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10: Kelley

SC1R227M0004 / ComfortDelGro Engineering Pte Ltd [579701]

ENTRY DATE & TIME: 22/07/2022 15:26 (SGT) SUBMITTED BY: Sabrina Wong VERSION: 1 (22/07/2022 15:26 (SGT))



Your NCD will be affected due to late reporting



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

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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/07/2022 15:26 (SGT) Both 11/07/2022 15:50 (SGT) Singapore EAST COAST ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBR1980X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No

Alternative Phone No

No

VOON JOON HIN SXXXX911H

JOONHIN0601@GMAIL.COM (Phone) +65-90582975

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

Yamaha

R15 ABS MANUAL

Private use

No - Claiming third party

Motorcycle Manual 155

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22MTMC01000946

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

VOON JOON HIN SXXXX911H 01/06/1988 Indoor

Annidant range CO4DOOT 1000

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE, PROPERTY 1

Yes

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant

(Phone) +65-90582975

5 YEARS AND 10 MONTHS

JOONHIN0601@GMAIL.COM 3D FIGARO STREET

458328 Yes

07/09/2016

No

Collision - Head on collision

Clear Dry

No

2 Yes

Yes Yes 1

No

Yes

Bedok South Neighbourhood Police Centre (Phone) +65-18002448999

(Fax) +65-62446558

20 Chai Chee Drive Singapore 469045

No

Audi

SMV9004R

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

Private car

(Phone) + G5-90047982

INJURED 1

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

VOON JOON HIN

Male

(Phone) +65-90582975

FBR1980X

No

Yes

SKETCH PLAN

INFOR ANT NUTICE

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12/01/2012

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Police Station Of Origin Bedok South NPP

20 Chal Chee Drive SINGAPORE 469045

ol No: 1800-2448999

Report No. 1720/220719 2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

18/07/2022 15:09

Viac Report No : G/20220711/0150 Station Diary No.

Informant's Particulars

Name of Informant:

VOON JOON HIN

ID Type / ID No.

NRIC NO / \$88869117

Nationality:

MALAYSIAN Sex:

Male

Race.

Chinese

Ager

Date of Birth:

01/06/1988

Malay

Occupation:

SALESMAN

3D FIGARO STREET SINGAPORE 458328

Contact No.:

Home/Office. Email:

Mobile: 90582975

Type of Informant. Rider

Language

Driving Licence Information:

Class: 2B,3

Institution / School Name.

Date of Expiry:

General Information of the Accident

Type of Accident Injury

Conveyed By Ambulance

Drink Drive: No

Date: Time of

Type of Location: Straight Road

Accident: 11/07/2022 15:50

Location

EAST COAST ROAD

Weather

Sunny

Road Surface:

Dry

Traffic Flow:

Traffic Volume Light

Dua: Carriage Way Type of Collision:

Between Moving Vehicles - Head To Side

Traffic Control:

Traffic Light - Working

Anyone conveyed by

ambulance:

Road Speed Limit:

Damaged

Details of Vehicle Involved Condition No of Passenger Model Calor Vehicle No. Type Make Seriously 0 YAMAHA R15 ABS Red FBR1980X Motorcycle Damaged MANUAL Slightly Black SMU9004R AUDI

Datalls of Person Involved Any Pedestrian Involved: No

No. of Pedasurans lighted. NII

Use of Paulest rain Crossing, NA





Police Station Of Origin Bedok South NPP

20 Chai Chea Drive SINCAPORF 469045

Tel No: 1800-2448999

Nepart No. 1 202207 6 2066

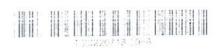
CONTINUATION OF REPORT

A - A - A - A - A - A - A - A - A - A -	The second secon		
Rider		ID No.	388669 · 111
Name	VOON JOON HIN	ID NO	300000
Related Vehicle	FBR198CX (Motorcycle)	Contact 1	No. 90582975
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of	Class: 2B.3
riospitarion io	O. A. ICI CETA TO IL	Drivina	Date of Expiry: NIL
		Licence 8	AND STATE OF THE S
		Expiry Oa	ath
Date Freatment	11/07/2022	Date Discharge 16	
	ted Medical Leave 12 .	Degree of Injury S	er ous

Brief Details.

On the above mentioned date and time, I was riding my motorcycle along East Coast Road and I intent i12 Katong to start my part time job as a food delivery fider. As I was riding, pass by Siglab Road I noticed a dark colour Audi was harfway out of Fast Coast drive and did not signal to turn right or left. I was riding on the left of 2 lanes and I changed to the right lane as the car was blocking the left lane. As I was nearing suddenly the car moved forward and slopped, blocking the right lane. I was already too near and I was not able to brake in time and hit onto the front right bumper of the car. My motoroyola then swerved to the right and I tried to stabilized myself by leaning to the left but I fell to the left. I suffered injuries on my left hand last 3 fingers, left knoo and toes. I was conveyed by ambulance to CGH where I was warded to till 16/7/2022 and was given 12 days of medical leave Hivec nearby the accident location. Thus, my wife came down and took a picture of the car that I hit (SMU9004R).





Police Station Of Origin Bedox South NPP 20 Chal Chee Drive SINGAPORH 439045 Tel No: 1800-2448999

Quest Num 7.20220718-2060

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, prease fax a copy to 6547488b stating the report number as reference.

Signature of Officer Recording The Report

SGT 3 RADIN SALIHUL IMRAN BIN RADIN FADEL

Signature Of Interpreter Not applicable

Officer In Charge Of Casc 12° GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 854 782+7

10155

Signature Of Informant:

Date Time: 18:07/2022 15:09

Class feation Of Case: