SS2X237C000F / SME MOTOR PTE LTD ENTRY DATE & TIME: 12/07/2023 16:16 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (12/07/2023 16:16 (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 12/07/2023 16:16 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/06/2023 10:20 (SGT) Exact Location of Accident Bedok Reservoir Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Harley Davidson

Vehicle Registration Number FBU4417X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN HOCK GUAN ADRIAN NRIC No S8036407E Fmail Address ADRIANTANHG@YAHOO.COM.SG Mobile Phone No (Phone) +65-98188743 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model FAT BOB 114 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 1868

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5133259832

DRIVER

Name of Driver TAN HOCK GUAN ADRIAN NRIC No S8036407E Date Of Birth 17/11/1980 Occupation Indoor

Date Of Driving Pass 23/06/2008 Driving experience 15 YEARS Gender Male Mobile Number (Phone) +65-98188743 Alt. Phone Number Email Address ADRIANTANHG@YAHOO.COM.SG Address BLK 134B HILLVIEW AVE #09-05 Address complement Postcode 669621 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO.T/20230623/7084. 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 SDE282D Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAU KING KIAT
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	_
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	FBU4417X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Vec

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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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

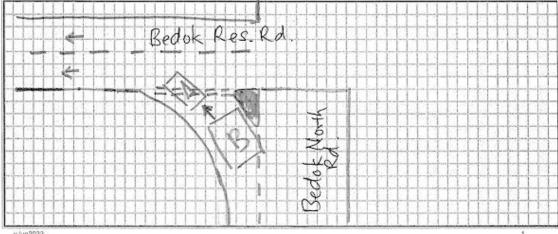
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

A: FBN HHITX B: SDE 282 D

Roday	40	RSTICE	peport
Lase		1 - 5	
-0.5			

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





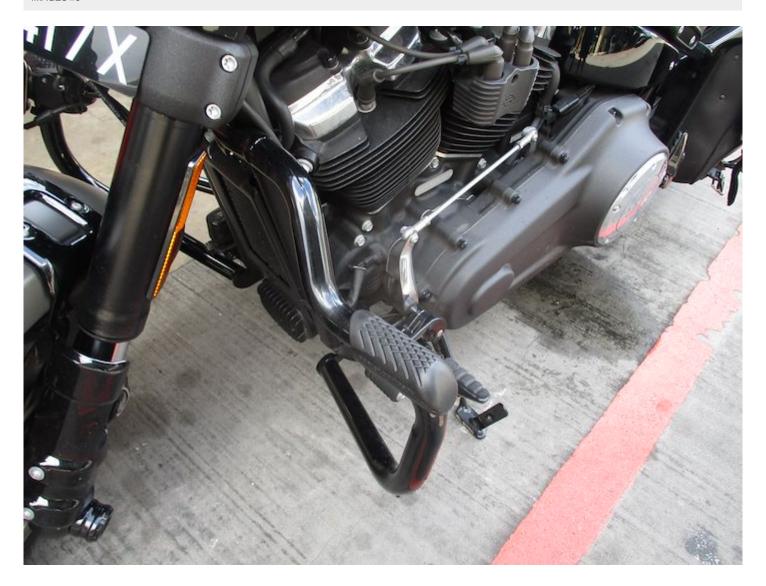
















1 of 3 Report No. T/20230623/7084

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

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 3/06/2023 22:46		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: TAN HOCK GUAN, ADRIAN			Address: 134B HILLVIEW AVENUE #09-05 SINGAPORE 669621			
!D Type / ID No.: NRIC NO / S8036407E		07E	Contact No.: Home/Office: Mobile: 98188743			
National SINGAP	ty: ORE CITIZ	EN	Email: ADRIANTANHG@YAHOO.C	OM.SG		
Sex: Age: Date of Birth: Male 42 17/11/1980			Type of Informant: Rider			
Race: Chinese Occupation: Business consultant			Language: English			
		t	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 23/06/2023 10:2	Type of Location: X-Junction
Location: BEDOK RES	ERVOIR ROAD			
Weather:		Road Surface:		
120 TOTAL		Road Surface: Dry		
Weather: Sunny Traffic Flow: Dual Carriage	: Way		rking	Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBU4417X	Motorcycle	HARLEY DAVIDSON	FAT BOB 114	Grey		0
SDE 282 D	Car	BMW	5-series	Blue	Slightly Damaged	1

Details of Vehicle Insurance



2 of 3 Report No. T/20230623/7084

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

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBU4417X	NTUC Income Insurance Co-Operative	5133259832	07/01/2023	06/01/2024	

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	osmona aida	Use of Pe	Use of Pedestrian Crossing: NA			
Rider						
Name	TAN HOCK GUAN, ADRIAN			ID No		S8036407E
Related Vehicle	FBU4417X (Motorcycle)			Contact No.		98188743
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry		Class: 2B,2A,2,3 Date of Expiry: NIL
Date	23/06/2023 Date			23/06/2023		
No. of Days gran	ted Medical Leave	Degree o	of Slight			
Driver						
Name	LAU KING KIAT			ID No).	S7272806H
Related Vehicle	SDE 282 D (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	ig ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

I was on Bedok North Road (towards Bartley viaduct), turning Left via the Left-Turn Filter Lane onto Bedok Reservoir Road (towards Kaki Bukit).

As I was approaching the give-way lines at the end of the filter lane, I slowed down to give way to oncoming traffic.

At that point, I was hit from behind by the other vehicle (SDE 282 D).

I was flung forward and landed on the side of the road.

The ambulance came and I was conveyed to the hospital to be treated for my injuries - abrasions and bruises on my arms, legs, and hips.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230623/7084

CONTINUATION OF REPORT

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: 23/06/2023 22:46
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236	Classification Of Case:

NP168



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 : 5133259832

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

: FBU4417X

: 07 Jan 2023

: 06 Jan 2024

: 5HD1YLKC6JC072981

: TAN HOCK GUAN, ADRIAN

Cover : Third Party, Fire & Theft

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

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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 headings.

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

EXCESS (SECTION 1)

EXCESS (SECTION 2)

N/A N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: TAN HOCK GUAN ADRIAN

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 07 Jan 2023 22:15 hrs

For INCOME INSURANCE LIMITED

Chief Executive