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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 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

sforesaid.	
Sometimes of the last of the l	ACCIDENT STATEMENT
Date Of Report	23/03/2018 09:09
Date Of Accident	23/03/2018 05:15
Exact Location Of Accident	JUNCTION OF BEDOK NORTH RD/BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW8948J
Insured/Policyholder	
Name Of Registered Owner	YU ZHAN TRANSPORT SERVICES
Co Reg No	52866782C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83824985
Alternative Phone No	OFFICE-83824985
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used a time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
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	5046632049-07
Cover Note Number	
Driver	
Name of Driver	CHUA PENG HONG
NRIC No	S1142483Z
Date Of Birth	15/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83824985
Fax Number	
Contact Number	OTHERS-83824985

NOEMAIL

Address

BLK 40 BEO CRESCENT

#05-18

Postcode

160040

Was driver an employee of the Insured's Company YES

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

COLLIDED INTO MOTORCYCLIST

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

Was any body injured in the Accident?

NO

NO

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?

NO

If Yes Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

ON 23/03/2018 AT ABOUT 05:15 I WAS TRAVELLING ALONG BEDOK NORTH ROAD AND WANTED TO TURN LEFT TO BEDOK NORTH AVE 1 AT THE SLIP ROAD TO BEDOK NORTH AVE 1 THE RIDER OF FJ1824J MAKE A SUDDEN BRAKE AND I DID HAVE ENOUGH TIME TO STOP AND BANG AT THE REAR OF THE RIDER AND HE FELL.WE STOP AT THE SIDE ROAD AND EXCHANGE PARTICULARS THAT ALL

### 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

FJ1824J

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

ANG KOK LEONG

NRIC/Passport Number

S7119766B

Contact Number

90086725

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.
- 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.

PT 3815 ST14 For 8691 Policyholder's Signature Date & Time:

U CIVAN TRANSPORT SERVI short Baros German Post Pro Box 152 Shigadore

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

Reporting Centre Pa Name:

NRIC/FIN No.:

#### DECLARATION

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

Bukit Batok Central Post Office P.O. Box 152, Singapore 916509

HP 9819 9114 Fax: 8899 29 LS

Policyholder a Signature it pt @vehoc.co - Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: | Cofd | World 3

#### Claim Handling Accident MT/0987309 Paticy No. 5046632049-07 Vehicle No. GW8948J GST Registration No. Policyholder Name YU ZHAN TRANSPORT SERVICES Policyholder:NRSC Product Code COMMERCIAL VEHICLE INSURAL Cover Type Third Party, Fice & Theft boading: Contact No.(Mobile) #3#249RS Contact No. (Office) Contact No.(Home) Email Address Special Remark KFK S No TEA No. Yes eCode Reason NCD Protection NCD Entitlement(%) Power Hire No: Accident Details Report Date 23/03/2018:10:18 Accident Report Within 24 hrs Accident Type Collision - Head Date of Accident 23/03/2018 Time of Acodent hhome. Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location JUNCTION OF BEDOK NORTH BD/BEDOK NORTH AVE I □ Benefita P Excess Own damage Excess 0.00 Additional Excess Windstreen Excess Unriamed Driver Expess Outside Singapore OD Excess Third Party Eyens 0.00 Outside Singapore TP Excess S GST Registered Information GST Recistered Ne **GST Registration Date** GST Registration No. CIST Status Verified hio. Modification History Policyholder Mailing Address Address 1 BLK 118 #02-288 Address 2 BUICE BATOK WEST AVENUE 6 Address 2 Address 4 Address Type Singapore address Post Cotte Related Policy Number 5077878833-02 O OI Driver Info Unnamed Driver Driver Type Unriamed Driver Unnamed driver Name CHILA FENG HONG Driver NRIC 511474832 Driver DOS Register Date of Oriver License 03/05/2003 Driver Age 62 Driving Experience Contact No. (Mobile) 83824985 Contact No.(Office) Contact No.(Home) BLK 40 #05-18 Address 2 BEO CRESCENT Address 3 Address 4 SINGAPORE 160040 Address Type Foreign address Post Code Unit No. 05-18 Does he own a Singepore Registered car? Yes @ No Driver Vehicle No. GW89481 Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? Yes @ No Modification History Claim 001 New Claim Type \* CO-MX Insured Name YU ZHAN TRANSPORT SERVICE Insured NRIC Contact No.(Mobile) Contact No.(Home) Contact No./Office) Email Address Of Vehicle Number GW89481 TP Vehicle Number Claim Description GW89461 / F118241 ON 23 Mar 2018 Name of Preferred Workshop Preferred Workshop Contact No. Insured Liability \* Fully at Fault Require Finalisation Preferend Repair Option Preferred Workshop, Name unknown CIEA report Date Replatered 23/03/2018 10:24 Claim Close Date Date Received Report Taken By ROSLI WAHAD Print AK letter Save Submit Attachment Accident No. MT/0087300 Claim No. Last Doc. Received W Yes No Uprised Date 23/03/2018 10:26 Path + Confidentia) tirgency Browse... | Clear Please Salect

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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1142483Z





CHUA PENG HONG



15-09-1955 SINGAPORE



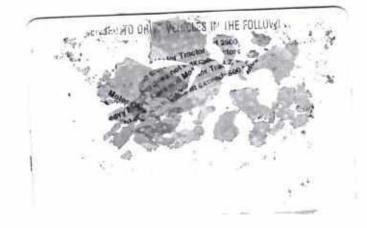


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11-05-2016

APT BLK 40 BEO CRESCENT #05-18 SINGAPORE 160040



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