NATIONAL Assessment Centre	Services.	[w#[ 1 Jan'00]	EJSKU GIARLANDON		1	
Dute In: 20/05/2016 10:19	Job description		Date &Time C	Completed	Done b	7,
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TP Insurery			Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel;	Fax	1	)'
TP Panticulars Yeh No: FELI	EN TREE	, INC(	)/Non-INC			
Owner / Driver: (		,	Tel:	•	)	7
Policy No: ( ) Period	d: (	. )	Cover Type: (		<del></del>	
Confirmed by : '(		Dates	Tim		)	202.03000000
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2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	( )					
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river/Owner:		4) FT : Follow-The	rough Survey	\$12	0	
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1.2/3:		Invoice dated		Fee Charged	Estimated.	25 May 1055-1

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.
- 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 ability
- 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 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

	ACCIDENT STATEMENT
Date Of Report	20/05/2016 10:19
Date Of Accident	19/05/2016 13:05
Exact Location Of Accident	CARPARK NEAR B/115 BUKIT MERAH VIEW
Country/State of Loss	Singapore
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH3983C
Insured/Policyholder	
Name Of Registered Owner	NG BENG CHAI
NRIC No	S1344414E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96934948
Alternative Phone No	Others-96934948
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER 135 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PARKED AREA.
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Motorcycle
Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5071759884
Cover Note Number	
Driver	
Name of Driver	NG BENG CHAI
NRIC No	S1344414E
Date Of Birth	20/11/1959
Occupation	Outdoor
Date Of Driving Pass	06/04/1990
Driving Experience	26 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-96934948

Others-96934948

NOEMAIL

Address

BLK 1 TELOK BLANGAH CRESCENT

#10-604

Postcode

090001

Owner

Was driver an employee of the Insured's Company No If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Unknown - DAMAGE BY FELLEN TREE

Weather Conditions

Clear

Road Surface

Dry

Other Information

Was any foreign vehicle involved in this accident?

No

Was any body injured in the Accident?

No

Was any other material or property damaged?

Yes

Was there any video captured by Car Camera? Number of Passengers (Including Driver)

No 0

**Details of Police Action** 

Was the accident reported to the police?

Yes

If Yes, Please state which Police Station

Police Station Name

Bukit Merah West Npc

Police Station Address

ROAD: 500 Bukit Merah View #01-01, POSTCODE: 159682, COUNTRY:

Singapore

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

No

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : D/20160519/2101

Are accident photos available for attachment?

Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

**FELLENTREE** 

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number

Email Address

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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. 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.
- 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)

View .

Lunderstand, 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disblose 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 alted outside of Singapore, for one or more of the above Purposes.

QY \ .	( 20 5 7
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date  & Time  Witnessed by Reporting Centre Personnel
Sketch Plan	The second control of
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Carpark ne	ar A-FBH3983c great.
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R/112 BULL	Merah B- Fellen Tree

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We declare the foregoing, particu	lars are true in every respect.		10000	15/201
olicyholder's Signature Date &	Driver's Signature (if driver is not the police	cyholder) / Date	Witnessed by Reporting Cent	
me	& Time		Personnel	





1 of 2

Report No. D/20160519/2101

### POLICE REPORT (NP299)

Police Station Of Origin Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

Date/Time Report Made 19/05/2016 20:09	Vide Report No. D/20160519/0060			Station Diary No. 88	
Name Of Informant NG BENG CHAI	Address APT BLI SINGAP	SCENT #10-604			
ID Type / ID No. NRIC NO / S1344414E	Contact No. Home/Office		Mobile 96934948		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
Crane operator (port)	Male 56		20/11/1959	Chinese	
Institution/School Name	Language				
Date/Time Of Incident 19/05/2016 13:05 - 19/05/2016 13:05	Location Of Incident Carpark near B/115 Bukit Merah View				

#### Brief details.

On 19/05/2016 at around 1050hrs, I had parked my motorcycle FBH3983C in parking lot no.2 at the carpark next to B/115 Bukit Merah View. After which, I proceeded to meet up with a friend at the wet market. On the same day at around 1305hrs, I was seated in the market while facing the carpark when I noticed a tree had fallen to the ground. I then went out to make a check and discovered that the fallen tree had landed onto my parked motorcycle and caused it to fall over onto the motorcycle parked next to mine. The incident had caused parts of my motorcycle to be misaligned. I am lodging this report for the purpose of insurance claims.

Signature	Of	Officer	Recording	The	Report:
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D / Staff Sgt MUHAMMAD FADLEY BIN MASHWARI

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch /

Insp NG KANG RUI, DONOVAN

Contact No.: 67740000

Signature Of Informant:

Date/Time:

19/05/2016 20:09

Classification Of Case:

Authentication Stamp

SN 041

Singapore Police Force

Signature 1





Report No. D/20160519/2101

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:

D / Staff Sgt MUHAMMAD FADLEY BIN MASHWARI

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp NG KANG RUI, DONOVAN Contact No.: 67740000

Authentication Stamp

Signature :

Singapore Police Force

Signature Of Informant:

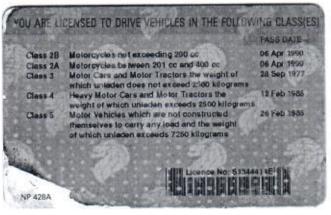
Date/Time: 19/05/2016 20:09

Classification Of Case:









<b>eBao</b> Tech									Gene	eralClaim
Hello, NAC_BUKIT_MERAH	_800676						Change La	nguage	· Change Passwo	rd + Log Ou
My Desktop	Polic	cy Query								- 9
Notice of Loss	Policy N	io.				Date of Acc	ident	19/05	/2016 13:05	
	Vehicle	No.(For Motor)	FBH3983C							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5071759884	NG BENG CHAI	S1344414E	GMC	Comprehensive	FBH3983C	FBH3983C	30/05/2015	27/05/2016

Claim Handling				
Accident MT/0901707				
Policy No.	5071759884	Vehicle No.	FBH3983C	GST Registration No.
Policyholder Name	NG BENG CHAI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96934948	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	© No € Yes	TCA	@ No C Yes	
NCD Protection	No			eCode Reason
		NCD Entitlement(%)	15	
Report Date	20/05/2016 10:52	NOTICE US AT PERCHASIANT FORMS WIT	NAME OF THE PARTY	
ag dans en mateur	28/05/2016 10:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/05/2016	Time of Accident hh:mm	13:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CARPARK NEAR B/115 BUKIT MERAH VIEW			
♥ Benefits				
♥ Excess				
Own damage Excess	300.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
GST Registered Inform	mation			
SST Registered	No		GST Registration Date	
GST Registration No.  Modification History			GST Status Verified	Yes
Housing History				
Policyholder Mailing A	ddress			
Address 1	BLK 1 #10-604	247 127		
Address 4	BCK 1 #10-004	Address 2	TELOK BLANGAH CRESCENT	Address 3
		Address Type	Singapore address	Post Code
init No.		Related Policy Number	5071759884	
Oriver Info Oriver Name	tio nend with		W019-3111-3-	
Jonamed driver Name	NG BENG CHAI	Driver Type	Main Driver	
Register Date of Driver Licens	- DCID40000	Driver NRIC	S1344414E	Driver DOB
		Driver Age	56	Driving Experience
Contact No.(Mobile)	96934948	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 1	Address 2	TELOK BLANGAH CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No. Does he own a Singapore	#10-604			
Registered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company
No. for any large				
Peclaration Breathwiyser or Blood Test	0.00	V-74000VV 200		
Reading?	0 mg	Any injury?	☐ Yes @ No	
Claim 001 OD-MX	w.			
		of company and a	promonent	
laim Type *	OD-MX +	Insured Name	NG BENG CHAI	Insured NRIC
	OD-MX   96934948			Insured NRIC
Contact No.(Mobile)	ELECTRICAL PROPERTY OF THE PRO	Insured Name Contact No.(Home) OI Vehicle Number	62766217	Contact No.(Office)
Contact No.(Mobile) mail Address	ELECTRICAL PROPERTY OF THE PRO	Contact No.(Home)		Contact No.(Office) TP Vehicle Number
ontact No.(Mobile) mail Address laim Description referred Workshop Contact	96934948	Contact No.(Home) OI Vehicle Number	62766217 FBH3983C	Contact No.(Office)
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Claim Type * Contact No.(Mobile) Imail Address Claim Description Perferred Workshop Contact No. Lequire Finalisation Date Registered Report Taken By  Print AK letter  Attachment	96934948  FBH3983C / FELLEN TREE ON 19 May 2016  Yes  20/05/2016 11:02	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	62766217 FBH3983C  Not at Fault   Preferred Workshop, Name unknown	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received
Contact No.(Mobile)  Imail Address  Claim Description  Irequire Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	96934948  FBH3983C / FELLEN TREE ON 19 May 2016  Yes  20/05/2016 11:02	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	62766217  FBH3983C  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received
Contact No.(Mobile)  Imail Address  Claim Description  Intereferred Workshop Contact  Ido.  Lequire Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	96934948  FBH3983C / FELLEN TREE ON 19 May 2016  Yes  20/05/2016 11:02  KRISHNASAMY	Contact No.(Home) DI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	62766217 FBH3983C  Not at Fault   Preferred Workshop, Name unknown	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received

