SS2G235O0001 / SANFU MOTOR PTE LTD ENTRY DATE & TIME: 24/05/2023 13:55 (SGT) SUBMITTED BY: Lilian Chia VERSION: 1 (24/05/2023 13:55 (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.

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 24/05/2023 13:55 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 16/05/2023 16:45 (SGT) Exact Location of Accident Ang Mo Kio Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM97227

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MARCUS HENG YI SAN NRIC No TXXXX081F Fmail Address marcus.heng02@gmail.com Mobile Phone No (Phone) +65-87533387 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cb400 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

Private use

Honda

No - Claiming third party Motorcycle Manual

399

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number AN3210308

DRIVER

Name of Driver MARCUS HENG YI SAN NRIC No TXXXX081F Date Of Birth 10/01/2002 Occupation Outdoor

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	24/07/2020 2 YEARS AND 10 MONTHS Male (Phone) +65-87533387 - marcus.heng02@gmail.com BLK 140 YISHUN RING ROAD #06-74 BLK 140 YISHUN RING ROAD #06-74 760140 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Change/cross lane Clear Dry
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	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Yes Woodlands Division Headquarters (Phone) +65-18004660000 1 Woodlands St 12 Singapore 738622 No
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	-

Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
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

INJURED 1

Name of injured person MARCUS HENG YI SAN Gender Male Phone No (Phone) +65-87533387 Address BLK 140 YISHUN RING ROAD #06-74 Address Complement BLK 140 YISHUN RING ROAD #06-74 Post Code 760140 Approximate Age Years Old
Injuries Sustained 21 Injured person in which vehicle? FBM9722Z Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes

WITNESS DETAILS

WITNESS 1

 Name
 NIC

 Phone
 (Phone) +65-92219484

 Email

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 Adual 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 liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 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 ladgement 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 aforesaild.
- 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
- (f) processing, handling and/or dealing with my daims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (ii) 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) dilinsurer(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.









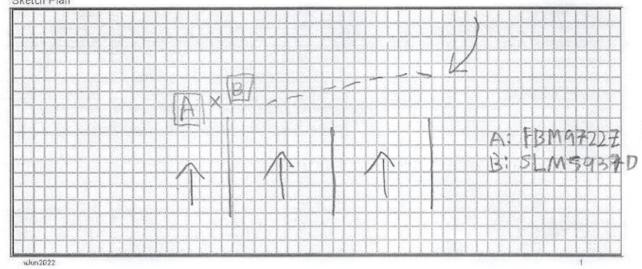
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in WRIC/ID card)

TEL:

Sketch Plan

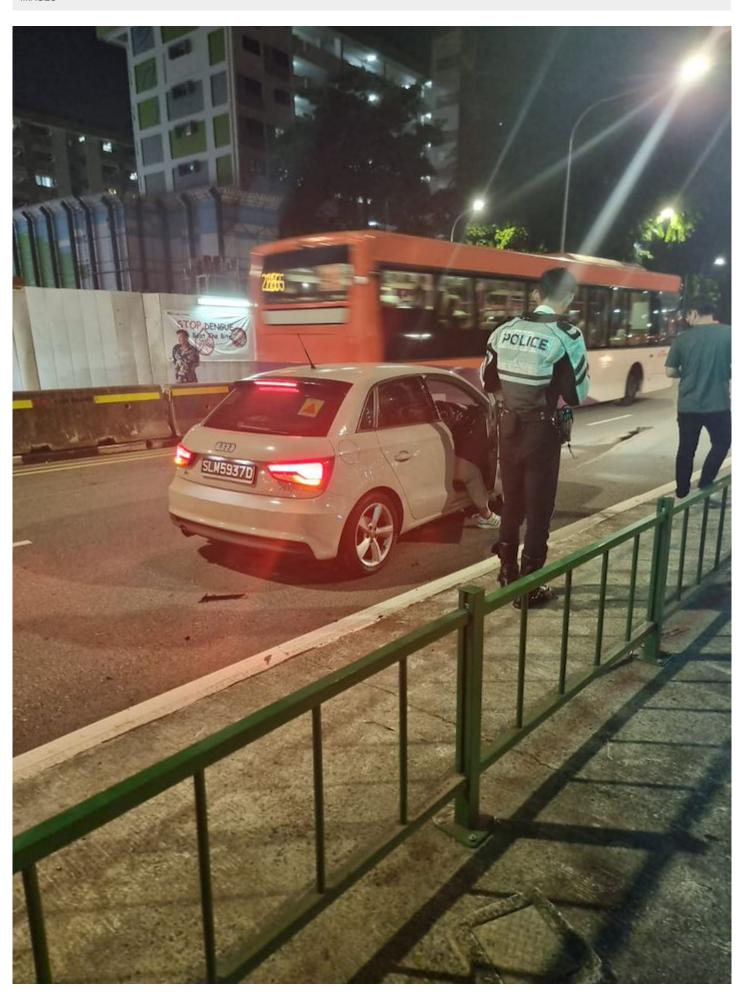


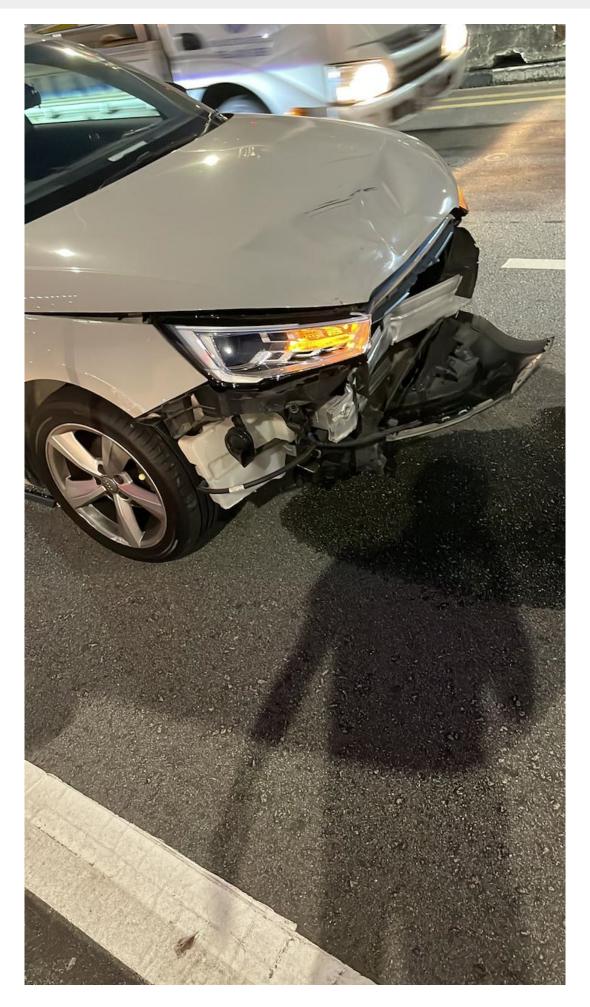
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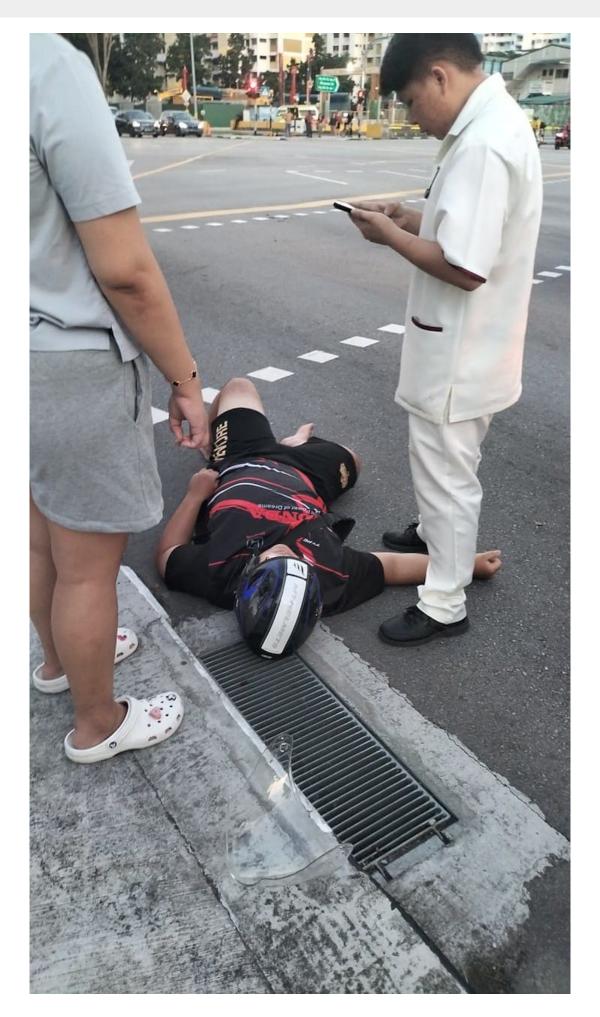
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

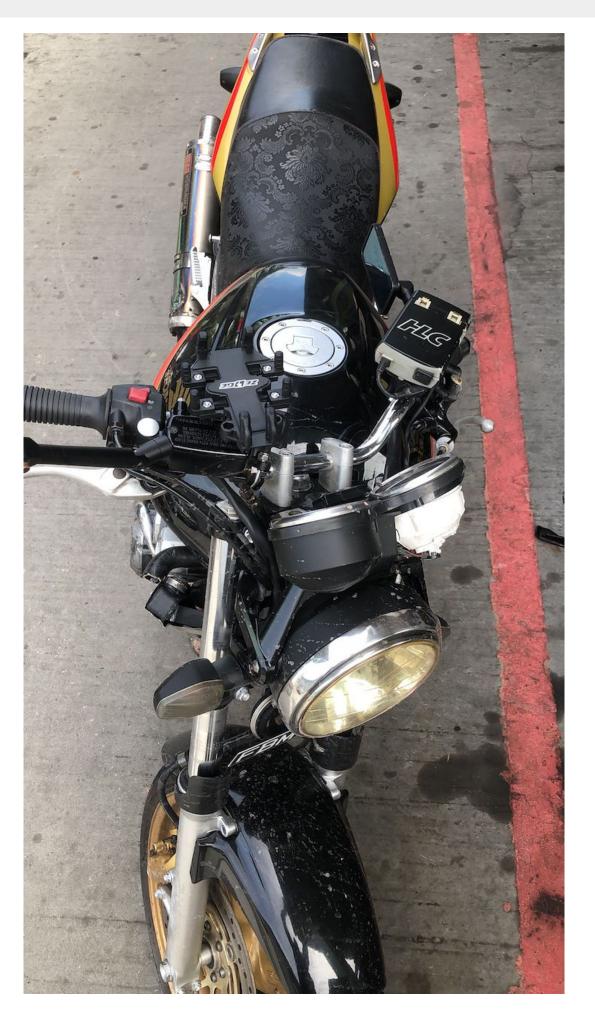
vJun2022

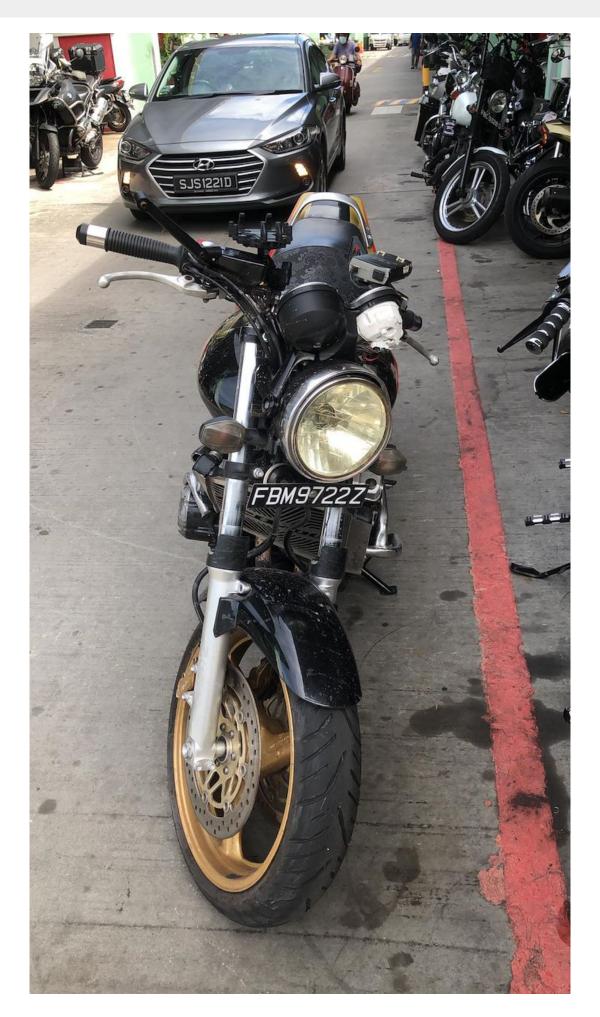




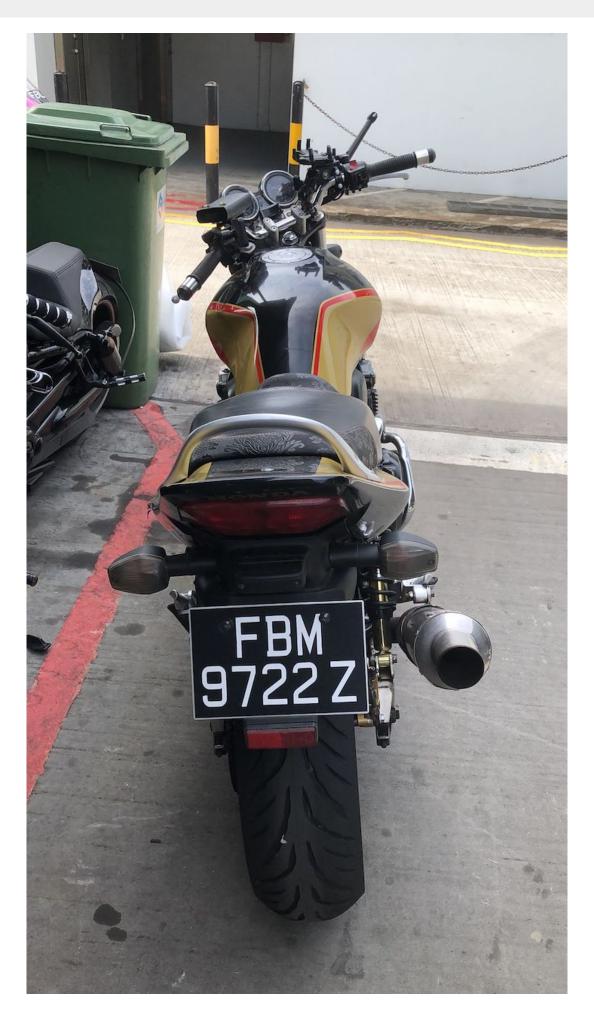
















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Report No. L/20230519/7004

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 19/05/2023 11:25	Vide Rep	ort No.		Station Diary No.
Name Of Informant	Address			
IRENE KANG	140 YISHUN RING ROAD #06-74 SINGAPORE 760140			
ID Type / ID No. NRIC NO / S7704929J	Contact N Home/Of		Mobile: 86864929	
Nationality SINGAPORE CITIZEN	Email Address irenekang77@yahoo.com.sg			
Occupation	Sex	Age	Date of Birth	Race
Other car and light goods vehicle drivers	Female	46	17/02/1977	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 16/05/2023 18:54 - 16/05/2023 18:58	Location Of Incident ANG MO KIO AVENUE 3			
Delet details	P. J. O III.O	7,17		

Brief details.

i am making a report on the behalf for my son Marcus Heng Yi San of T0201081F

He was riding his motorcycle FBM9722Z along ang mo kio ave 6 heading towards ang mo kio ave 3

There was a black 7 seater car beside him going at the same speed as him

When riding across the cross junction, a white Audi car SLM5937D was a right turn from opposite direction and accelerated into him, knocking into the right of his motorcycle.

As a result, he was flung forward about 5 metres from the impact, making a side flip and rolling 2 times before coming to a stop.

When he saw the white Audi, it was too late and he tried to keep as left as he could to the lane while also

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: 19/05/2023 11:25
Officer In-Charge Of Case:	Classification Of Case:
This report is lodged at Chong Pang NPP Kiosk 1	





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230519/7004

trying to brake. Pedestrians were right infront him at the traffic junction thus he could not swerve out even further, There were also stationary cars on his left, facing him.

During this incident, he was driving at around 50km/HR alongside the black 7 seater car while the Audi was driving around 40KM/HR while accelerating and making the right turn. During the course of his right turn, he took no safely precautions to my son as he continued accelerating even he was right infront of him. After that he had delay before baking and mounting the kerb at the turn before safely coming to a stop.

The black 7 seater car assisted my son to call the ambulance as well informing me about the accident, When i reach the accident scene, spoken to Nic who was the driver of 7 seater car he told me that the driver told him he saw no vehicles from the approaching lane, saw vehicles turning so he turned as well. As well as he was tired at the moment.

From this incident, my son fractured his right thigh bone and dislocated his right shoulder externally. He was also suffered abrasion on his whole right leg, which includes ankle, calf, thigh, foot, left forearm, left hand, right elbow.

He had done surgery and could not move his right leg now.

From this accident, some of his belongings were also damaged.

This includes his motorcycle, handphone, helmet and some others which my son cannot remember at the moment.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person mare report has been authenticate No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2023 11:25		
Officer In-Charge Of Case:	Classification Of Case:		

This report is lodged at Chong Pang NPP Kiosk 1