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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 17/11/2022 14:26 (SGT) Reported by Driver Date of Accident 16/11/2022 19:30 (SGT) Exact Location of Accident Singapore Additional Location Information JEWEL CP Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number **FBR4198T**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG KAY BOON NRIC No S8847889D Email Address FELZADAVIDPRINCE@GMAIL.COM Mobile Phone No (Phone) +65-87528689 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **TMAX** 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? No - Claiming third party

Vehicle Category Motorcycle Transmission Auto CC 560

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number

DRIVER

Name of Driver FELZA DAVID PRINCE NRIC No S8848252B Date Of Birth 29/11/1988 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	18/07/2022 4 MONTHS Male (Phone) +65-87528689 - FELZADAVIDPRINCE@GMAIL.COM BLK 735 MOUNTBATTEN ROAD 02-09 SINGAPORE 437745 No Friend No -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Motorcyclist Clear Dry
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 PASSENGER 1 Name Gender	-
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?	Yes Bedok Division Headquarters (Phone) +65-18002440000 (Fax) +65-64443009 30 Bedok North Road Singapore 469676 No
CIRCUMSTANCES OF ACCIDENT	
POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGD9990D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY MENG HENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THAM CHENG YEE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	FBR4198T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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' 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 sitted outside of Singapore, for one or more of the above Purposes

17/11/22 17:58 am

Driver's Signature (if driver is not the policyholder) / Date & Time

Wilnessed by Reporting Centre Personnel (Hame as in NRIC/ID card)

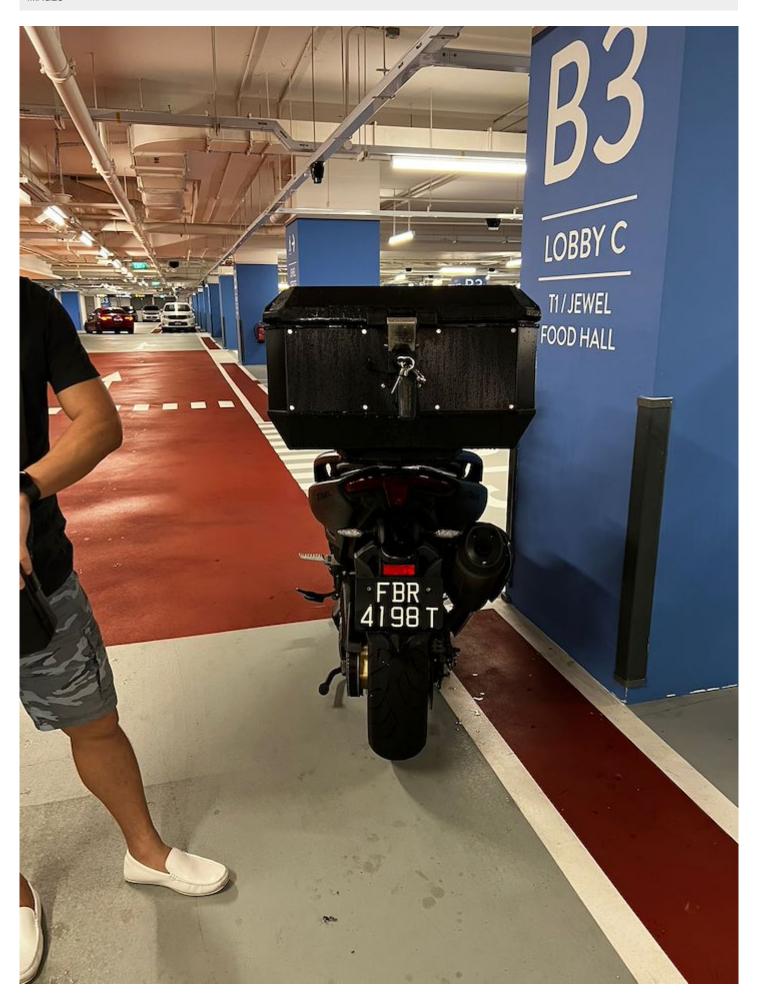
Sketch Plan

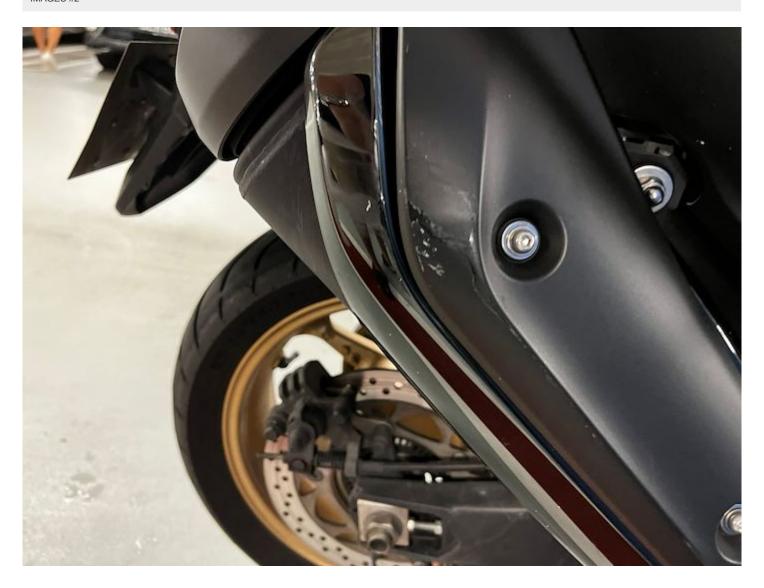
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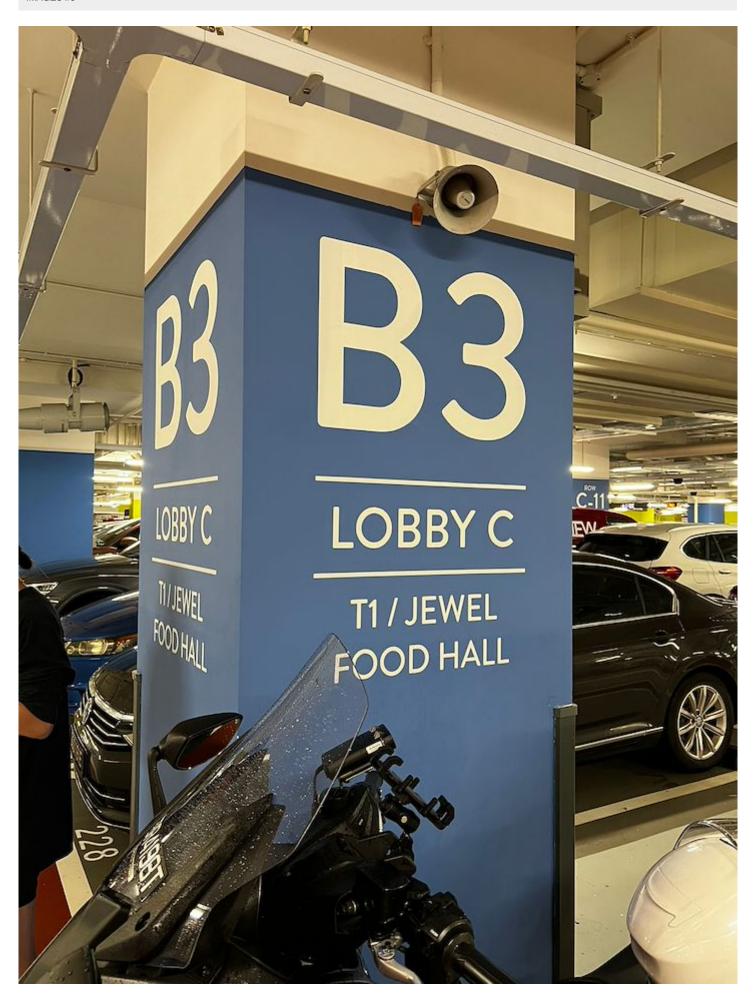
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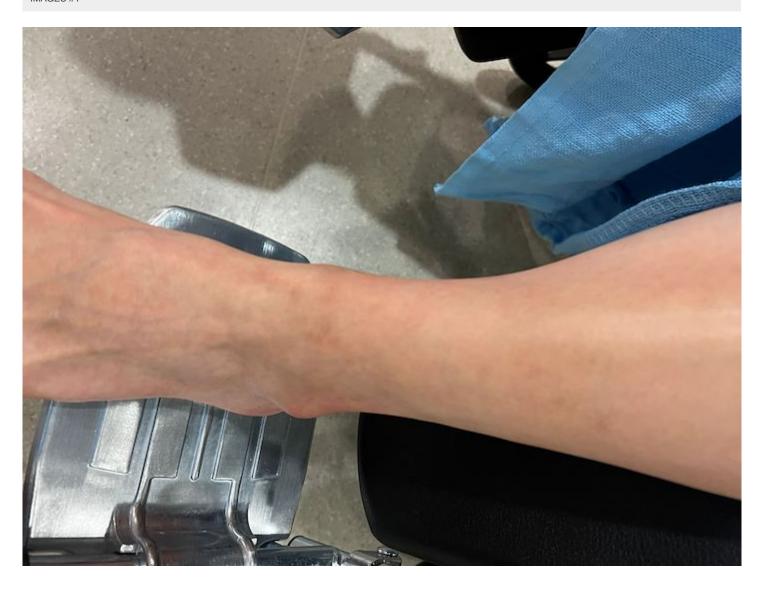
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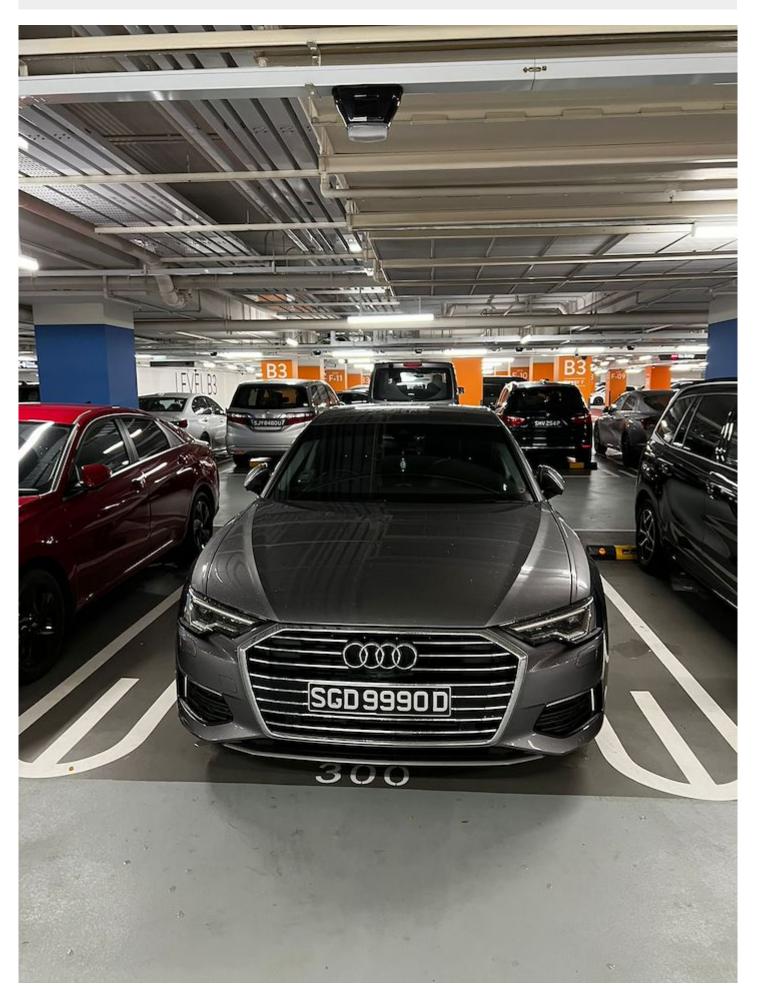
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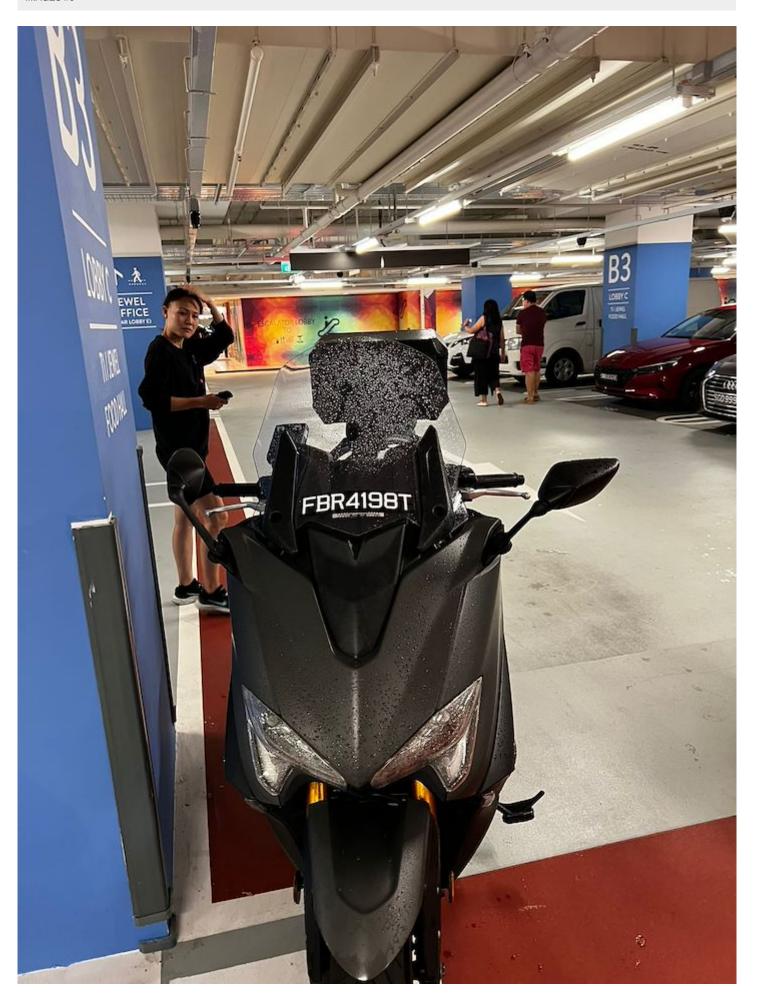


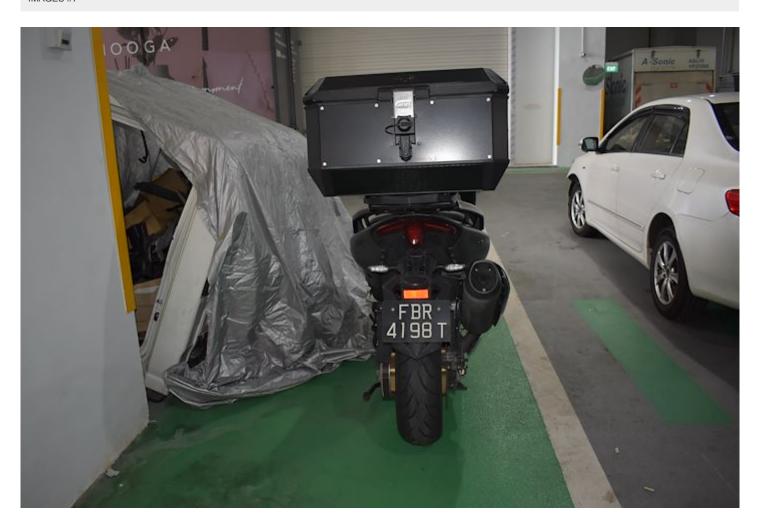




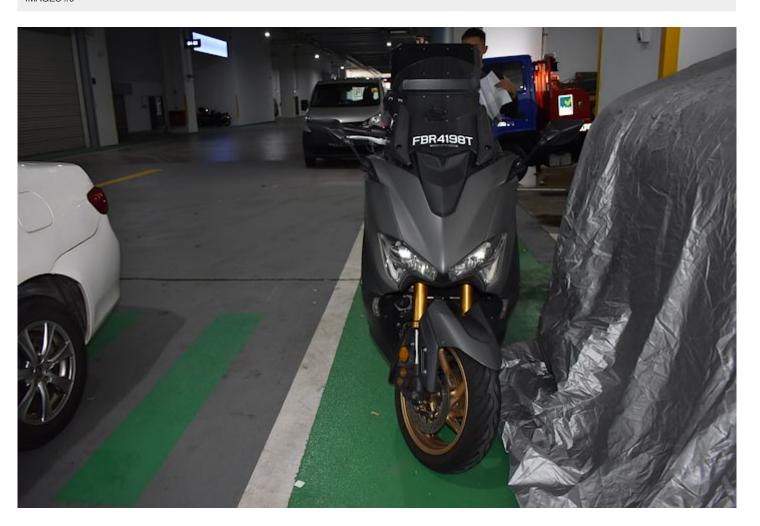


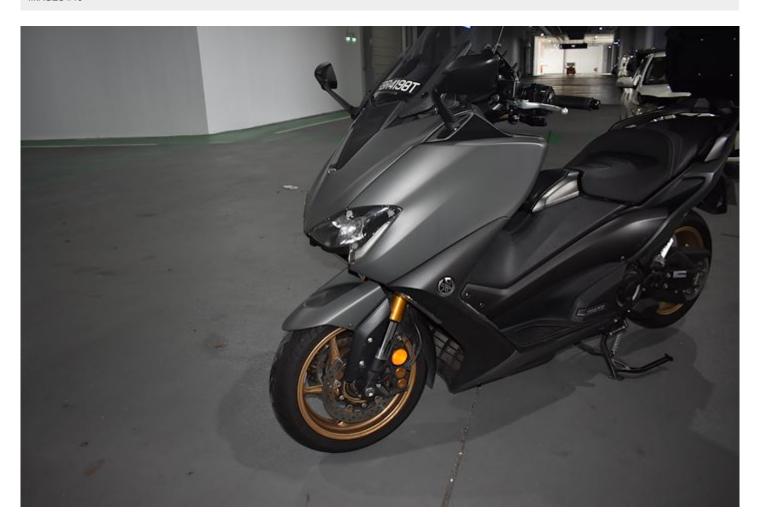




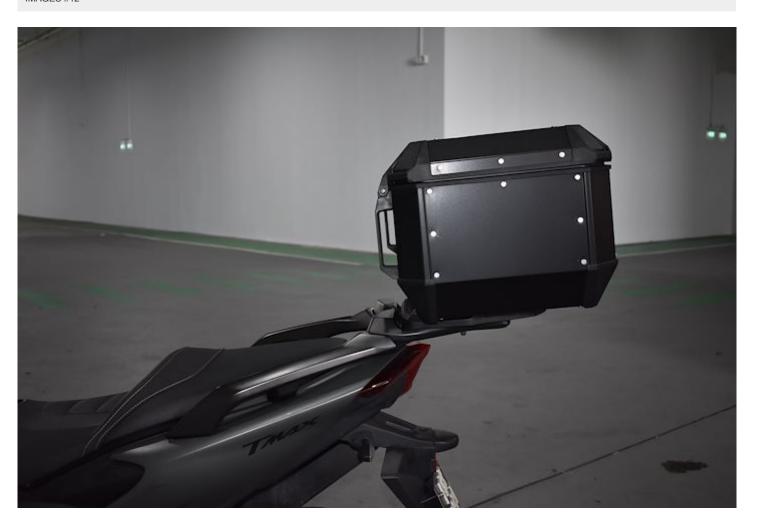


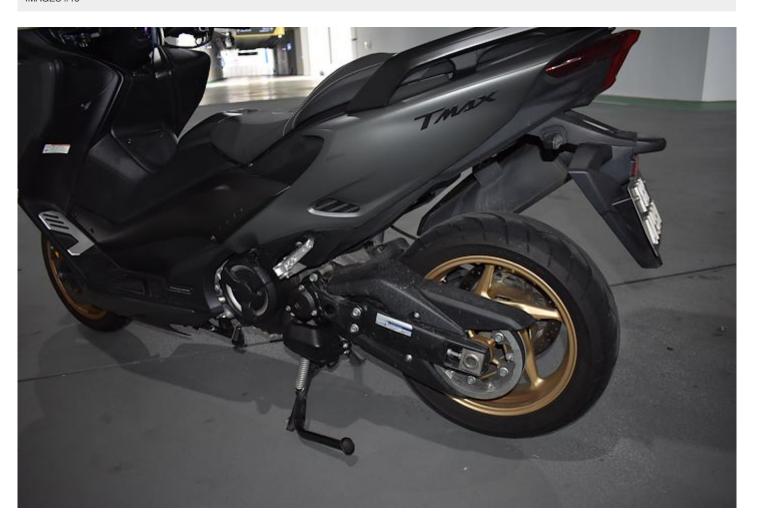








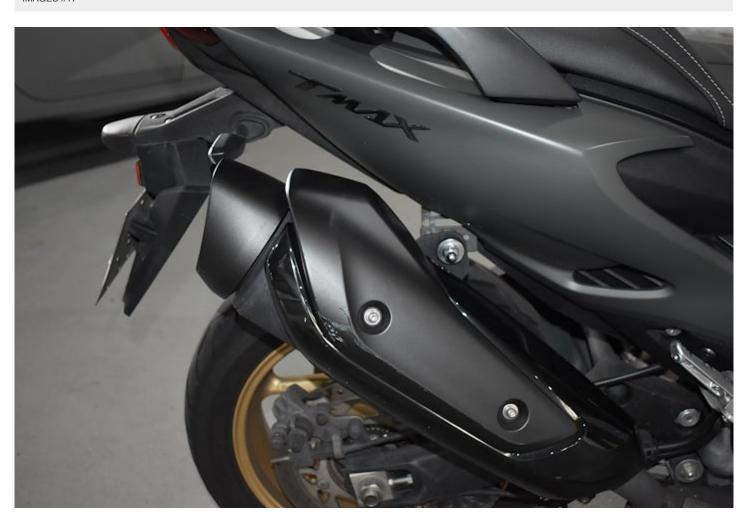




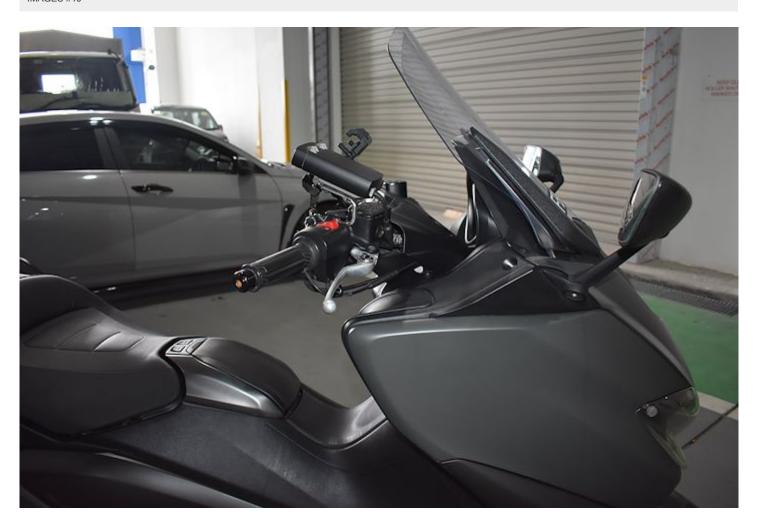










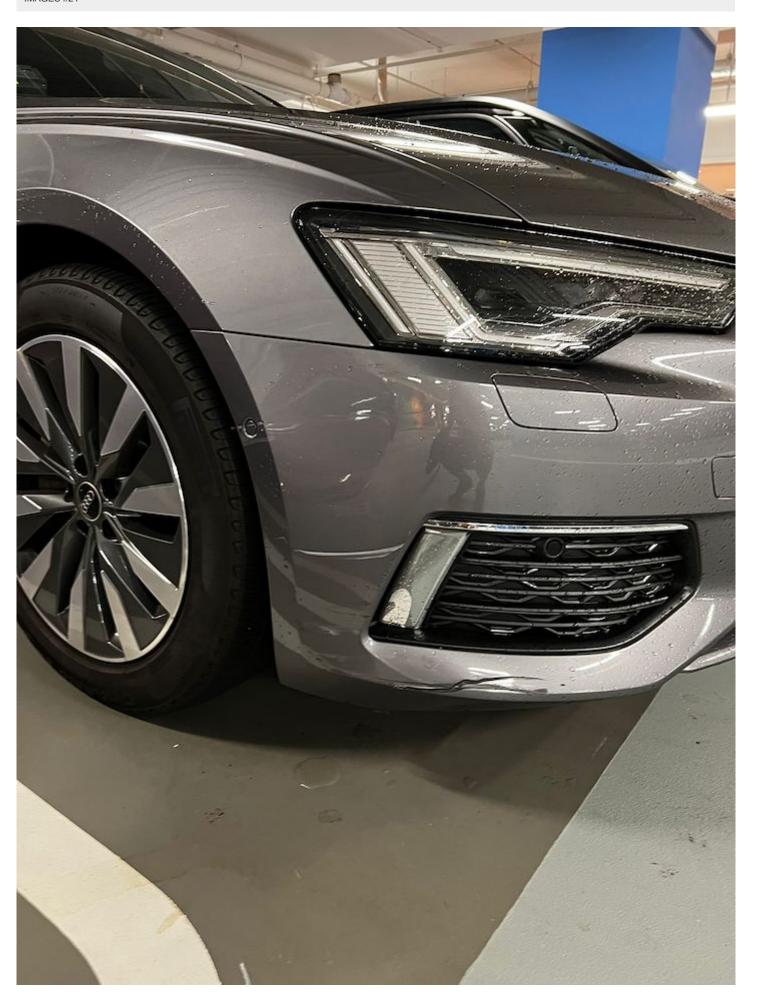
















1 of 4

Report No. G/20221116/7136

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 16/11/2022 23:34	Vide Report No.		Station Diary No	
Name Of Informant FELZA DAVID PRINCE	Address 735 MOUNTBATTEN ROAD #02-09 SINGAPORE 437745			SINGAPORE
ID Type / ID No. NRIC NO / S8848252B	Contact No. Home/Office: Mobile: 87528689			
Nationality SINGAPORE CITIZEN	Email Address FELZADAVIDPRINCE@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Sales manager	Male	33	29/11/1988	Malay
Institution/School Name	Language English			
Date/Time Of Incident 16/11/2022 20:20 - 16/11/2022 21:20	Location Of Incident 735 MOUNTBATTEN ROAD #02-09 SINGAPORE 437745			

Brief details.

Car + Motorcycle accident.

My pillion, Tham Cheng Yee and myself was involved in an accident with a car (SGD9990D). I was following in the same direction as the car. Without warning, the car stopped and the driver reversed without checking his surroundings. I had moved the bike to the right to avoid the car reversing to my motorcycle. Yet, the driver continued to reversed and the front right side of the car reversed into the left

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2022 23:34
Officer In-Charge Of Case:	Classification Of Case:



G/20221116/7136

2 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221116/7136

rear of my motorcycle.

Upon reversing, the car's front right side bumper crashed into and pinned my pillion, me and the motorcycle against the carpark pillar. My motorcycle fell to the right 45 degree and the car stopped while the car's bumper pinned against my pillion's left ankle and left side of the motorcycle.

I used my hand and raised my voice to inform the driver to move his car backwards. However, the driver refused and kept his side windscreen closed, whilst maintaining eye contact at me. I continually raised my voice to inform him that his car pinned us against the pillar, yet the driver refused to comply and kept his side windscreen closed, whilst maintaining eye contact at me.

After 30 seconds of me constantly shouting at him, the driver came out of the car to tell me not to shout. However, the car was still not moved and my pillion, me and the motorcycle was pinned and my pillion was in pain. Her left ankle was pinned between the car's bumper and the motorcycle.

I noticed that he was purposefully causing hurt to my pillion and me which made me raise my voice again to tell him to move his car immediately. Explaining to him that if he does not move his car, my pillion is stuck and we are pinned between the car and the wall.

Driver of said car still did not comply. After 30 seconds of exchanging words in a heated manner, driver boarded his car and reversed.

I requested for his identification which he initially refused and eventually complied, I took photos and gave

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2022 23:34
Officer In-Charge Of Case:	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221116/7136

the driver a chance to take the photo of the licenses and I proceeded to call the police. Thereafter, I called 999. I proceeded to inform the driver that he neither warn his surroundings with the hazard light before reversing in a busy carpark nor check his blind spots for any hazards, and proceeded to reverse quickly; but it fell on deaf years. I took photos of the incident and waiting for the police while checking on my pillion's condition. At this stage, my pillion was limping, in pain and shocked.

The Changi staff and medical team reached the accident site and my pillion was sent to Changi General Hospital. The police arrived shortly after and I gave my statement. After the police did his report, he gave a card detailing the incident report and IO contact. He then informed me that I could leave the scene of the accident.

I then proceeded to ride my motorcycle to Changi general hospital to check on my pillion.

Victim			
Person Name	FELZA DAVID PRINCE		
ID Type	NRIC NO	ID No	S8848252B
Gender	Male	Age	33
Race	Malay	Language	English
Occupation	Sales manager	Address	735 MOUNTBATTEN ROAD #02-09 SINGAPORE 437745
Mobile No	87528689	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2022 23:34
Officer In-Charge Of Case:	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221116/7136

Person Name	Tham Cheng Yee		
ID Type	NRIC NO	ID No	S9041288D
Gender	Female	Age	32
Race	Chinese	Language	English
Occupation	Student	Address	666 Yishun Avenue 4 #05-161 SINGAPORE 760666
Mobile No	97859684	Relation To Informant	Girlfriend

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2022 23:34
Officer In-Charge Of Case:	Classification Of Case:



INTERVIEW FORM

. Ie/26	David Prince
Name (Driver)	• • •
Policy No	
10110101110	41987.
Place of Accident	v 1
Place of Accident :	1 kmc .
Drink Driving of Insured and/or Insured Driver:	NO.
No of passenger(s) in Insured vehicle :	1
Injury to Insured and/or Insured driver, please indicate which	hospital: Changi General Hosp. Fel
Third Party Vehicle No (if any) : 3 G D 999	0 0
No of passenger(s) in Third Party Vehicle :	
Injury to Third Party driver and/or passenger(s), please indic	ate which hospital;
Type of collision and the extensiveness of the damages to all	vehicles/Third Party property involved:
Any witness to the accident (if yes, please indicate Name, Co	ontact No and a copy of the statement):
Traffic Police report (enclosed) : 7 No	
Please obtain a copy of the driving licence of Insur- worker is involved)	ed driver and/or work permit (where foreign
17/11/22 1.03cm	h
Driver (Name & Signature) / Date I, affirmed the above information is given to my best knowledge	Attended by (Name & Signature) / Date Workshop Name:
nce Pie Ltd Quay h Tower	

Etiqa Insurance Pte Ltd One Raffles Quay #22-01 North Tower Singapore 048583

T +65 63360477 F +65 63392109

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