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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 1. 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.
- 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.
- 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

· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT
Date Of Report	05/02/2018 14:53
Date Of Accident	05/02/2018 07:10
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF7548K
Insured/Policyholder	
Name Of Registered Owner	CHUA LEONG HENG (CAI LONGXING)
NRIC No	S7902158Z
Email Address	DESMOND.CHUALH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81133242
Alternative Phone No.	OTHERS-81133242
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5056679287-05
Cover Note Number	
Driver	
Name of Driver	CHUA LEONG HENG (CAI LONGXING)
NRIC No	S7902158Z
Date Of Birth	29/01/1979
Occupation	INDOOR
Date Of Driving Pass	22/11/2001
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81133242
Fax Number	

OTHERS-81133242

DESMOND.CHUALH@HOTMAIL.COM

Address

BLK 442 YISHUN AVENUE 11

#10-14

Postcode

760442

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

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

SGX3969B HONDA

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

PRIVATE HIRE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

05/02/2013 Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

ALONG MULG MO KIO AVE ! SKETCH PLAN BISHOW A) \$B\$ 7548X B/ SGX 3969B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 05/20/2018 AT ABOUT 07:10HRS I WAS TRAVELLING ALONG ANG MU KIO AVAMUE TOWARDS TRAFFIC WAS HEAVY BISHAM WAS A CAR 89×3969B WHICH WAS STATIONARY SO I GHUA SIGNAL 9 PROCKED TO LONE STOP AFTER AFTEN SECOND JARKE FROM MY RHALL 1 COOK . BACK SAW A CAR DN 70 RHAR OF MY BIKK came BOWN WHEN 76/16 WE EXCOLAGE COMPACT MOUK OFF upon Properting MK TUTA1 HIB CARL NUMBER my BODEO MARTINE 7 WILL CONTACT HK TOUD Hem M4 24 A WANDED CLAM AGAINST ME BACAUPY SW12K4 CARLY THAT ALC DECLARATION I/We declare the foregoing particulars are true in every respect. 05/02/2018 Policyholder's Signature Reporting Centre Personnel's Signature Driver's Signature Date & Time: (If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

Claim Handling					
Accident MT/0981064					
Policy No.	5056679287-85	Mathiela Mi	automotics .		
Policyholder Name	CHUA LEDAG HENG (CAT LONGXING)	Vehicle No.	FHF7548K	GST Registration No.	
Product Code	MOTORCYCLE INSURANCE	Cover Type	The state of the s	Policyholder NRIC	
Contact No.(Mobile)	81133242	Contact No. (Office)	Third Party, Fire & Theft	Luading	
Email Address		Special Remark		Contact No.(Home)	
KFK	@ No Yes	TCA	⊕ No. Yes	eCode	- 17
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
19 Accident Details		The thirth and the	1.20	Private Hire	Mo
Report Date	N5/02/2018 19:02	Accident Keport Within 24 fire	Yes		
Date of Accident	05/02/2018	Time of Accident http://mm		Accident Type	Callision
Reporting Centre			87:19	Country of Accident	Singapore
Accident Location	ASONG AND HO KID AVENUE I	Orange Force		TCM No.	
♥ Benefits					
♥ Excess					
Own stamage Excess:	0.00	Additional Excess			
Unnamed Driver Excess		Outside Singapore CO Excess		Windscreen Excess	
Third Party Excess	0.00				
GST Registered Inform		Outside Singapore TP Excess			
GST Registered	No		OFT TO STATE OF THE STATE OF TH		
GST Registration No.	- 1000		GST Registration take GST Status Verified		
Modification History			OST Status vermen	Yes.	
Policyholder Mailing Ar	ddress				
Address 1	33 YISHUN STREET SI	Adduse 2			
Address 4		Address 2	#06-17 SIGNATURE AT FISHUN	Address 3	
Unit No.		Address Type	Singapore address	Fost Code	
OI Driver Info		Related Policy Number	5056679287-05		
Driver Name	CHUA LEONG HENG (CALLONGXING)	Driver Type	Mala Barra		
Unnamed driver Name		Driver NIGC	Main Driver 579021582	46.007.7.7.7.6.44.41	
Register Date of Oriver License	02/02/1998	Driver Age	39	Driver DOB	
Contact No.(Mobile)	81133242	Contact No.(Office)	元(7)	Driving Expérience	
Address 1	33 VISHUN STREET 51	Address 2	400.37.5105.27.00	Contact No.(Home)	
Address 4		Address Type	#00-27 SIGNATURE AT YESHUN	Address 3	
Unit No.		Provided and Admit	Singapore address	Post Code	
Does he own a Singapore . Registered car?	Tes © No	Driver Vehicle No.	FBF7546K	The state of the s	
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Breathalyser or Blood Test	William				
Reading?	0 mg	Any argury?	Yes G No		
Modification History					
Augustana Tabus					
Claim 001 New					
Claim Type +	OD-MX •	Insured Name			
Contact No.(Mobile)	81133242	Contact No (Home)	CHUA LEDNG HENG (CAI LONG)	Insured NRIC	
Email Address	pohtheresa.rmg@gmail.com	274 199 199 199 199	NIL.	Contact No. (Office)	
Cleim Description	FBF7548X / SGX3969B GN 5 Feb 2018	OI Vehiclé Number	FBF7548X	TP Vehicle Number	
Preferred Workshop Contact	MINESTER MIN 3 110 2010			Name of Preferred Workshop	
No. Require Finalisation	Vac	Insured Liability *	Not at Fault +		
Require Finalisation	Yes •	Preferend Repair Option	Preferred Workshop, Name unknown	<ul> <li>GIA report</li> </ul>	
Date Registered	05/02/2018 19:04	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
Print AK letter					
Attachment			Save Submit		
Antosamana Mari					
Accident No.	MT/0981064	Claim No.	221		
ant Doc. Received	Yes C No	Upload Date	001		
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	Path *	Browse,	Category •  Clear Please Select	Confidential Urgency Normal	51



### A: CCIDENT' STATEMENT

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	elMAKE & MOD	DEL: YMMA	HH YPH	KK 135		
	()TYPE:(SALOO)	Y/COUPE/M	PV/VAN/L	ORRY / MOIC	PRCYCLE.	OTHERS)
	g) VEHICLE CAT	EGORY: (PRIVA	ME / COMM	ERCIAL / MO	ORCYCL	Pic
	h)PURPOSE OF	using at acc	CIDENT TIME:	corus	W MA	10th
	I) ARE YOU CLA	IMING UNDER	YOUR OWN	INSURANCE (	YES/NOT	
M	IF NO, PLEASE	() [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	240			
2.,	INSURED / POU	CY HOLDER	HEALS	(cal love	(XIMA)	EELAATET
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(T)	c ADDRESS:			MAN EN NOT A SE		
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	IF YES, PLEAS		POLICE ST	ATION:		
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170 of hotelouitar	o) VEHICLE P	IUMBER:	- 0 1 - 1		156	
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flo of personger	a) DRIVER'S	NAMEI				1 1
Induding driver	) I) HRIC. FR	NAMEI PASSPORTI	700 (10 TWO)	co	NTACT:1	
( )	mount ov to see out to	(4				

email : desmond-cHuarH @ Hormanc. Com

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7902158Z





CHUA LEONG HENG (CAI LONGXING)

蔡隆兴 Hace CHINESE

Date of neth

29-01-1979 M Country of both SINGAPORE

08-10-2012

Address APT BLK 442 YIBHUN AVENUE 11 #10-14 SINGAPURE 760442

4139251





# VOCATIONAL LICENCE

Licence No: S7902158Z

Name : CHUA LEONG HENG

Issue Date : 3/9/2010

Please visit www.lta.gov.sg to check the status of this vocational licence

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Service Services S7902158Z

CHUA LEONG HENG (CAL LONGXING)

Both Date: 29 Jan 1979



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Туре	Description	Issue Date
03	BUS VL	04/09/2008
02	TAXI VL	03/09/2010
04	BUS ATTENDANT	04/09/2008



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

### PASS DATE .

Class 2B	Motorcycles - 200 CC
Class 2	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the
CIRS 3	The state of the s

Heavy motor cars and motor tractors > 2500 kg Class 4

Motor vehicles > 7250 kg not constructed to carry any load

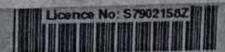
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				1	Continue				