SN07225D0005 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 13/05/2022 14:16 (SGT) SUBMITTED BY: Soh Li Kuan Vincent VERSION: 1 (13/05/2022 14:16 (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.

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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 13/05/2022 14:16 (SGT) Date of Accident 14/04/2022 13:45 (SGT) Exact Location of Accident Singapore Additional Location Information BOON LAY AVENUE AND BOON LAY DRIVE, CROSS JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number FBR6700F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TIEU AIK HONG** NRIC No S7785422C Email Address AIKHONG8@HOTMAIL.COM Mobile Phone No (Phone) +65-98257350 Alternative Phone No +65-98257350

VEHICLE PARTICULARS

Manufacturer

Model Gdr155a Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto CC 160

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5119099450-01 Cover Note Number

DRIVER

Name of Driver **TIEU AIK HONG** NRIC No S7785422C

Date Of Birth 07/11/1977 Occupation Outdoor Date Of Driving Pass 27/04/2007 Driving experience 15 YEARS Gender Male Mobile Number (Phone) +65-98257350 Alt. Phone Number +65-98257350 Email Address AIKHONG8@HOTMAIL.COM Address BLK 664C #02-210 Address complement **JURONG WEST STREET 64** Postcode 643664 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 - Cross Junction 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 Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220421/2097 AND SKETCH PLAN 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 SHB3416J Vehicle Manufacturer Vehicle Model

Taxi

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	TIEU AIK HONG
Gender	Male
Phone No	(Phone) +65-98257350
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	44
Injuries Sustained	SUFFERED RIGHT LEG INJURIES AND HEAD INJURIES AND
	BACK PAIN
Injured person in which vehicle?	FBR6700E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:

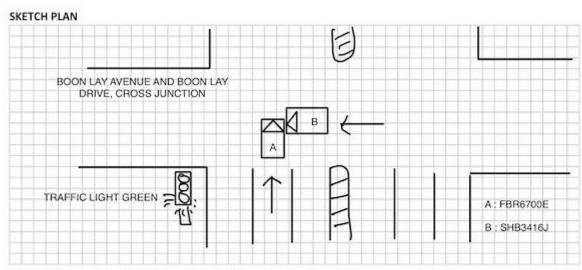
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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 Signature Date & Time: 13/05/2022 1400HRS Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: VINCENT SOH

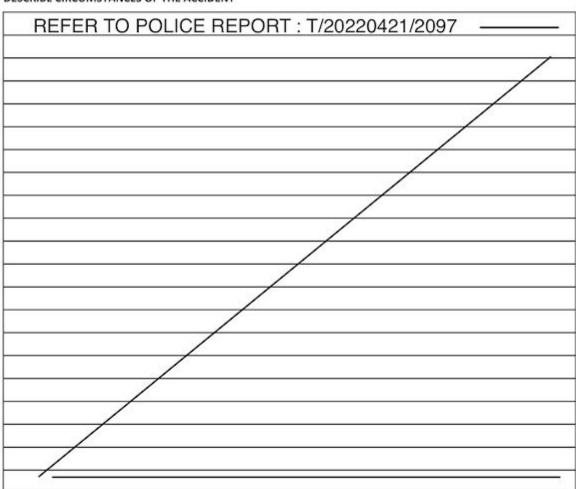
S991138

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 13/05/2022 1400HRS

GIARMC SketchPlanForm_V3

Driver's Signature (If driver is not the policyholder) Date & Time:

Date & Ti

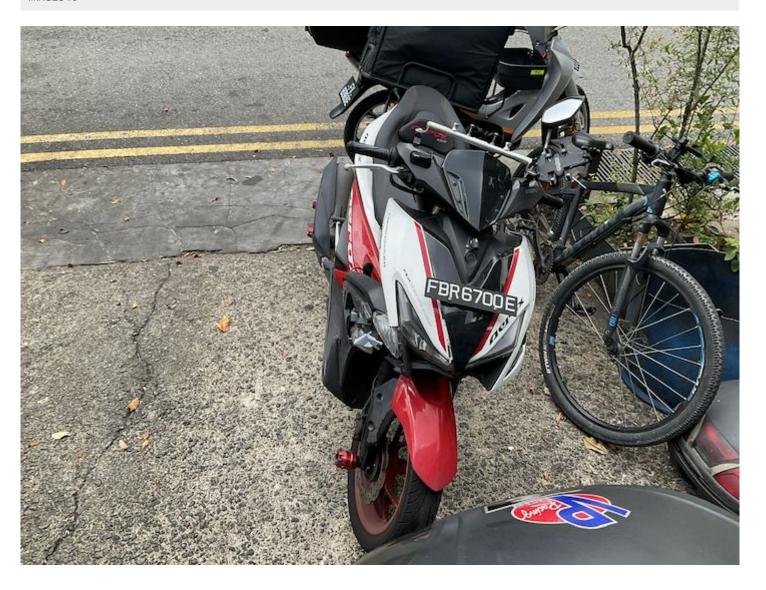
Reporting Centre Personnel's Signature Name: VINCENT SOH

NRIC/FIN No.: S991138

2

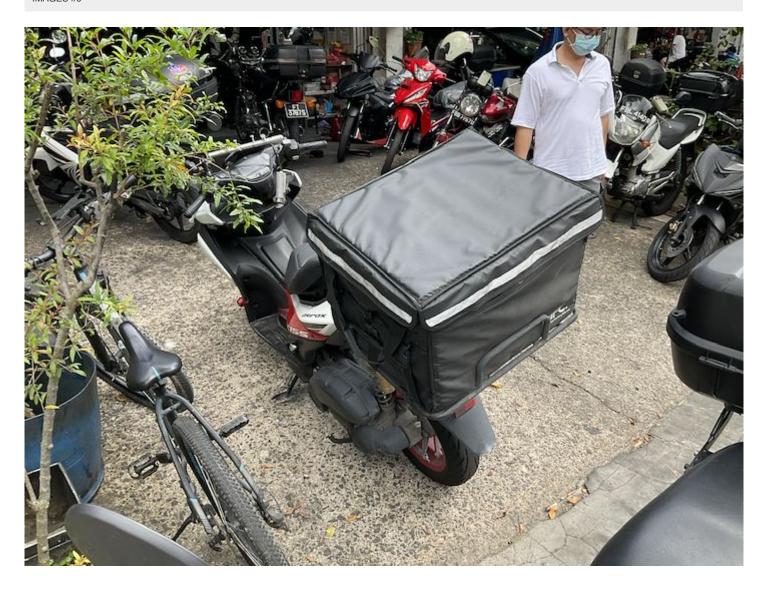






















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Report No. T/20220421/2097

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

KEPORT OF	A TRAFFIC ACCIDENT
	Report Made:

21/04/20	ne Report I 022 21:50		Vide Report No.:	Station Diary No. 182	
Informa	nt's Partic	ulars			
TIEU AI	f Informant: K HONG	1	Address: APT BLK 664C JURONG W SINGAPORE 643664	EST STREET 64 #02-210	
NRIC N	/ ID No.: D / S77854	22C	Contact No.: Home/Office: Mobile: 98257350		
National SINGAP	ity: ORE CITIZ	'EN	Email:	mobile, 80207000	
Sex: Male	Age: 44	Date of Birth: 07/11/1977	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupati GRAB F	on: OOD DELIV	/ERY	Driving Licence Information: Class: 2B,3 Date of Expiry:		

	mation of the Accident		4		
Type of Accident:	Injury Conveyed By Ambula	nce Drink Drive: No	Date/Time of Accident:	Type of Location X-Junction	
Location:	The second second	1140	14/04/2022 13:45		
BOON LAY A Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic C		Traffic Control:		Traffic Volume: Moderate	
		Traffic Light - Wo	orking		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR6700E	Motorcycle	YAMAHA	AEROX GDR155R CVT	White	Seriously Damaged	
SHB3416J	Taxi	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Yellow	Slightly Damaged	0

Details of Ve	ehicle Insurance		A ST	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

2 of 3 Report No. T/20220421/2097

CON	TIMBLE A.	TION	OF	REPORT
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Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBR6700E	NTUC Income Insurance Co-Operative Limited	5119099450-01	16/09/2021	15/09/2022	

Brief Details.

On 14/04/2022 in between 1345hrs to 1400hrs, I was riding my motorbike V1) FBR6700E along Boon Lay Avenue towards Jalan Boon Lay as I have to collect another food order from Jurong Point Shopping Centre.

Upon reaching the junction of Boon Lay Avenue and Boon lay Drive, the traffic was red and I stop at the stop line waiting for the traffic light to be in favor. When the traffic light turn green, I rode off and out of a sudden, I felt an impact coming from my right and I lost consciousness from the impact. I do not remember what had happened.

On 15/04/2022 in the evening, I regained consciousness at National University Hospital and from here I was told by the nurse that I was involved in a accident. Thereafter, my friend told me what had happened to me. My other friends who are also working as a Grab delivery rider told me that they went to the scene when the accident happened. They also found video footage on my accident on Facebook which was posted by "Singapore Road Accident.com". where V2) SHB3416J had knocked me down from my right when I rode off from the stop line.

I sustained injuries on my right leg which causes walking difficulties. There is also blood clot in my brain after doctor done a CT scan. I was given 17 days of Hospitalization Leave from 14/04/2022 to 30/04/2022. I am going back for a review for the blood clot in my brain on 19/05/2022 at about 0830hrs.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 3 of 3 Report No. T/20220421/2097

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:
J /
SR STAFF SGT TEO KIAN HUI

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / Other MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171

NP168

Signature Of Informant:

Stan

Date/Time: 21/04/2022 21:50

Classification Of Case: