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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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 aforesaid.

55. 类型中 国国际 教育现在第二次是16.50年的	ACCIDENT STATEMENT
Date Of Report	16/01/2018 10:11
Date Of Accident	16/01/2018 08:40
Exact Location Of Accident	DAWSON RD CAR PARK NEAR BLK 88
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK801Z
Insured/Policyholder	
Name Of Registered Owner	TAN KIAN LIONG DEREK
NRIC No	S8507089D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94507446
Alternative Phone No	OFFICE-94507446
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MT07
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 your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5096821470
Cover Note Number	
Driver	
Name of Driver	TAN KIAN LIONG DEREK
NRIC No	S8507089D
Date Of Birth	27/02/1985
Occupation	INDOOR
Date Of Driving Pass	13/09/2007
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94507446
Fax Number	
Contact Number	OFFICE-94507446

NOEMAIL



BLK 88 DAWSON ROAD Address

#29-35

142088 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 COLLIDED INTO MOTORCYCLIST

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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

SH7582Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

KOH KHOON LEONG

NRIC/Passport Number

S1709865I

Contact Number

96436964

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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>.
- 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.
- 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.
- 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)

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARANG SketchPlanForm_V3



	88 Dawson Road.
Carport Gantaj ET	
	B D Ao

As I am going to exit the car park of block 88 Dawson Novel
As I am going to exit the car park of block 88 Dawson Novel, taxi SH 7582 Z suddenly stopped and reversed into me and
knowled into my notorcycle.
My moto As a result, my motorcycle and mycelf fell-
Motorcycle front fender cracked and damaged, right side unirror, exhaust, right pillion footpey and top box all suffered scratches.
exhaust, right pillion footpey and top box all suffered scratches.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8507089D





TAN KIAN LIONG, DEREK



Race CHINESE

Date of birth 27-02-1985

Country/Place of birth SINGAPORE



5462719



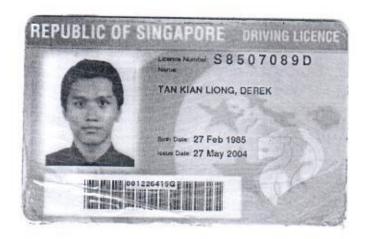


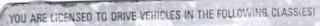
14-10-2015

APT BLK 88 DAWSON ROAD #29-35 SINGAPORE 142088

NRIC No: \$85070890

Date: 27/02/2017





PAGS DATE

Class 2B Motorcycles =< 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class 3 Motorcycles > 400 CC
Class 3 Motor cars =< 3,000 kg with =< 7 passengers, esclusive of the driver; and motor tractors/vehicles =< 2500 kg

S/No. 9000120933

\$8507089D

Licence No; \$8507069D

NP 428A

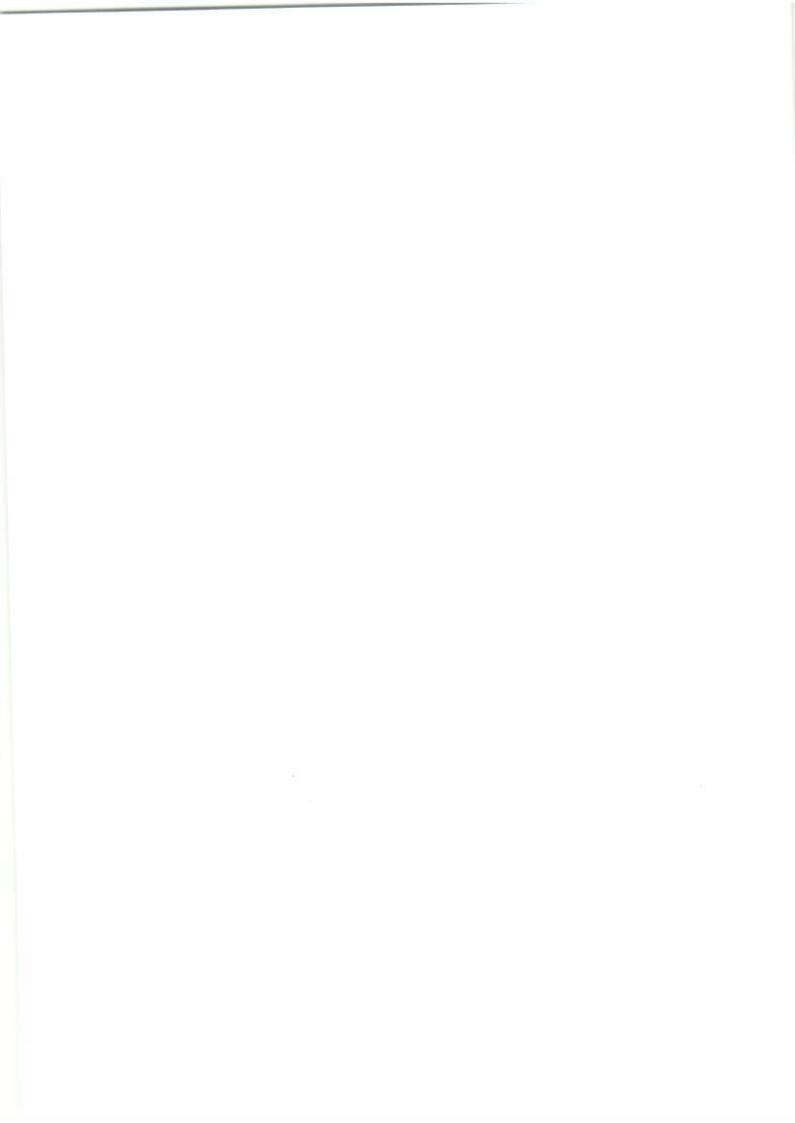


eBao Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	· Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo,				Date of Acci	dent	15/01	1/2018 08:40	
	Vehicle	No.(For Motor)	FBK801Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096821470	TAN KIAN LIONG DEREK	S8507089D	GMC	Third Party, Fire & Theft	FBK801Z	FBK801Z	19/12/2017	31/03/2019
						Continue				



Sequence	Date of Endorsement	Endorsem	ent Type	Endorsement Status	Endorsement Content
Endorse	ments				
Insured	Object: FBK801Z				
Init No.		Related Policy Number	5096821470		
ddress 4	SINGAPORE 142088	Address Type	Singapore address	Post Code	142088
Address 1	BLK 88 #29-35	Address 2	DAWSON ROAD	Address 3	SKYVILLE @ DAWSON
O Policyho	older Mailing Address				
Certificate Info					
Open Policy Info					
nsurance Flag	No				
Agent Co-	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	10 mm (2000)
Policy issue Date	18/12/2017	Effective Date	19/12/2017 00:00	Expiry Date	31/03/2019 23:59
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Address	BLK 88 #29-35 DAWSON ROAD	SKYVILLE @	DAWSON SINGAPOR		
	5096821470	Policyholder Name	TAN KIAN LIONG D	DEREK Policyholder	S8507089D

Continue Cancel



Accident MT/0978206					
Policy No.	5096821470	Vehicle No.	FBK801Z	2 <u>0003</u> 00000	
Policyholder Name	TAN KIAN LIONG DEREK			GST Registration No.	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Contact No. (Mobile)	94507446	Contact No.(Office)	0	Loading	
Email Address		Special Remark		Contact No.(Home)	
KFK.	@ No Yes	TCA	10.20	eCode	
NCD Protection	No		(No Yes	eCode Reason	
 Accident Details 		NCD Entitlement(%)	20	Private Hire	No
Report Date	17/01/2018 10:37	Transport (Section Married	50.00 V/100		
Date of Accident	16/01/2018	Accident Report Within 24	4 hrs Yes	Accident Type	Colli
Reporting Centre	1000 178018	Time of Accident hh:mm	08:40	Country of Accident	Sing
Accident Location	DAWSON RD CAR PARK NEAR BLK 88	Orange Force		ICM No.	and a
⇒ Benefits	DATES ON RD CAR PARK NEAR BLK 88				
© Excess					
Own damage Excess					
Unnamed Driver Excess	0.00	Additional Excess		Windscreen Excess	
Third Party Excess		Outside Singapore OD Exc	ess	www.creen.cxcess	
	0.00	Outside Singapore TP Exce	255		
GST Registered Info	rmation				
GST Registered GST Registration No.	No		GST Registration Date		
Modification History			GST Status Verified	Yes	
The second of th				100	
Policyholder Mailing	Address				
Address 1					
Address 4	BLK 88 #29-35	Address 2	DAWSON ROAD	Address 3	
	SINGAPORE 142088	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5096821470	POST CODE	
OI Driver Info					
Driver Name	TAN KIAN LIONG DEREK	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	58507089D	Driver DOB	
Register Date of Driver Licen	ise 13/09/2007	Driver Age	32		
Contact No. (Mobile)	94507446	Contact No.(Office)	0	Driving Experience	
Address 1	BLK 88	Address 2	DAWSON ROAD	Contact No.(Home)	
ddress 4		Address Type	Singapore address	Address 3	
Init No.	#29-35			Post Code	
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.	20		
				Driver Insurer Company	
eclaration		10 2000			
reathelyser or Blood Test	0 mg	Arms Indiana?			
reathelyser or Blood Test	0 mg	Any injury?	Yes @ No		
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ectaration reathalyser or Blood Test eading? odification History	0 mg	Any injury?	Yes @ No		
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