NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 15/6/2022

Time :

By Fax :

TO :

AXA INSURANCE PTE LTD

Accident involving Your insured vehicle No. FBM1680M with
My vehicle No SKS 168U on _____ along _____

1. I, the owner of Vehicle No. SKS 168U intend to make a 3rd party claim against your insured.

2. My Vehicle is now at the workshop **Guan Motor Works** Tel : **6453 6111** and is available for your inspection before repairs are carried out.

3 Please acknowledge receipt of this Notification by return fax to **6453 8292** and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature
Name : NGUAN SOON SENG
NRIC : S1432329/E

CK TEO & CO
Advocates & Solicitors
101A Upper Cross Street #08-17
People's Park Centre Singapore 058358
Tel : 6535 4788 Fax : 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 12 Jun 2022 / 08:55:00)

Vehicle Insurance Details

Vehicle No.:

FBM1680M

Make Description/Model:

YAMAHA / NMAX155 ABS

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20220613095026775003

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK

Print

SS17226D0002 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 13/06/2022 16:28 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (13/06/2022 16:28 (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 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 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	13/06/2022 16:28 (SGT)
Date of Accident	12/06/2022 08:55 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS168U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NGUAN SOON SENG
NRIC No	SXXXX329E
Email Address	nguansoonseng@gmail.com
Mobile Phone No	(Phone) +65-90091960
Alternative Phone No	+65-90091960

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117058353-02
Cover Note Number	-

DRIVER

Name of Driver	NGUAN SOON SENG
NRIC No	SXXXX329E

Date Of Birth	04/09/1960
Occupation	Indoor
Date Of Driving Pass	03/10/1980
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90091960
Alt. Phone Number	+65-90091960
Email Address	nguansoonseng@gmail.com
Address	BLK 728 CLEMENTI WEST STREET 2
Address complement	#04-376
Postcode	120728
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	2
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)	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?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS AND POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM1680M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	N.A
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	N.A
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	FBM1680M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to assist us in 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 withholding of material facts may allow insurance companies to repudiate and/or 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 claims 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 release of the report being made available thereafter.
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 deemed 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 the 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 assessment of the claim and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claim;

   (iii) carrying out and/or dealing with any investigations or responding to any enquiries 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 internet cover of envelope/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 deemed 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 hereof, or

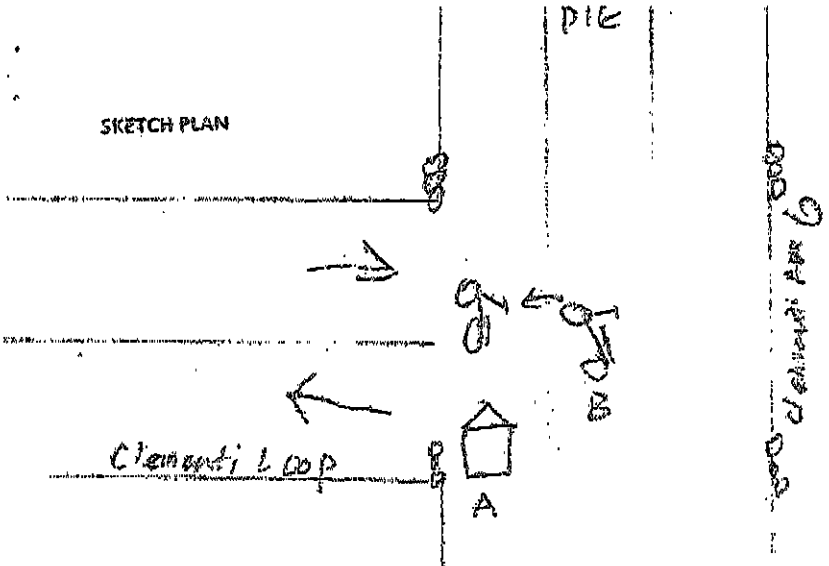
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(if different from policyholder)
Date & Time:

Approved Driving Centre's Signature
Name:
NRIC/FIN no.:

SKETCH PLAN #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T/20220612/2017

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20220613/2064

1 of 3

Police Station Of Origin:
Clementi N.P.C.
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20220613/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/06/2022 14:02	T/20220612/2017	90

Informant's Particulars

Name of Informant:			Address:
NGUAN SOON SENG			APT BLK 728 CLEMENTI WEST STREET 2 #04-376 SINGAPORE 120728
ID Type / ID No.:			Contact No.:
NRIC NO / S1432329E			Home/Office: Mobile: 90091960
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	61	04/09/1960	Driver
Race:		Language:	Institution / School Name:
Chinese			
Occupation:		Driving Licence Information:	
Crane Driver		Class: 2B,2A,2,3,4,6	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Attended by Police	No	12/06/2022 06:55	Straight Road

Location:
CLEMENTI AVENUE 6

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Dual Carriage Way	Traffic Light - Working	Light
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Colour	Condition	No.Of Passenger
FBM1680M	Motorcycle				Slighly Damaged	0
SKS168U	Car	HONDA	FREED 1.5L E A/T	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance NO.	Effective	Expiry Date
SKS168U	NTUC Income Insurance Co-Operative Limited	5117058353-02	12/06/2022	11/06/2023

SINGAPORE
POLICE FORCE

T/20220613/2064

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 6 SINGAPORE 129556
Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NGUAN SOON SENG	ID No.	S1432329E
Related Vehicle	NIL	Contact No.	90091980
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: Nil.
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.
I lodged a traffic police report T/20220612/2017 but would like to add some more details and therefore I am lodging this report.
On the 12/06/2022 at about 0655hrs, I was driving my vehicle (SKS168U) on the left lane along Clementi Avenue 6 towards PIE. There was a motorcycle (FBM1680M) which was on the second lane on the right and suddenly, the motorist which was on the second lane a little in front of me slowed down and made a sudden left turn towards Clementi Loop.

I was unable to brake my vehicle in time and crashed into the rear of the motorcycle. The rider then fell off his motorcycle and onto the front of my vehicle and on the road, while his motorcycle continued moving before toppling over.
I quickly came out from my vehicle and made a check on the rider and was conscious and was able to converse with me. Some passer-by then told me to move my vehicle ahead, passing the junction as my car was obstruction to the traffic flow. I abided and went back into my vehicle and drove ahead while the passerby called for assistance.

Subsequently, Traffic Police came and handled the scene. I was also informed of my report number D/20220612/0046 under TP IO Jeff, HP:65476311. My vehicle was subsequently towed away as radiator was leaking and my vehicle is unable to be driven off.

SINGAPORE POLICE FORCE

T/2022061312064

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129868
Tel No: 1800-6729999

Report No.: T/2022061312064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Void

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: D/ Other VINOD KUMAR YADAW S/O RAMSING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2022 14:02
Officer In Charge Of Case: TP / GIT / SR STAFF SGT TAN JUN YAN Contact No.: 65476311	Classification Of Case:

NP168