$\rm SY0A223N0007$ / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 23/03/2022 17:00 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (23/03/2022 17:00 (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.

 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 Date of Accident	23/03/2022 17:00 (SGT) 18/03/2022 23:00 (SGT)
Exact Location of Accident Additional Location Information	AYE, Singapore
Country/State of Loss	BEFORE JURONG TOWN HALL ROAD , AYE TOWARDS CITY Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number	FBE3889H	

INSURED/POLICYHOLDER

No
TAN BOON HAN
SXXXX818E
BOONHAN83@GMAIL.COM
(Phone) +65-85110545
(Home) +65-85110545

VEHICLE PARTICULARS

Manufacturer

Model	Cbr1000rr
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	Auto
CC	0
	-

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5042715163-11
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON HAN
NRIC No	SXXXX818E

Date Of Birth 15/10/1983 Occupation Indoor Date Of Driving Pass 09/02/2007 Driving experience 15 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-85110545 Alt. Phone Number (Home) +65-85110545 Email Address BOONHAN83@GMAIL.COM Address APT BLK 591A ANG MO KIO ST 51 #10-45 Address complement Postcode 561591 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 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 ATTACHED 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 SI F291H Vehicle Manufacturer

Private car

Vehicle Model
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TAN BOON HAN
Phone No	- -
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE3889H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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 the claims.
- (ii) investigating the accident and/or my claims;
- (ii) 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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

The Sketch Plan

The

	roc			Alie		
18 1				4		
eclara	ion					
No person	042002000	2002 COLATO				
rve decla	e the fores	joing particula	rs are true in i	every respect.		
	WAL.					7.1010
1	M					may
		re / Date &	Driver's Sir	nature (If drive	er is not the policyholder) / Date	Witnessed by Reporting Centre





















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1/20220318//045

Report No. T/20220318/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2022 23:00		/lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	Warning Co.			
	f Informant: ON HAN		Address: 591A ANG MO KIO STREET	51 #10-45 SINGAPORE 561591		
	/ ID No.: O / S83328	18E	Contact No.: Home/Office:	Mobile: 85110545		
Nationality: SINGAPORE CITIZEN		ŒN	Email: boonhan83@gmail.com			
Sex: Age: Date of Birth: Male 38 15/10/1983			Type of Informant: Rider			
Race: Chinese		- 97	Language: English	Institution / School Name:		
Occupation: Petroleum and natural gas refining plant operator			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 18/03/2022 16:30	Type of Location: Straight Road	
Location: AYER RAJAH	I EXPRESSWAY				
Weather:		Road Surface: Dry		load Speed Limit:	
Clear		Diy		0 Km/h	
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	100		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBE3889H	Motorcycle	HONDA	CBR1000RR	Black		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBE3889H	NTUC Income Insurance Co-Operative Limited	5042715163-11	26/03/2021	25/03/2022		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220318/7045

CONTINUATION OF REPORT

Details of Perso	n Involved			
Any Pedestrian II	nvolved: No			
No. of Pedestrian	s Injured: NIL	Use of Pedestrian Crossing: NA		
Rider				
Name	TAN BOON HAN		ID No.	S8332818E
Related Vehicle	FBE3889H (Motorcycle)		Contact No.	85110545
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	18/03/2022	Date	18/03/2022	
No. of Days gran	ted Medical Leave 07	Degree o	of Slight	

Brief Details.

Accident happen before Jurong town hall road, AYE toward city.

i was riding along lane 1 of the express way and a white car suddenly swerve in from lane 2. i've apply e-brake and move to the right near the metal barricade and he continue to cut into lane 1 without giving me enough room to stop.

End up the bike swipe along the right side of the car and i fall onto the road.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220318/7045

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2022 23:00		
Officer In Charge Of Case: TP / TPIB / ABDUL RAHIM BIN SALIM Contact No.: 65476251	Classification Of Case:		
NP168			