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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 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	29/11/2017 16:00
Date Of Accident	29/11/2017 13:30
Exact Location Of Accident	PSA CLUB CAR PARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM85M
Insured/Policyholder	
Name Of Registered Owner	OWYONG ZHAOKUN ALEX
NRIC No	S8535819G
Email Address	OWYONG,ALEX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98287795
Alternative Phone No	OTHERS-98287795
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MT-10-998CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO:
Policy Number	5083518151-01
Cover Note Number	
Driver	
Name of Driver	OWYONG ZHAOKUN ALEX
NRIC No	S8535819G
Date Of Birth	12/11/1985
Occupation	INDOOR
Date Of Driving Pass	25/08/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98287795
Fax Number	
Contact Number	OTHERS-98287795
EMail Address	OWYONG.ALEX@GMAIL.COM

Address

BLK 677 CHOA CHU KANG CRESCENT

#06-640

Postcode

980677

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

•

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 this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB8938H

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Name of Driver

MOHAMED NOOR

NRIC/Passport Number

Contact Number

96632460

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. 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 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 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:
 - (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.
- (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:
 - (i) 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 requirements under any regulations, laws or court orders.

Policyholder's Signature

1508 HRS

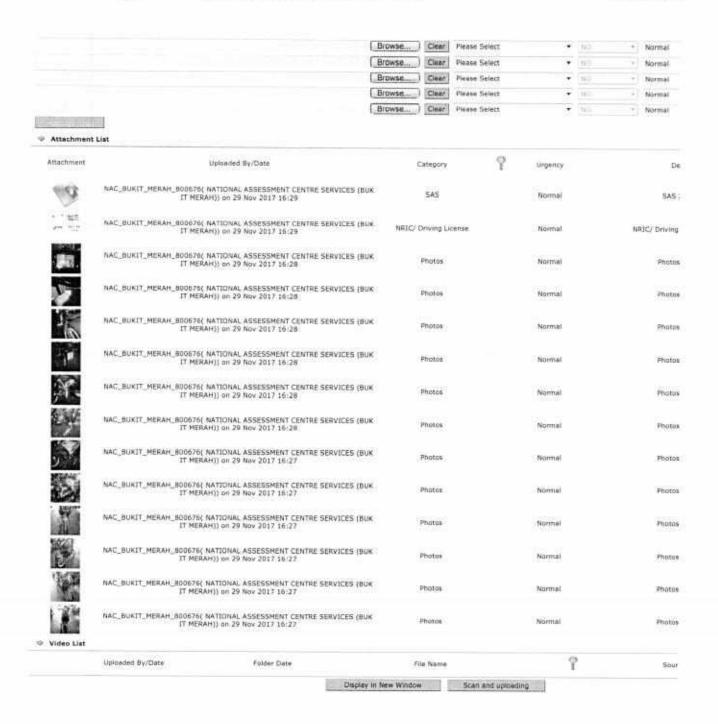
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: LOSA | LVATIANS

G888938H		
Collision	PSA CLUB	
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DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
FBM 85M Was	parted at the PSA	Club Racoack.
Gar 892M was	turn and hit the for	ant right ado no
		m to land on the tarmac.
	W. C.	and the contract of the contract of
DECLARATION I/We declare the foregoing particular	s are true in every respect.	
		N 0/1/2012
Jan -		91111201+
Policyholder's Signature Date & Time: 20 NOV 2017	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: ROB & WARDING
1511 Has	Date of Times	

SKETCH PLAN

Accident MT/0971698					
Policy No.	Empotables on				
	508351#151-01		Vehicle No.	FDM85M	GST Registration No.
Policynoider Name Product Code	OWYONG ZHADKUN ALEX				Policyholder NRFC
Contact No.(Mobile)	MOTORCYCLE INSURANCE 98287795		Cover Type	Third Party, Fire & Theft	Loading
Email Address	96267795		Contact No.(Office)		Contact No.(Hume)
FK	® No Yes		Special Remark		eCode
CD Protection			TCA.	⊕ No. Yes	eCode Reason
Accident Details	No		NCD Entitlement(%)	20	
eport Date	20/11/2017 16:33		WORK THE STREET	tani	CANDOO SERVICO
ate of Accident	29/11/2017 16:23		Accident Report Within 24 firs	Yes	Acodest Type
aporting Centre	29/11/2017		Time of Accident hhomm	13:30	Country of Atcident
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D Benefits	PSA CLUB CAR PARK				
Excess					
vn damage Excess		.00	Additional Excess		With the court
named Driver Excess		100			Windscreen Excess
and Party Excess		.00	Outside Singapore DD Excess		
GST Registered Inform			Outside Singapore TP Excess		
T Registered	No			GST Registration Date	
5T Registration No.	1.000			GST Status Verified	Yes
odification History				CONTRACTOR OF STREET	-248
Palicyholder Mailing A	ddress				
ddreas 1.	BLK 677 #06-640		Address 2	CHOA CHU KANG CRESCENT	Address 3
litress 4			Address Type	Singapore address	Post Code
nit No.	06-640		Related Policy Number	5083518151-01	
OI Driver Info					
nver Name	OWYONG ZHAOKUN ALEX		Driver Type	Main Driver	
nnamed driver Name			Driver NRIC	S8535819G	Driver DOB
egister Date of Driver Licens	e 30/08/2011		Driver Age	32	Driving Experience
intact No.(Mobile)	98287795		Contact No.(Office)		Contact No.(Home)
ddress 1	BLK 672 #06-640		Address 2	CHOA CHU KANG CRESCENT	Address 3
Idress 4			Address Type	Singapore address	Post Code
nit No.	06-640				
oes he own a Singapore egistered car?	Yes (II-No		Onver Vehicle No.	FBMBSM	Oriver Insurer Company
claration wathalysier or Blood Test					
eading?	0 mg		Any injury?	Yes @ No	
	w				
Claim 901 OD-MX Ne	. 100		Intered Name	Franchist Theory to 41 Po	
Claim 001 OD-MX Ne	ор-мх	Ţ	Insured Name	OWYONG ZHADKUN ALEX	Insured MRIC
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DETAILS OF VEHICLE O)VEHICLE NUMBER: FBM 85 M DINSURANCE COMPANY: NTUC INCOME. O)POLICY NUMBER: SOBJE 151 - O1 O)POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / (FIRD PARTY FIRE &THEF)] O)MAKE & MODEL: YMNAHA MT - 10 ()TYPE: (SALOON / COUPE / MPV / V AN / LORRY / (FIRD PARTY FIRE &THEF)) O)WHICLE CATEGORY; (FIRME / COMMERCIAL / MOTORCYCLE) H)PURPOSE OF USING AT ACCIDENT TIME: PARYED STATIONE PY I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) I) AND PLEASE STATE (FIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: ONNON'S ZHROWN ALEX D)NRIC/FIN/PASSPORT: STATE ONLY CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: ON STATE OF BIRTH: (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: (C) ADDRESS: BLY GOOD ONLY O)NRIC/FIN/PASSPORT: CONTACT: (C) ADDRESS: D)NAME: ONLY O)NRIC/FIN/PASSPORT: CONTACT: (C) ADDRESS: D)NAME: ONLY O)NRIC/FIN/PASSPORT: CONTACT: O)NRIC/FIN/PASSPORT:		ATE: (29/1)				13. 2	_HH:WW	n į
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email = OWYONG. ALEX @QMAIL. COM
fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8535819G





OWYONG ZHAOKUN, ALEX

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CHINESE

Date of Hirth 12-11-1985

M

Country/Place of birth SINGAPORE



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Date of masse 23-11-2015

APT BLK 677 CHOA CHU KANG CRESCENT #06-640 SINGAPORE 680677

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Class 2 Montreycles > 400 CC
Class 3 Montreycles > 5600 kg with =< 7 passengers, exclusive of the driver; and motor fractors/vehicles >< 2500 kg

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