SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process,
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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

- 3. Information provided must be as trumini and accurate as possible. Any wind misroproscination of misroproscination of misroproscination of misroproscination.

 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	30/05/2022 14:37 (SGT)
Date of Accident	27/05/2022 18:15 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	_
Country/State of Loss	Singapore

Additional Location Information	nougang Ave 3, Singapore			
Country/State of Loss	Singapore			
DETAILS OF	FOWN VEHICLE			
Vehicle Registration Number	FBN8701K			
INSURED/POLICYHOLDER				
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LAI ZHENGHAO S8838263C lai@f1tpt.com (Phone) +65-91188490 +65-91188490			
VEHICLE PARTICULARS				
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Honda SUPRA - Private use No - Reporting only Motorcycle Manual 150			
INSURANCE COMPANY				
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd ThirdPartyFireTheft No 5119640082-01			
Name of Driver NRIC No	SEAH SOON TECK S1184938E			

Date Of Birth	03/06/1956
Occupation	Indoor
Date Of Driving Pass	20/03/1978
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87993328
Alt. Phone Number	-
Email Address	lai@f1tpt.com
Address	BLK 628 HOUGANG AVE 8 #11-88
Address complement	
Postcode	530629
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	,
	м
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
<i>*</i>	Diy
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Vac
Police Station Name	Yes
Police Station Address	Paya Lebar Neighbourhood Police Post
Was notice of intended Prosecution given?	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
f yes, against whom?	No
y yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: T/20220528/2049.	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
Was there any video captured by Car Camera?	Yes
Was there any video captured by Car Camera? Was there any audio recorded?	No No
vvas uisis any audio recorded (No
DETAILS OF OTHER	R VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	_
	Private car
Name of Driver	-
Contact Number	_

Address	-
Address complement	
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH SOON TECK Male
Phone No	
Address	**
Address Complement	
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN8701K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report gerrectly 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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 habity 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 GW 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)

Lundersland, 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 potce), 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 enquries by me;
- (iv) administering my claims (including the making 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 "Purposos")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' faw yors/law firms, may/are permitted to collect use, disclose and/or process my Parsonal Information for one or more of the above Parposes; 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Timo

Witnessed by Reporting Centre Pursonnel

Sketch Plan

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Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

Fof3 Report No. 1/20220528/2049

	00-289999								
REPORT OF	A TRAFFIC	ACCIDENT							
Oate/Time Report Made: 28/05/2022 13:17			Vide Report No.:					Station Diary No.	
Informant	's Particul	ars							
Name of Informant: SEAH SOON TECK			APT	Address: APT BLK 629 HOUGANG AVENUE 8 #11-88 SINGAPORE					
	/ S1184938	<u></u>	Conta	2 <u>9</u> act No.; e/Office;	-2			le: 879:	
A ST. AN PARAMETERS.	RE CITIZEI	V	Emai	Ī:	. —				· · · · · · · · · · · · · · · · · · ·
Sex: Male	Age: 65	Date of Birth; 03/06/1956	Type Rider	of Informa	ant:				MATTALONINA TO THE STATE OF THE
Race: Chinese			Langi Englis	sh	-		Institu	ition / S	School Name:
Occupation Bus driver	1:	- 11 congressions	Drivin Class	g Liconce : 28,3,4	Infor	malion;	Date o	of Expli	λ.
Seneral Info	ormation o	f the Accident	·	·		·			
Type of Accident:	fnju Oth	ry	- · · · · · · · · · · · · · · · · · · ·	Drink Drive:		Date/Ti Accider	ot:		Type of Locatio
Location:				l No	l	27/05/2	022 18:19	5 [	
HÖUĞANG	AVENUE	3							
Weather: Clear	<u>, , , , , , , , , , , , , , , , , , , </u>		Road Dry	Surface:			* Appropriate programme of the second	Road	Speed Limit:
Traffic Co				Control:			<u> </u>	Traffi Hoav	c Volume:
Type of Coll Between Ma	lde				Anyor	ne conveyed by lance:			
	ehicle inve	plyed	- Mary Comment		· · · · · · · · · · · · · · · · · · ·				
'ehide No.	Туре	Make	٨	lode	C	olor	Cor	rdilion	No of Passenge
BN8701K	Motorcyc			·	·	ack	Slig	htly naged	0
KS3632B	Car	TOYOTA	<u> </u>	larrier	W	hite	Slig		1
	erson Invo		<u></u>		<del></del>		· · · · · · · · · · · · · · · · · · ·	M	
ny Pedestr	ian Involved	d: No							The second secon
o, or Peges	strians Injur	ea: NIL		Use	of Pe	destria	Crossin	a: NA	



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114

Tel No: 1800-2899999

Report No. T/20220528/2049

CONTINUATION OF REPORT

Rider			ID No.		S1184938E
Name	SEAH SOON TECK		I ID NO.		OTTOTOOC
Related Vehicle	FBN8701K (Motorcycle)			ct No.	87993328
Hospital/Clinic	POW FAMILY CLINIC & SURGERY			of g :e & Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	28/05/2022	Date Disc	charge 28/05/2022		
	led Medical Leave 03	Degree of	(Injury	NIL	
Driver	TAY TO SHEET AND THE SHEET AND				
Name	Philip Lec		ID No		NIL
Related Vehicle	SKS3632B (Car)		Conta	ct No.	91163260
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Dale Treatment	NIL	Date Disc	and the state of t	NIL	
No. of Days gran	ited Medical Leave NIL	Degree o	f Injury	<u>NIL</u>	

# Brief Details.

On 27/05/2022 at about 1815hrs, I was riding motorbike FBN8701K along the bus lane of Hougang Avenue 3. I was turning left into Blk 247-254 Hougang Avenue 3, suddenly a car \$K\$3632B came from my right. As I do not have enough time to react, I collided on the front bumper of the car and I fell on the ground.

I had some abrasion on my right heel and right shin. I can feel some pain on my right thigh and left ankle.

The driver of SKS36328 was observed to be fine. No police or ambulance were at scene.

The right fairing of the motorbike was damaged. The front fairing of the motorbike sustained cracks and scratches. There were some scratches on the left fairing.

The car SKS3632B front bumper sustained some cracks.

On 28/05/2022, I went to see the doctor and I was given 3 days of modical leave from 28/05/2022 to 30/05/2022.

I wish to state that there were no in-car camera on the motorbike.





Police Station Of Origin; Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 3 of 3 Report No. T/20220520/2049

CONTINUATION OF REPORT

CL.	واجه	Plan
SXC	nor.	rian

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: F / Other KELVIN TAN KIM HENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2022 13:17
Officer in Charge Of Case: TP / AEIT / INSP (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
NP168	



# Certificate of Insurance

MOTOR VEHICLES (HIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) BULLS, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAU TRANSPORT (AMERIDMENT) ACT, 2019 (MALAYSIA)

MOFOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119640082-01

3 Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of lesurance

4. Expliy Date of Insurance

5. Persons or Classes of Persons entitled to drive!

(a) Hamed Oriver(s) Only. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

TBN8701K

: 27 Dec 2021

: 26 Dec 2022

TALZHENGHAO

MH1KB211X(K079280

Cover : Third Party, Fire & Theft

6. Limitations as to Uselt

(a) Use for social demestic and pleasure purposes and in connection with the folicyholder's husiness or profession. This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or specif-to-ting.
- (c). Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Hard Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 [Malaysia], are not to be included under these Readings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

TXCISS (SECTION 1)

EXCESS (SECTION 2)

: N/A : N/A

**EXCESS (THEFT OUTSIDE SINGAPORE)** 

: PEEASE, REFER ÓVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: LACZHENGHAO

NAMED DRIVER (2) HIRE PURCHASE COMPANY : SEAH SOON TECK

: 8/6

SUM INSUREO

: MARKET VALUE OF INSURED VEHICLE AT HAME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Soud Transport Act, 1987 (Majaysia)

: NEE INSURANCE AGENCIES PTV, LTD. (00000614580)

Date of Issue

: 18 Mar 2022 16:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive