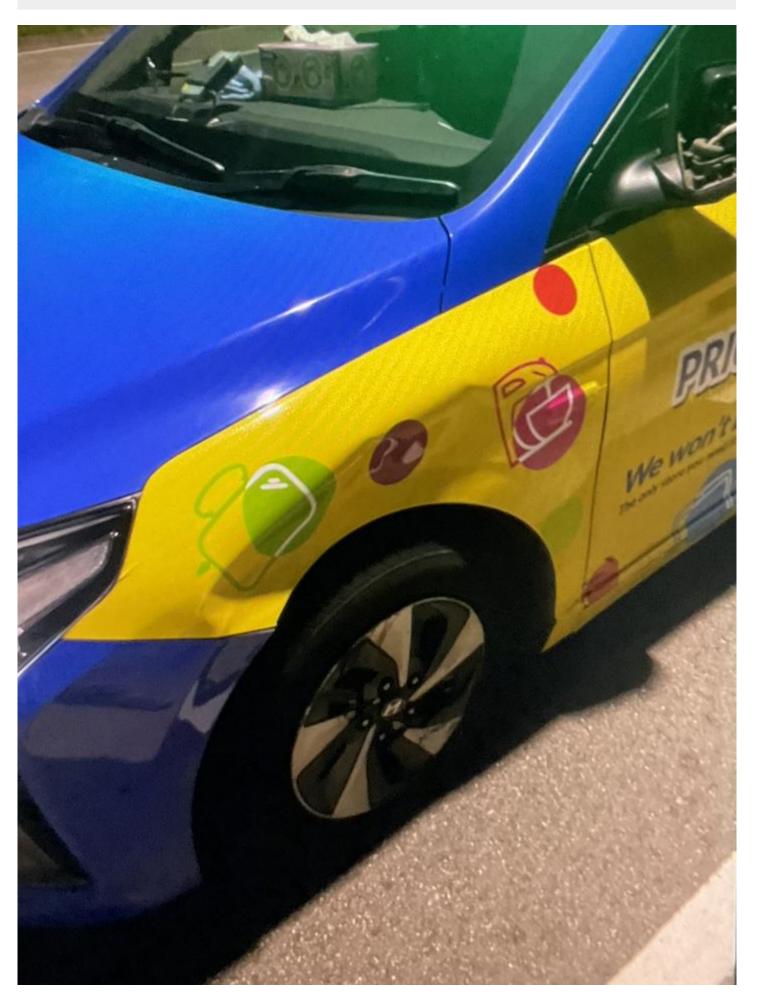
















1 of 4

Heport No. 1/20220226/7025

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

### REPORT OF A TRAFFIC ACCIDENT

Date/Tim 26/02/202	e Report M 22 18:25	Made:	Vide Report No.; D/20220226/0004	Station Diary No.:
Informan	t's Partic	ulars		
	Informant: ONG WAN		Address: 618 WOODLANDS AVENUE	4 #06-529 SINGAPORE 730618
ID Type / NRIC NO	ID No.: / S98418	33D	Contact No.: Home/Office:	Mobile: 81981947
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: CANDYOWR@GMAIL.COM	
Sex: Female	Age: 23	Date of Birth: 13/12/1998	Type of Informant:	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Video Technician			Driving Licence Information: Class: 2B,3A	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2022 00:00	Type of Location Straight Road
CLEMENTI R	OAD			
		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: Moderate

Details of V	ehicle Involve	d		Name and Address of the Owner, where		O. STATE
Vehicle No.	Туре	Make	Model	Color	Conditio	
FBF7194Y	Motorcycle	YAMAHA	FZ16		The second secon	No of
		Tomaria	F216	Black	Seriously Damaged	
SHA3572X	Car	HYUNDAI	i40	Blue	Slightly	0
					Damaged	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Heport No. 1/20220226/7025

### CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBF7194Y	NTUC Income Insurance Co-Operative Limited	5108216696-02	23/04/2021	23/04/2022	

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No	TO STATE OF	TRAME DAY	08/307	90000	
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA		
Rider						
Name	CANDY ONG WAN RONG			ID No.		S9841833D
Related Vehicle	FBF7194Y (Motorcycle)			Contact No.		81981947
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivir Licen Expir	ng ice &	Class: 2B,3A Date of Expiry: NIL
Date	26/02/2022		Date		26/02	2/2022
No. of Days gran	ted Medical Leave	14	Degree o	ACCUPATION OF THE PROPERTY OF		
Driver						
Name	TAN KOK FOO		ID No	).	S0557589C	
Related Vehicle	SHA3572X (Car)			Contact No.		91075625
Hospital/Clinic	NIL			Class Drivin Licen Expin	ng ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	1	NIL	

### Brief Details.

On the 26/02/2022 @ about 0000hrs, I was riding my bike bearing plate no. FBF7194Y along Clementi Road, on lane 4 of 4 (Bus Lane) when there was a Comfort Delgro Taxi bearing plate no. SHA3572X Driver is one Mr Tan Kok Foo NRIC: S0557589C HP: 91075625 who was driving on Lane 3 of 4 just a little ahead of me on my right side.

While I was going straight, I suddenly noticed the cab pressing on his brakes hard as I saw his brake lights come on which looks like he was stopping in a hurry and also swerving to the left which was towards me. I then started to do emergency braking and pressed on my hom to warn him that I am beside him as I do not think he checked his blind spot. I was unable to stop in time and he side swiped me on my right side which caused me to fly off my motorbike and landed on the pavement causing severe injuries on myself. I also did not see him turning on any signals or hazard lights prior to hitting his brakes. Also, if I am not wrong he wanted to pick up a passenger along the bus stop as I think there was someone flagging him down but I do not think he should stop there as well as stopping at the bus stop would



T/20220226/7025

3 of 4

Heport No. 1/20220226/7025

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

#### CONTINUATION OF REPORT

cause him demerit points as well, along side that there should be double yellow lines or double zigzag. vellow lines which also means he should not stop along the road as well.

I then got up and saw that my bike was fallen on its left side, on the road at bus stop no. 12081. However, the cab driver did not come down immediately to render me assistance as well. I saw that blood was dripping from my head and I was unable to walk properly. I then exchanged particulars with him and asked him to call for ambulance. The paramedics arrived shortly and I was then conveyed to Ng Teng Fong Hospital A&E. I suffered a deep cut on slight above my right eye which I had about 5-6 stitches, a fractured right big toe as well as lots of cuts, bruises and abrasions all over my body. I had gotten a 14 day MC as well and will be going back for follow ups.

My motorbike is also severely damaged and is unable to be ridden and will be needing repairs, I am not sure of the damage yet as I have yet to see my vehicle due as I am unable to walk properly and also have difficulty with my daily activities. His cab has a dent on his front left side and also his left mirror dropped off when he side swiped me. I would also like to add that he did not immediately render me assistance and was in fact rude as well towards me and initially refused to exchange particulars with me until I asked him to call for police/ambulance service.

I also think that due to his old age, he was unable to hear my horn or was not focused on the road as It was late night as well. I am not sure if he should have been working at such a late timing considering his age due to fatigue, lost of focus etc.

I am lodging this report for insurance claims as well as for my lawyers information for follow up actions to be taken and also for recording purposes.

Additional info, Photos and videos have been sent to the IO in charge as well.



T/20220226/7025

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Heport No. 1/20220226/7025

CONTINUATION OF REPORT

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Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476423

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 26/02/2022 18:25

Classification Of Case: