

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 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 | 27/06/2023 18:03 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 08/06/2023 09:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PASIR RIS DRIVE 3 TOWARDS LOYANG AVE LAMP POLE 38 JUNCTION OF PASIR RIS WALK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBP6811D |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------------------|
| Is company? | No |
| Name Of Registered Owner | NG TENG HNG,KENNETH (HUANG DING XUAN) |
| NRIC No | S9033844G |
| Email Address | kennethng.hdx@gmail.com |
| Mobile Phone No | (Phone) +65-87767147 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Lambretta |
| Model | V200 SPECIAL CVT ABS |
| 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 | 169 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Etiqua Insurance Pte Ltd |
| Policy Number / Cover Note Number | MX101940 |

DRIVER

| | |
|----------------------|---------------------------------------|
| Name of Driver | NG TENG HNG,KENNETH (HUANG DING XUAN) |
| NRIC No | S9033844G |
| Date Of Birth | 07/09/1990 |

| | |
|--|-------------------------------------|
| Occupation | Outdoor |
| Date Of Driving Pass | 15/05/2019 |
| Driving experience | 4 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-87767147 |
| Alt. Phone Number | - |
| Email Address | kennethng.hdx@gmail.com |
| Address | 51 CHIN SWEE ROAD #04-79 (S) 160051 |
| Address complement | - |
| Postcode | - |
| 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 | Collided into Property |
| 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 |
| 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLS6167X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SYED AHMED LOTFI |
| Contact Number | (Phone) +65-91659927 |
| 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 | NG TENG HNG,KENNETH (HUANG DING XUAN) |
| Gender | Male |
| Phone No | (Phone) +65-87767147 |
| Address | 51 CHIN SWEE ROAD #04-79 (S) 160051 |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBP6811D |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

SKETCH PLAN

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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.
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

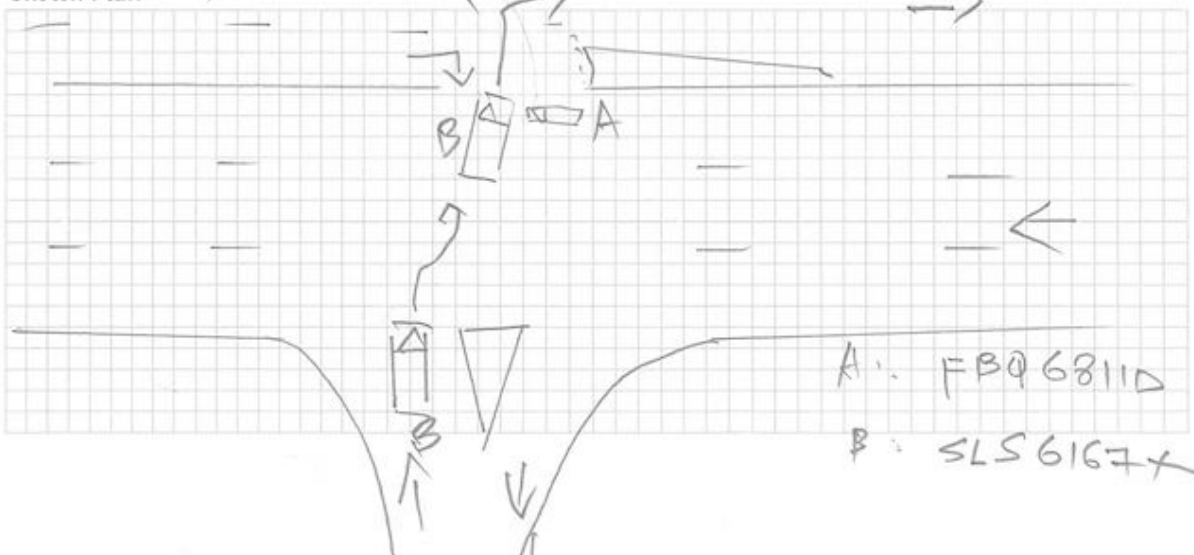
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Declaration

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

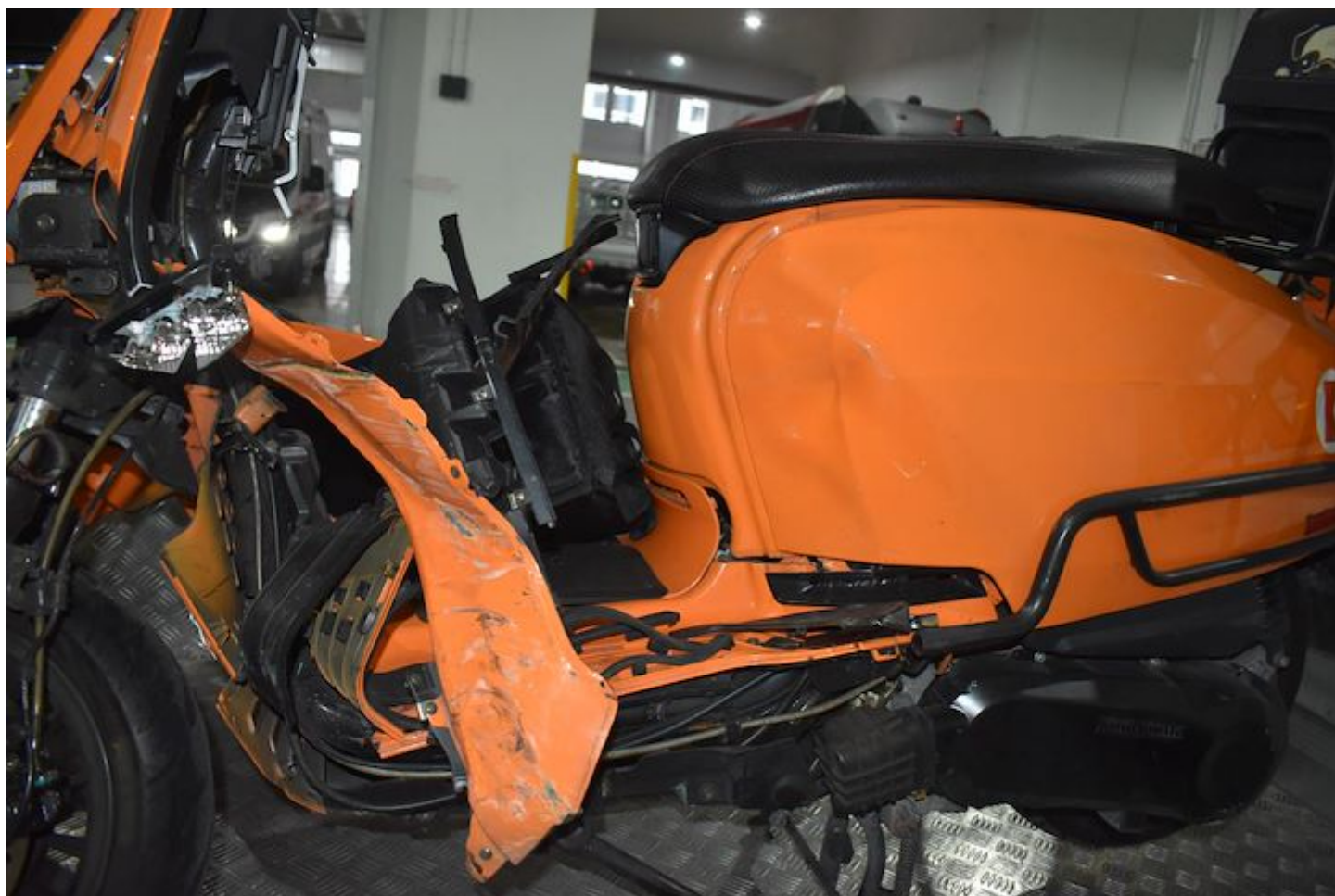
















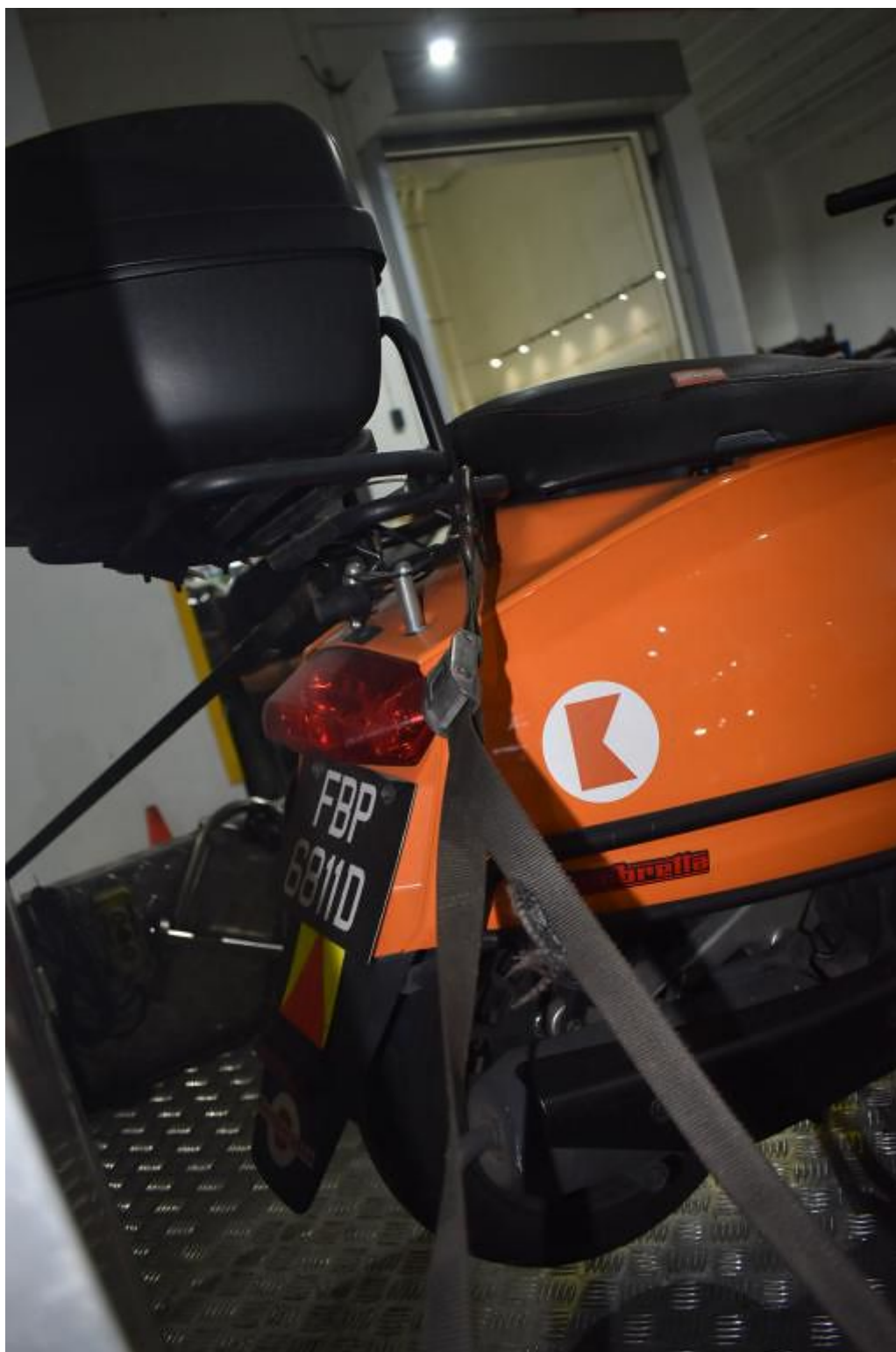


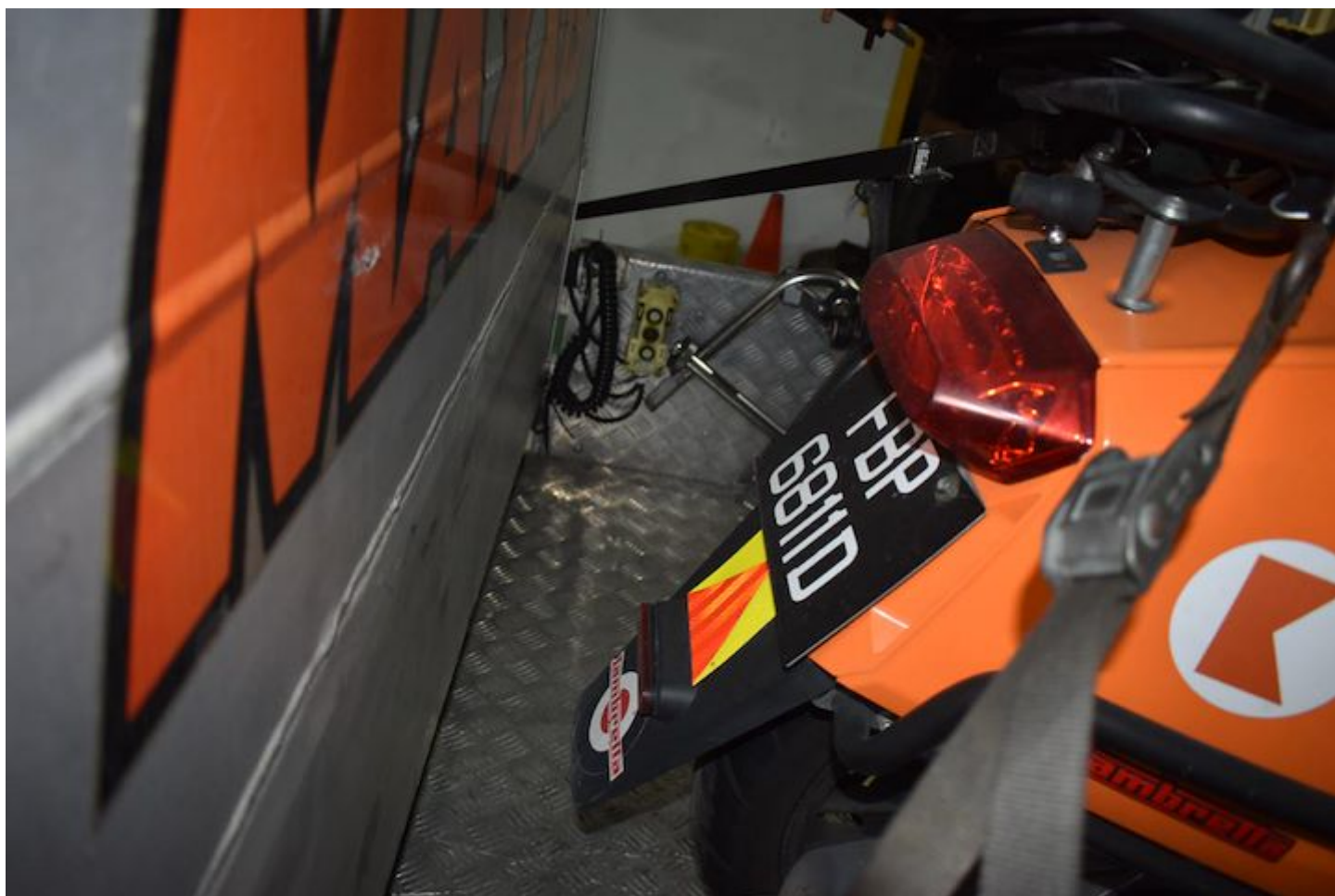


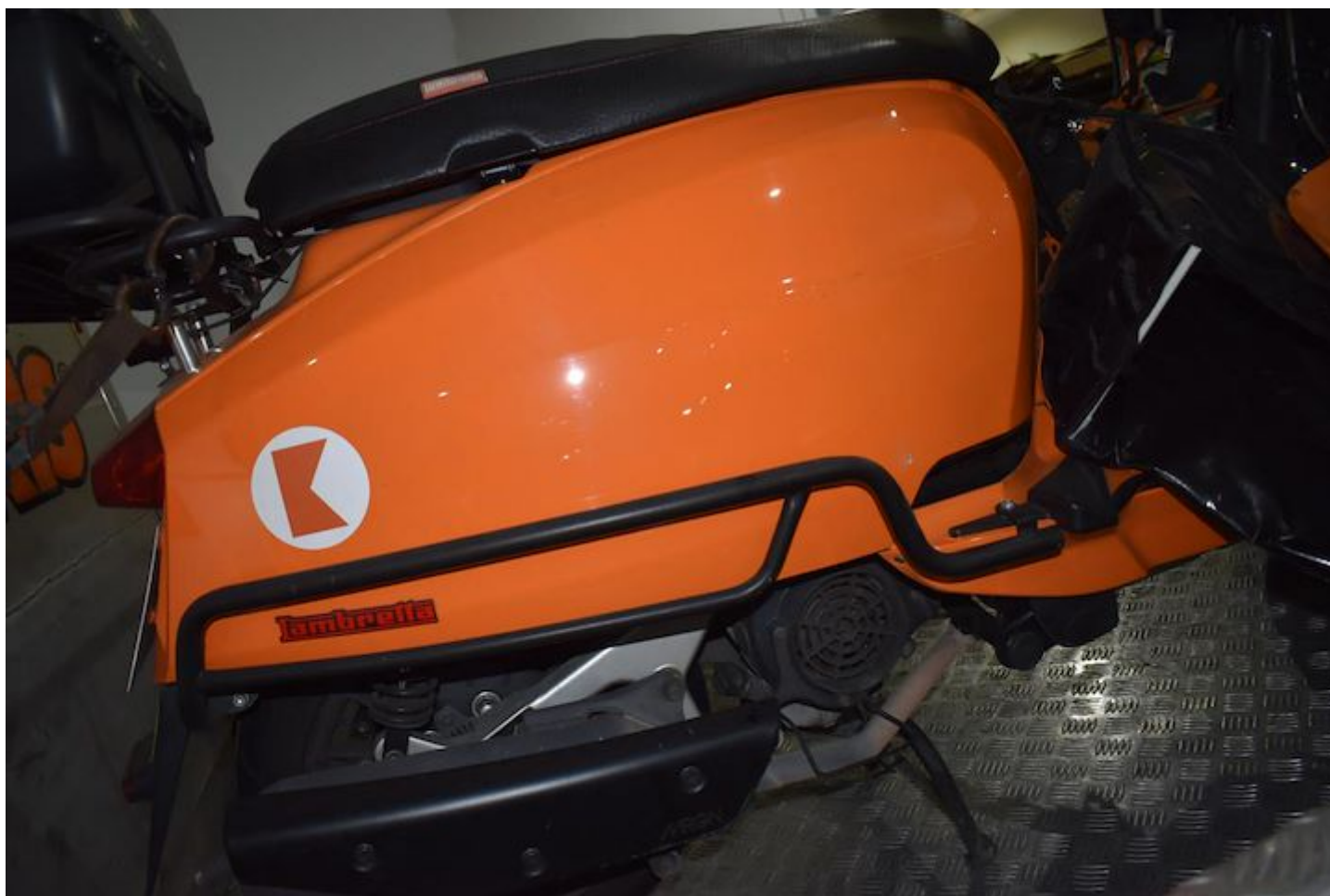


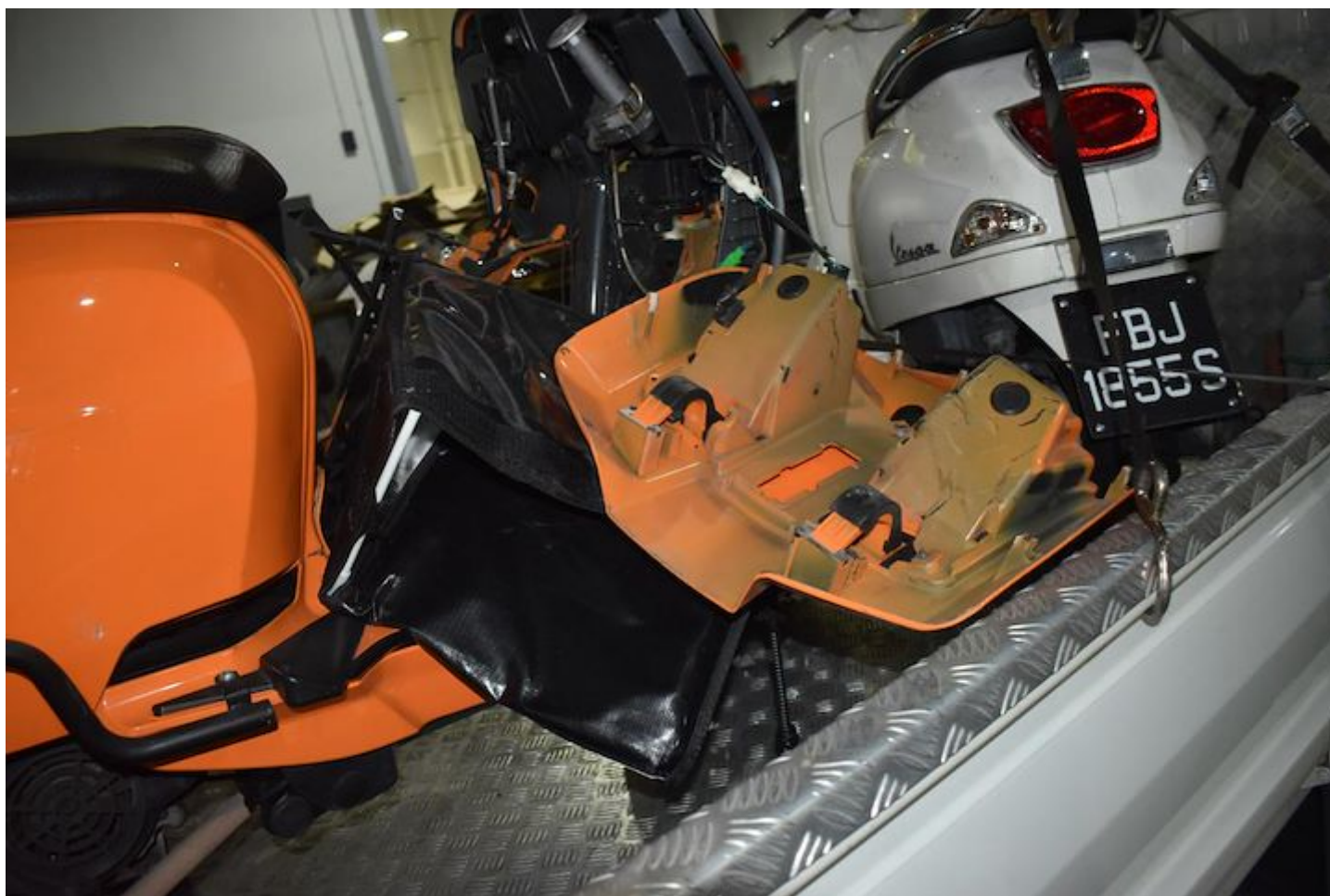


























**SINGAPORE
POLICE FORCE**



T/20230616/7045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230616/7045

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 16/06/2023 16:46 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | | |
|--|------------|------------------------------|--|--|
| Name of Informant: NG TENG HNG, KENNETH | | | Address: 51 CHIN SWEE ROAD #04-79 SINGAPORE 160051 | |
| ID Type / ID No.: NRIC NO / S9033844G | | | Contact No.: Home/Office: Mobile: 87767147 | |
| Nationality: SINGAPORE CITIZEN | | | Email: KENNETHNG.HDX@GMAIL.COM | |
| Sex: Male | Age: 32 | Date of Birth: 07/09/1990 | Type of Informant: Rider | |
| Race: Chinese | | | Language: English | |
| Occupation: Motorcycle delivery man | | | Driving Licence Information: Class: 2B Date of Expiry: | |

| General Information of the Accident | | | | |
|---|------------------------------|---------------------------------|---|-----------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 08/06/2023 09:45 | Type of Location: T-Junction |
| Location: PASIR RIS STREET 21 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|-----------|----------------------------|--------|----------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBP6811D | Motorcycle | LAMBRETTA | Lambretta V200 Special | Orange | Seriously Damaged | 0 |
| SLS6167X | Car | TOYOTA | PRIUS ALPHA 1.8S CVT | Grey | Slightly Damaged | 3 |



**SINGAPORE
POLICE FORCE**



T/20230616/7045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230616/7045

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|-----------------------------------|----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | NG TENG HNG, KENNETH | ID No. | S9033844G |
| Related Vehicle | FBP6811D (Motorcycle) | Contact No. | 87767147 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry | Class: 2B Date of Expiry: NIL |
| Date | 08/06/2023 | Date | 14/06/2023 |
| No. of Days granted Medical Leave | 28 | Degree of | Serious |
| Driver | | | |
| Name | SYED AHMED LOTFI | ID No. | NIL |
| Related Vehicle | SLS6167X (Car) | Contact No. | 91659927 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On 8 June 2023 at about 9.45am, I was riding my motorbike vehicle number FBP6811D on the extreme right lane riding at approximately 50km/h to 60km/h of a 3 way carriage road, at Pasir Ris Drive 3 towards Loyang Ave, on my way to deliver food. Mr Syed Ahmed Lotfi, driver of vehicle number SLS6167X, made an illegal right turn from Pasir Ris Walk onto Pasir Ris Drive 3, cutting into the first lane where I am currently riding on. The driver, Syed Ahmed Lotfi stopped on the first lane to check for oncoming traffic on the opposite 3 way carriage that resulted the collision with my motorbike at the traffic junction of Pasir Ris Walk and Pasir Ris Drive 3, outside Masjid Al-Istighfar. I was thrown out of the motorbike at least 2 metre and my body hit the road divider. Mr Syed Ahmed Lotfi's passengers quickly assisted to call the ambulance and I was sent to CGH after 15 minutes at about 10 am. CGH surgeon performed the following surgical procedure on 8 June 2023:

I/M nail of left femur

Wound debridement of tibial and ankle wounds Plate fixation of tibial plateau

After 7 days of hospitalisation, I was discharged on 14 June 2023 and is now given a 28 days hospitalisation leave with an estimated 6 months of recovery period.



**SINGAPORE
POLICE FORCE**



T/20230616/7045

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230616/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65476200

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/06/2023 16:46

Classification Of Case:

NP168



MY3
73000003
Cov. Type: Third Party, Fire & Theft

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

CERTIFICATE No. MX101940

- | | | | |
|--|---|---------------------------|---------|
| 1. Index Mark and Registration Number of Vehicle | FBP6811D | | |
| 2. Name of Policyholder | NG TENG HNG KENNETH (HUANG DINGXUAN) | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 02/09/2022 | Excess: T/P, Fire & Theft | S\$ 300 |
| 4. Date of Expiry of Insurance | 01/09/2023 16/11/2023 | | |
| 5. Persons or Classes of Persons entitled to drive | Engine No : XS1P58QMK18010266 Chassis No : VDLLPB002J5005162 Hire Purchase : YEW HENG CREDIT ENTERPRISE PTE LTD | | |

THE POLICYHOLDER

NG TENG HNG KENNETH (HUANG DINGXUAN)

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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.

THE POLICY DOES NOT COVER:

- (i) USE FOR HIRE OR REWARD.
- (ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
- (iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

With effect from 02/09/2022, this policy is extended to include food &/Or parcel delivery services.

Geographical Area: restricted to Singapore Only.

Additional All Claim Excess: \$140

All other terms, exceptions and conditions remain unchanged.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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).

GOPRBT2 14/09/2022 16:48:18



For and on behalf of **Etiqa Insurance Pte. Ltd.**

Approved Insurer

Authorised Signature



INTERVIEW FORM

Name (Driver) : Ng Teng Hyg Kenneth

Policy No : 4410940

Vehicle No : F8P 6811D

Place of Accident : pasir ris st 21

Insured Driver's relationship with Insured : Inced

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : Nil

Injury to Insured and/or Insured driver, please indicate which hospital:
yes. conveyed to CHH

Third Party Vehicle No (if any) : SLS 61674

No of passenger(s) in Third Party Vehicle : 3 passengers

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NO

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
collided into property

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NO

Traffic Police report (enclosed) ☒ Yes ☐ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]
 Driver (Name & Signature) / Date

I, affirmed the above information is given to my best knowledge

[Signature]
 Attended by (Name & Signature) / Date

Workshop Name: _____



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

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