SS2X233E0006 / SME MOTOR PTE LTD ENTRY DATE & TIME: 14/03/2023 13:59 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (15/03/2023 17:53 (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 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 14/03/2023 13:59 (SGT) Reported by Date of Accident 13/03/2023 16:06 (SGT) Exact Location of Accident 3006 Ubi Rd 1, Singapore 408700 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG8816A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CITY BIKE RENTAL PTE LTD Company Reg No 201818034D Email Address BENG WEI99@YAHOO.COM.SG Mobile Phone No (Phone) +65-87665543 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha Model Fz8-s 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

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual CC 800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5109857306-03-000058

DRIVER

Name of Driver OH BENG WEI NRIC No S7712245A Date Of Birth 06/05/1977 Occupation Indoor



Date Of Driving Pass 19/05/1998 Driving experience 24 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-87665543 Alt. Phone Number Email Address BENGWEI99@YAHOO.COM.SG Address BLK 82 BEDOK NORTH ROAD #14-312 Address complement Postcode 460082 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Hit and run / Vandalism / Damaged whilst parked 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? No Was any injured conveyed to hospital by ambulance? 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? No 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? Yes Police Station Name Bedok South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002448999 Alt. Police Station Phone No (Fax) +65-62446558 Police Station Address 20 Chai Chee Drive Singapore 469045 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT AT THE STATED DATE, TIME AND LOCATION, MY VEHICLE A FBG8816A WAS STATIONARY PARKED. SUDDENLY, I SAW VEHICLE B GBJ8294P WAS REVERSING HIS VEHICLE AND DID NOT NOTICE MY VEHICLE WAS PARKED THERE. SO WHEN VEHICLE B REVERSE, I QUICKLY WENT TOWARDS BUT TO NO AVAIL. VEHICLE B HAD COLLIDED ONTO MY VEHICLE. WHEN VEHICLE B DRIVER CAME OUT OF THE VEHICLE, HE ASKED US TO MAKE AN INSURANCE CLAIM AND REFUSED TO EXCHANGE PARTICULARS. ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number GBJ8294P



Was there any video captured by Car Camera?

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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.
- 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.
- 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.
- 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:

C.B.R

201818

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 equilibrates under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

NRIC/FIN No.

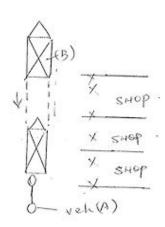
Reporting Centre Personnel's Signature

(4/02/12 (wes)

(14/03/23) (wes).

SKETCH PLAN

VEH(A):- FBG8816A. VEH(B) :- GBJ 8294P



FRC SO I/ A	STATED DATE TIME L	COCATION, my VEHICLE (A)
109 0016A	was STATIONARY P	reversing his vehicle
Velucce (B) G	3J 8194P was,	reversing his vehicle
110/	reed my veryole	mae lack it
When VEH (B)	Reverse , I gwick	ely west town !
Velucle but	no avail. VIII	B) had collided on
my vehicle .	WHEN VEH (B) Rhipe	came out of the vehicle
he osked us	to make a view	e claim and refuse to
exchange particula	- Marie a misterance	e claim and refuse to
Je particula		
CLARATION (2 Renig)		
CLARATION (18 Renig) of the declare the lose from part No.		
e declare the foregoing partial	als are true in givery respect.	
CLARATION (18 Remark) The declare the passeoing partial (18 C.B.R)	ats are true in every respect.	
e declare the tose coing parting	as are true in every respect.	
e declare the tose coing parting		
e declare the tope coing part of C.B.R	Driver's Signature	
e declare the foregoing partial	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
e declare the tope coing part of C.B.R	Driver's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.



















Police Station Of Origin: Bedok South NPP

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20230315/2035

Date/Time Report Made; 15/03/2023 11:44			Vide Report No.:	Station Diary No.: 25		
Informa	nt's Partic	ulars	7.0			
Name of Informant: OH BENG WEI			Address: APT BLK 82 BEDOK NORTH ROAD #14-312 SINGAPORE 460082			
ID Type / ID No.: NRIC NO / \$7712245A Nationality: SINGAPORE CITIZEN		45A	Contact No.: Home/Office: Mobile: 96335142			
		ΈΝ	Email: beng_wei99@yahoo.com.sg			
Sex: Age: Date of Birth: Male 45 06/05/1977			Type of Informant: Rider			
Race: Chinese Occupation: Self Employed			Language: English			
			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/03/2023 16:05	Type of Location Loading and Unloading Bay
Location: UBI ROAD 1 Weather: Clear		Road Surface:		
			Traine voiding	
Traffic Flow: One Way		Traffic Control: Not Controlled	100	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBG8816A	Motorcycle	YAMAHA	FZ8-S	Grey	Slightly Damaged	0
GBJ8294P	Van	NISSAN	NV350	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 2 of 3 Report No. T/20230315/2035

CONTINUATION OF REPORT

Rider						ARREST D
Name	OH BENG WEI			ID No		S7712245A
Related Vehicle	FBG8816A (Motorcycle)			Conta	ct No.	96335142
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	
No. of Days granted Medical Leave NIL			Degree o	finjury	NIL	

Brief Details.

On 13/03/2023 at around 1600hrs, I parked my motorcycle (FBG8816A) just outside of a store (LKT Group Pte Ltd) which was located at 3006 Ubi Road 1's loading and unloading bay. I then proceeded into one of the stores to collect spare parts.

At around 1606hrs, when I exited from one of the stores. I observed that my motorcycle was laying on the ground. The driver from a van (GBJ8294P) that was parked in front of my motorcycle stepped out of his vehicle and then tried to lift my motorcycle back to upright position.

As I witnessed this incident, I inform the van driver not to pick up my motorcycle as it is heavy and proceeded to take a photo of this incident.

I enquire with the van driver on what had happened and was informed by him that he had reversed his van into my motorcycle which resulted my motorcycle to fell over.

The Van driver then informed me that I had Illegally parked my motorcycle at refuse to be liable for the damages.

As the van driver seems unhappy at that point in time, I did not manage to get his contact details and particulars.

I then informed the van driver that I will inform my insurance company about this matter.

I wish to state that I did not manage to get the van driver's contact details or particulars.

I managed to take photographs of the damages on my motorcycle and the van.

I was advised by my insurance company to lodge this police report.



T/20230315/2035

Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 3 of 3 Report No. T/20230315/2035

CONTINUATION OF REPORT

Signature Of Informant:
Date/Time: 15/03/2023 11:44
Classification Of Case:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

(0)	DADTICHIAD	(05)	DDENDU		NIDMENTS.		31
Original Report No : Name(as shown in NRIC):		233E		hicle Regi	stration No:	FBG 881	EA
NRIC/Passport No :	Vehicle Di*) دا ۲۶ د		icle-Gwner)	(*) Pleas	e delete as ap	propriate	
Address :	BLK 82	BEDOK	MORTH	ROAD	#14-312	SMGAPERE	46082
Contact (Tel) :	963351				(H/P):	8766554	3
(Email) : Date of Accident :	13/03/3 3006	z 3	 		of Accident :	1606 F	3М
Place of Accident :		Operation Character	YTUC.				

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

2	AMEHOMENTS	MODEL = YAMAHA FZIS CC 1000 TO	
		YAMAHA FZ8:5 CC 800	
,	EMAIL AMEN	o to theng - weigg @ YAHOO. Lom. SC	

Signature of Vehicle Owner / Driver

Insurance Company:

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5109857306-03-000058

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Cover : Third Party

: FBG8816A

: JYARN251000004755

: CITY BIKE RENTAL PTE LTD

: 14 Jul 2022

: 13 Jul 2023

- 5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.

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.

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
 - (b) Use for food/parcel/other delivery services.

This Policy does not cover

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

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

EXCESS (SECTION 1)	:	N/A
EXCESS (SECTION 2)	-	\$\$1,500
INSURE WITH COE	1	N/A
NAMED DRIVER (1)	- 8	N/A
NAMED DRIVER (2)	-	N/A
HIRE PURCHASE COMPANY	\$3	N/A
SUM INSURED	20	N/A

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 Road Transport Act, 1987 (Malaysia)

Agency

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue

: 10 Jun 2022 12:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive