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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.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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.

A CONTRACT OF THE PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	05/02/2018 19:43
Date Of Accident	02/02/2018 18:05
Exact Location Of Accident	ALONG AYE TOWARDS CITY BEFORE EXIT 11
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD5680J
Insured/Policyholder	
Name Of Registered Owner	CHOY HOONG DAMIEN
NRIC No	S9415675J
Email Address	DAMIENCHY2@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90661925
Alternative Phone No	OFFICE-90661925
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR150R-150CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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
Fleet Policy	NO
Policy Number	5060766597-04
Cover Note Number	
Driver	
Name of Driver	CHOY HOONG DAMIEN
NRIC No	S9415675J
Date Of Birth	30/04/1994
Occupation	INDOOR
Date Of Driving Pass	19/06/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90661925
Fax Number	Control of Control of the Control of the Control of Con

OFFICE-90661925

DAMIENCHY2@HOTMAIL.COM

Address

BLK 111B DEPOT ROAD

#23-107

Postcode

102111

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

3

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

10

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLIUCE REPORT T/20180205/2117

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

SJP4242P

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEE GUAN CHOONG

NRIC/Passport Number

Contact Number

97482242

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

CHOY HOONG DAMIEN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBD5680J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

Page 3 of 26

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.
- 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.
- 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
- 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

Ũ

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

Date & Time:

Reporting Centre Personnal's Signat

Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

Date & Time: 050218





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

1 of 3 Report No. T/20180205/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 05/02/2	me Report 018 16:16	Made:	Vide Report No.:	Station Diary No.:	
Informant's Particulars		ulars		69	
Name of CHOY I	f Informant		Address: APT BLK 111B DEPOT	ROAD #22 107 SING 177	
NRIC N	/ ID No.: O / S94156	75J	APT BLK 111B DEPOT ROAD #23-107 SINGAPOR Contact No.: Home/Office:		
National SINGAP	ity: ORE CITIZ	EN	Email:	Mobile: 90661925	
Sex: Male	Age:	Date of Birth: 30/04/1994	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: STUDENT			Driving Licence Informati Class: 2B	CMII	

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:		Type of Location
Location: Along Road 1		No	02/02/2018 18	:05	Straight Road
AYER RAJAH	EXPRESSWAY				
Almon Aller T					
· · comer.	wards City, before				
Drizzling	wards City, before	exit 11. Road Surface: Wet		Road	d Speed Limit:
Drizzling Traffic Flow:		Road Surface: Wet			d Speed Limit:
Drizzling Traffic Flow: Dual Carriage Type of Collision	Way	Road Surface: Wet Traffic Control: Not Controlled			ic Volume:

Vehicle No.	Туре	Make	The state of the s			
FBD5680J	Motorcycle		Model	Color	Condition	No of Passenge
	Wolorcycle	HONDA	CBR150R M	Black	Seriously	0
SJP4242P	Car	HONDA		_	Damaged	(ATC) (A
				Grey	Slightly	0

	ehicle Insurance Insurance Company			
FBD5680J	NTUC Income Income	Insurance No	Effective	Evolet Det
DD3080J	NTUC Income Insurance Co-Operative	5060766597-04	29/04/2017	28/04/2018





2 of 3

Report No. T/20180205/2117

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Perso	n involved				1	
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Rider						
Name	CHOY HOONG DAMIEN			ID No	50	S9415675J
Related Vehicle	FBD5680J (Motorcycle)			Conta	ct No.	90661925
Hospital/Clinic	SHALOM CLINIC &	OM CLINIC & SURGERY Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: 05/02/2018		
Date Treatment	05/02/2018		Date Disch	te Discharge 05/02		/2018
No. of Days gran	ted Medical Leave	03	Degree of			
Driver						
Name	YEE GUAN CHOON	IG		ID No	*:	NIL
Related Vehicle	SJP4242P (Car)			Contact No.		97482242
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	injury	NIL	

Brief Details.

On 02/02/2018 at about 1805hrs, I was riding my bike, registration number FBD5680J, along AYE towards City, near to exit 11B, travelling at the extreme right lane. During that point of time, the weather was drizzling, road surface was wet and the traffic volume was heavy. There was a grey car which was in front of me about two car length. Suddenly, the said car signaled left and switched lane at the same time. I tried avoiding by swerving a bit to the left. However, I could not avoid completely and hit on to the rear left of the said car. I fell to my right and my right leg was pinned by the bike and it causes me to skid forward few metres.

The driver stopped but did not assisted me. We managed to exchanged particulars. I suffered abrasions on my right elbow, right hip and right knee due to the accident. I was given MC for 3days.





3 of 3

Report No. T/20180205/2117

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Rec D / Staff Sgt NOORHIDAYA	1	Signature Of Informant:
Signature Of Interpreter: Not applicable	1	Date/Time: 05/02/2018 16:16
Officer In Charge Of Cas TP / AEIT / SI DZUL HAIRIE BIN RA Contact No.: 65476904	AMLI	Classification Of Case:
Authentication Stamp NP168	POLICE FORCE	IATURE

Cialm nandling					
Accident MT/0981080					
Policy No.	5060766597-04		Vehicle No.	FBD5680)	GST Registration No.
Palicyholder Name	CHOY HOONG DAMIEN				Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE		Cover Type	Third Farty	Loading
Contact No.(Mobile)	90661925		Contact No (Office)		Contact No.(Home)
Small Address			Special Remark		eCnde
KFK.	III No. Yes		TCA	Gr-Nor Yes	eCode Reason
NCD Protection	No		NCD Entitlement(%)	20	Private Hins
Accident Details					
Report Date	65/02/2018 20:02		Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/02/2018		Time of Accident hh:mm	18:05	Country of Accident
Reporting Centre			Orange Force		ICM No.
Accident Location	ALONG AVE TOWARDS CIT	TV BEFORE EXIT II	7.5000#7.05X838		30-27(194)
♥ Benefits	caman are a secondario	LE SOLONO SE SOLO ME			
♥ Excess					
Own damage Excess		0.00	Additional Excess		MARKALI LINES PROGRAMT
		0.00			Windscreen Excess
Unnamed Oriver Excess			Outside Singapone CD Excess		
Third Party Excess	aller.	0.00	Outside Singapore TP Excess		
GST Registered Inform	A11.000				
GST Registered GST Registration No.	No:			GST Registration Date	222
Modification History				GST Status Venified	Yes
Policyholder Mailing Ad	dress				
Address 1	BUX 1118 #23-107		Address 2	DEPOT ROAD	Address 3
Address 4	SINGAPORE 102111				
	23-107		Address Type	Singapore adoress	Post Code
Unit No. OI Driver Info	23-107		Reliefed Policy Number	5080766597-04	
Driver Name	CHOY HOONG DAMIEN		Water 1-4000	Main Driver	
Unnamed driver Name	LINUT HUMBO DAPITAN		Oriver Type Driver NRIC	594136733	Driver DOB
Register Date of Driver License	10/06/2013				
			Onwer Age	23	Driving Experience
Contact No.(Mobile)	90861925		Contact No.(Office)		Contact No.(Home)
Address I	BLK 1116 #23-107		Address 2	DEPOT ROAD	Addrese 3
Address 4	SENGAPORE 102111		Address Type	Singapore andress	Post Code
Unit No. Does he own a Singapore	23-107				
Registered car?	Yes @ No		Oriver Vehicle No.	rebseaca	Driver Insurer Company
Declaration					
Breathalyser or Blood Test Reading?	0 mg		Any injury?	** Yes G-No	
Modification History					
Claim 001 New					
Claim Type *	CO-MX	*	Insured Name	CHOY HOONG DAMSEN	Insured NRIC
Contact No.(Mobile)	90034034		Contact No.(Home)	62718062	Contact No. (Office)
Email Address			Of Vehicle Number	F805680)	TF Vehicle Number
	ERRESON VENOVANIANIAN	2 Feb 2010	Or renicle manager	P8055800	- Commercial Commercia
Claim Description Preferred Workshop Contact	FBD5680) / 53P4242P ON	2.400.2010	Escapercyannees	DOWN CONTROL BY	Name of Preferred Workshop
No.	OVER THE REAL PROPERTY.		Insured Liability •	Not at Fault. *	
Require Finalisation	Yes		Preferend Repair Option	Preferred Workshop, Name unknown	 GIA report
Date Registered	05/02/2018 20:04		Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB				
report received					
77 Print AK letter				REMARKS REAL PROCESSOR	
				Saue Submit	
77 Print AK letter				Save Submit	
				Save Submit	
77 Print AK letter				Save Submit	
Print AK letter	MT/0961080:		Claim No.	Save Submit 001	
Print AK letter Attachment	MT/0981080		Claim No. Unland Date		



A CCIDENT STATEMENT

ACCIDENT DATE: (02 / Feb / 2018 (00)	MMVAAA) IME: (1/2. 107) (HH:WW)
LOCATION: Along AYE Tunande City	72 1973 NO NO NO NO
to annon-	
1. DETAILS OF VEHICLE	3 T
OJVEHICLE HUMBER: FRD 56	£0]
BINSURANCE COMPANY: NTUC	Interne
OPOLICY NUMBER	
dIPOLICY TYPE: (COMPREHENSIVE /	THIRD PARTY THIRD PARTY FIRE ATHEFT
ALMAKE & MODELL (BR 150R	
()TYPE: (SALOON / COUPE / MPV /V A	AN / LORRY /MOTORCYCLE/ OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL (MOTORCYCLE)
HIPURPOSE OF USING AT ACCIDENT	TIME: traing home
I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY C	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AINAME: Domen Chay How	
DINRIC/FIN/PASSPORT: 34416675	
Singuent 102111	129.141
CONTINUE TO 3. d IF DRIVER ALSO	POLICY HOLDER
ACCOMPANIES OF THE PROPERTY OF	У.
The state of the House	MALEY FEMALE
Including driver) bINRIC/FIN/PASSPORTI 544156	
	23-107
Swappert 102111	
+d)DATE OF BIRTH: 130 04/14	94 JOD/MM/YYYY)
FOCCUPATION: (INDOOR / OUTDO	OOR)
HOATE OF DRIVING PIRSS	19 Jun 1813 "HE INSURED'S COMPANY? (YES / 19)
4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY I (1407)
IF NO, RELATIONSHIP OF THE DE	RAINING /OTHERS Drizzling
b) ROAD SURFACE! (DRY /WE) / OT	
6. WAS ANYBODY INJURED (YE) / NO	1
- INTERPORTED TO BOLICE (YES)/ NO	The state of the s
IF YES, PLEASE STATE WHICH POLICE	DESTATION: Queenstean Melic
B. THIRD PARTY VEHICLE	
No of passinger of VEHICLE NUMBER: 5JP42	
Including delivery b) DRIVER'S NAME: 188 VIN	on Chasny CONTACT: 9778229
, C) NRIC/FIN/FASSPURI	CONINGII
() P. THIRD PARTY VEHICLE	MODEL
No of personary of DRIVER'S NAME!	
	CONTACT
Including driver) 1) HRIC = N/PASSPORTI	And the second like the second and t
	10 a 10
EDWOTEN.	
W2 55-	8 A A
1	1 0 01 1

email: damienchy 2 @hotmail.com : fax = VIOEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9415675J





CHOY HOONG DAMIEN



鴻

CHINESE 30-04-1994 Country of birth

SINGAPORE





4423582



NNC No. S9415675J



30-05-2009

APT BLK 1118 DEPOT HOAD #23-107 SINGAPORE 102111

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc

19 Jun 2013



eBao Tech			the transfer of the state of the				GeneralClaim			
Hello, NAC_BUKIT_MERAH	_800676						Change La	nguage '	Change Passwor	d • Log Out
My Desktop	Poli	cy Query								- 9
Notice of Loss	Policy !	No.				Date of Accident		02/02/	2018 16:57	
	Vehicle	No.(For Motor)	FBD56803							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	83	5060766597-04	CHOY HOONG DAMIEN	59415675)	GMC	Third Party	FB05680)	FBD56803	29/04/2017	28/04/2018
					0	Continue				



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Aaffles Quay #18-00 Singapore 048580

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: \$6650020d / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		14	ADDEN	DUM		
(A)	PARTICULARS OF	PERSON MAKING	THEAMENDMEN	TS:		
		· MriAyis	0 0		ition No: FBO 56	SO T
	Name(as shownin NA	-M 11 14	MIG DOMIKA	r a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		THE RESERVE TO STATE OF THE PARTY OF THE PAR	*) Please delete as:	NRIC/FIN/Passo	ortNo : <u>\$941</u>	56/3
	Address		Tritonic delete as:	appropriate		
		1			9066/925	ore(
	Contact (Tel)	1		Mobile No. ;	10061723	-10.55
	Email Address	:- / /				
	Date of Accident	: 08/08/20	sld .	Time of Acciden	t: 18'05	
	Place of Accident	: Alonet	OYK Town	/	Exfort hx17	1/
	Insurance Compa	ny: UNC	,			
101	A POLYTONIAL INC.	DRMATION AME	2012			
	JUSKR7	INTURY PA	RSONAL (MSURGS)		
	=======			12		
					To the second	
				an		11
	Policyholder / Driv Date:	er's Signature		Reporting Ce Name: NRIC/FINNo.; Date:	Rodd WM	pature MS
	Beet to me				05/01/20	



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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580

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	N ADD	DENDUM
(A)		
	CILAL HOLLS	-01 Vehicle Registration No: FB0 5680 J
	Name (185 shown in NRIC): CHOY HOULY DE	AMILY NRIC/FIN/Passport No : S94/5675J
	venicle brivery venicle Owner) (*) Please dele	te as appropriate
	Address :	Singapore
	Contact (Tel) ;	Mobile No.: 90661955
	Email Address :	
	Date of Accident : ONOV DOLE	Time of Accident: 18:05
	0150	NOWAKOS CITY BEFORE FIXIT 11
	Insurance Company: Muc	rations city butterest if
	ADDITIONALINFORMATION AMENDMENTS:	
	I have made a report on the above mentioned accident and would like to include additional information or	
	a a	
	INSWEAD ADDRESS TO DEPOT	ROAD
		595
	4	
	54	an
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature
	2000	Name: ROLL WORLD
	Water Programme	Date: 06/08/20CF
		THE PERSON OF TH