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.

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 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 09/05/2022 17:48 (SGT) Date of Accident 09/05/2022 15:00 (SGT) Exact Location of Accident Bedok North Ave 1, Singapore Additional Location Information **BEDOK NORTH AVENUE 1** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number FBK8145G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN MICHAEL K H NRIC No. SXXXX957H Email Address MC.123@LIUE.COM Mobile Phone No (Phone) +65-92355653 Alternative Phone No (Home) +65-92355653

VEHICLE PARTICULARS

Manufacturer

Model Shadow 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

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5122439066 Cover Note Number

DRIVER

Name of Driver CHAN MICHAEL K H NRIC No. SXXXX957H

Date Of Birth 26/09/1963 Occupation Indoor Date Of Driving Pass 27/02/2019 Driving experience 3 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-92355653 Alt. Phone Number (Home) +65-92355653 Email Address MC.123@LIUE.COM Address 70 BAYSHORE ROAD #15-07 SINGAPORE 469987 Address complement Postcode 469987 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 - Head to Rear 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? Was any injured conveyed to hospital by ambulance? 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? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD3322K Vehicle Manufacturer Vehicle Model

Private car

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)				_

SKETCH PLAN

IMPORTANT NOTICE

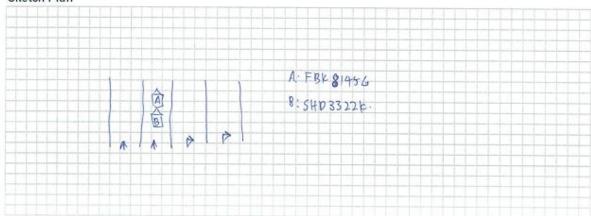
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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 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, 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:
- (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' 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 & Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



ROCK to attrice	s paine report.		
HELD IS STINING	a pare eport.		
	24		
			11 11
claration			
declare the foregoing partic	culars are true in every respect.		
		1	
///		N	

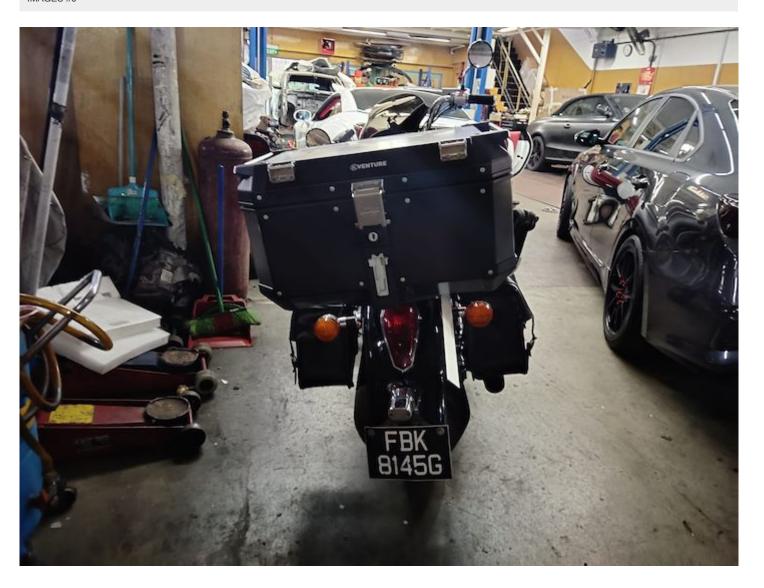


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20220509/7046

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 22 16:46	fade:	Vide Report No.:	Station Diary No.
Informa	nt's Partice	ılars	IV.	
	Informant: IICHAEL K		Address: 70 BAYSHORE ROAD #15-03	7 SINGAPORE 469987
	/ ID No.: D / S27659:	57H	Contact No.: Home/Office;	Mobile: 92355653
National CANADI			Email: MC.123@LIVE.COM	
Sex: Male	Age: 58	Date of Birth: 26/09/1963	Type of Informant: Rider	BALGOROUS DE LOSSON LANGE
Race: Chinese	7	100000000000000000000000000000000000000	Language: English	Institution / School Name:
Occupat	ion:		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2022 16:00	Type of Location Straight Road
Location: BEDOK NOR	TH AVENUE 1			
Weather: Clear		Road Surface: Dry	В	oad Speed Limit:
with the		Traffic Control:	To	
Traffic Flow: One Way		Traffic Light - Work	EUCS 12: 10:00	affic Volume: oderate

Details of V	ehicle Involve	d			(1)	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBK8145G	Motorcycle	HONDA	SHADOW CLASSIC 400 MANUAL	Black	Slightly Damaged	0
SHD3322K		HYUNDAI		Blue	Slightly Damaged	0

Scanned with CamScanner





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

2013 Report No. T/20220509/7046

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8145G	NTUC Income Insurance Co-Operative	5122439066	07/06/2021	05/07/2022

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No		93				
No. of Pedestrian	s Injured: NIL		Use of Pe	destria	n Cross	ing: NA	
Rider			-///	100000000		. Samuel and the same of the s	
Name	CHAN MICHAEL K		ID No.		S2765957H		
Related Vehicle	FBK8145G (Motorc	ycle)		Contact No.		92355653	
Hospital/Clinic	24 HOUR WALK-IN CLINIC					Class: NIL Date of Expiry: NIL	
Date	09/05/2022	Unestrues	Date		09/05	/2022	
No. of Days gran	ted Medical Leave	03	Degree o	of	Slight	ľ	
Driver							
Name	IDRIS BIN SALIM			ID No	۸.	S0050148D	
Related Vehicle	SHD3322K (Car)			Conta	act No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licen Expir	ig ce &	Class: NIL Date of Expiry; NIL	
Date	NIL	hel to Country	Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL		

I was stationary along the third lane of the three lane road awaiting for the traffic lights to turn green when I suddenly fell a huge impact from the rear and was pushed into the right lane (lane 2). I alighted from motorcycle, took photos and exchanged particulars with the taxi driver that has hit me from the rear. I sought medical attention thereafter and was advised to lodge an accident report on this said matter.

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

3 of 3 Report No. T/20220509/7046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Date/Time: 09/05/2022 16:46
Classification Of Case:

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