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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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 aforesaid.

A CONTRACT PROPERTY OF THE PARTY OF THE PART	ACCIDENT STATEMENT
Date Of Report	28/05/2018 17:50
Date Of Accident	27/05/2018 14:30
Exact Location Of Accident	JUNC OF STEVENS ROAD AND DRAYCOTT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG2664K
Insured/Policyholder	
Name Of Registered Owner	HO GUAT LOK
NRIC No	S2592730C
Email Address	HOGUATLOK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97552325
Alternative Phone No	OTHERS-97552325
Vehicle Particulars	
Manufacturer	SYM
Model	GTS200
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
f 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	5054288108-06
Cover Note Number	
Driver	
Name of Driver	HO GUAT LOK
NRIC No	S2592730C
Date Of Birth	25/02/1955
Occupation	INDOOR
Date Of Driving Pass	02/12/1978
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97552325
ax Number	
Contact Number	OTHERS-97552325
Mail Address	HOGUATLOK@YAHOO.COM.SG

BLK 705 WOODLANDS DRIVE 40 Address #04-24 Postcode 730705 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 SIDE SWIPE Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident Was any body injured in the Accident? YES 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) NO soliciting/offering accident claims assistance. 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 WOODLANDS EAST N.P.C ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: - FAX NO: Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident PLS REFER TO THE POLICE REPORT: J/20180527/2110 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 SJM5750Z Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category PRIVATE CAR Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage

### **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HO GUAT LOK

SLIGHT

FBG2664K

### 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.
- 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)

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:
  - 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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 .:



POLICE REPORT (NP299)

Police Station Of Origin Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999



80527/2110

Report No. J/20180527/2110

Date/Time Report Made 27/05/2018 17:34	Vide Re	port No.	7	Station Diary No.	
Name Of Informant HO GUAT LOK	Address APT BLK 705 WOODLANDS DRIVE 40 #04-24				
ID Type / ID No. NRIC NO / S2592730C	SINGAPORE 730705 Contact No. Home/Office Mobile			40 #04-24	
Nationality MALAYSIAN	Email A	ddress	97552325		
Occupation Chef	Sex Male	Age 63	Date of Birth 25/02/1955	Race Chinese	
Institution/School Name	Languag		2010211000	A A STATE OF	
Date/Time Of Incident 27/05/2018 14:30 - 27/05/2018 15:00	Location	THE RESERVE ASSESSMENT AND PARTY OF THE PART	t NGAPORE Road and Drayco	tt Road	

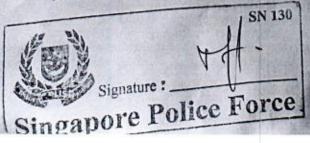
Brief details.

I was travelling on the 3rd lane along Scotts Road towards Stevens Road on my motorcycle (FBG2664K), approaching the junction near Stevens Road and Draycott Road, a car (SJM5750Z) from the 2nd lane swerve in to the left which causes me to brake however the car (SJM5750Z) front left bumper hit my rear right side of my motorcycle (FBG2664K) and causes damages to it.

No one was injured at that point of time. No police or ambulance was at scene. No one was conveyed to

Signature Of Officer Recording The Report:	Signature Of Informant:
SA MUID. HAIDAR BID EPPENDI	( ) glis
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2018 17:34
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SI RUHAIDI BIN HASSAN Contact No.: 67910000	Classification Of Case:

**Authentication Stamp** 





Report No. J/20180527/2110

POLICE REPORT (NP299)

CONTINUATION OF REPORT

the hospital. I wish to inform that the driver of the said car intended to compensate the accident, however we did not exchange particular. I wish to inform that I have only the driver's contact number (HP: 91013321) and the driver only informed that his name is Mr Goh.

I am lodging this report for my own recording purposes at the moment.

Signature Of Officer Recording The Report:

J/Sgt 2 JONATHAN LOW JINHUA NOT Sga Muho. Huran BAS EPPEROI

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI RUHAIDI BIN HASSAN
Contact No.: 67910000

**Authentication Stamp** 

SN 130

Signature:

Singapore Police Force

Signature Of Informants

Date/Time: 27/05/2018 17:34

Classification Of Case:

\* . Reported on 28/5/2018

# ACCIDENT STATEMENT

ACCI	IDENT DATE: 27/5/2018 (DD/MM/YYYY), TIME: (14:50) (HH:MM)
Ų,	Cla Kol Jona
LOCA	ATION: STEVENS
1	DETAILS OF VEHICLE
	O) VEHICLE TROMOCK
	b)INSURANCE COMPANY:
35	DIPOLICY NUMBER:
	DIPOLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD TARTY
	() MAKE & MODEL:  () TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE. / OTHERS)
	(TYPE: (SALOON / COUPE / MPV / VAN / LOKKT / MOTORCYCLE)
	alvehicle Category: [PRIVATE / COMMERCIALE)
	HIPURPOSE OF USING AT ACCIDENT TIME:
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2	INSURED / POLICY HOLDER
	AINAME.
	DINRIC/FIN/F ASSI OKI.
	c)ADDRESS:
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
1	
lan of passenge	
Including driver	b) NRIC/FIN/PASSPORT: CONTACT: 97552325
175	
(-+)	c)ADDRESS:
	*d)DATE OF BIRTH: (//)(DD/MM/YYYY)
63	ejoccupation: (INDOOR / OUTDOOR)
	STOCKLOPATION, IMPOSITY OF THE STOCKLOP OF THE
	MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWN EN
5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5	OWEATHER CONDITION: (CKEAR / RAINING / OTHERS
	BIROAD SURFACE: (DRY / WET / OTHERS
6	WAS ANYBODY INJURED (XES/ NO)
7	CUREPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8	B. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: STM 5750 Z MODEL:
de of processing	a) VEHICLE NUMBER: 5 3 1412 120 - MODEL:
to the long of he	U) DRIVER'S NAME:
	7. THIRD PARTY VEHICLE  CI) VEHICLE NUMBER:MODEL:
ilis il estanj	(I) VEHICLE NAME:
the state of	f) NRIC/FIN/PASSPORT:CONTACT:
and the state of the state of	(1) NICC/FIN/LASSI ONL
1 100	i PZ

email: Hoguatlace a yahoo.com.sg.

Pax = hoguatLok@yahoo.com.sg.

Waiting for Motocycle Photosis?

8 Police Feport?

## REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2592730C





HO GUAT LOK

何月禄

CHINESE 25-02-1955

MALAYSIA

8053992

MALAYSIAN

16-02-1993

APT BLK 705 WOODLANDS DRIVE 40 #04-24 SINGAPORE 730705 S2592730C Date: 24/11/20

Date: 24/11/2009

No: 6367928

GAPORE DRIVING LICENCE - S2592730C HO GUAT LOK Birth Date: 25 Feb 1955 Date 27 Nov 2003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

Class 28 Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 or and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tracters the weight of which unladen does not exceed 2500 kilograms

02 Dec 1978 92 Dec 1978 92 Dec 1978 92 Dec 1978

NP 428A

Continue

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 27/05/2018 14:50 Vehicle No.(For Motor) FBG2664K Search Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Object Commence Date Product Cover Type Expiry Date 5054288108-06 Third Party, Fire & Theft HO GUAT LOK S2592730C GMC FBG2664K FBG2664K 18/05/2018 17/05/2019

### ▼ Policy Information

Policy No.	5054288108-06	Policyholder Name	HO GUAT LOK	Policyholder NRIC	S2592730C
Address	BLK 705 #04-24 WOODLANDS D	RIVE 40 SING	SAPORE 730705		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/05/2018	Effective Date	18/05/2018 00:00	Expiry Date	17/05/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	YEW HENG CREDIT ENTERPRISE	Agent Tel.	67437030	GST Flag	Υ
Co- nsurance Flag	No				
Open Policy nfo					
Certificate nfo					
	older Mailing Address				
ddress 1	BLK 705 #04-24	Address 2	WOODLANDS DRIVE 40	Address 3	SINGAPORE 730705
ddress 4		Address Type	Singapore address	Post Code	730705
Init No.		Related Policy Number	5054288108-06		
	d Object: FBG2664K				
Insure	Object. FBG2664K				
▶ Insure	CONTRACTOR OF THE STANDARD		111		

Continue | Cancel

### Claim Handling

Accident	MT/	099	5342

Policy No.	5054288108-06	Vehicle No.	FBG2664K	GST Registration No.	
Policyholder Name	HO GUAT LOK			Policyholder NRIC	52
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97552325	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	» No Yes	TCA	No ○ Yes	eCode Reason	-
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details				2000 0000 000000	140
Report Date	30/05/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Sid
Date of Accident	27/05/2018	Time of Accident hh:mm	14:30	Country of Accident	Sin
Reporting Centre		Orange Force		ICM No.	7.5
Accident Location	JUNC OF STEVENS ROAD AND DRAYCOTT	ROAD		15.50.0 15.00.1	
♥ Excess					
Own damage Excess	0.00	Additional Excess		444.4	
Unnamed Driver Excess		Outside Singapore OD Excess		Windscreen Excess	
Third Party Excess	0.00	Outside Singapore TP Excess			
		Outside Singapore IT Excess			
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History				res	
	idress				
Address 1	BLK 705 #04-24	Address 2	WOODLANDS DRIVE 40	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	730
Unit No.		Related Policy Number	5054288108-06		, 50
♥ OI Driver Info			200000000000000000000000000000000000000		
Driver Name	HO GUAT LOK	Driver Type	Main Driver		
Jinnamed driver Name		Driver NRIC	S2592730C	Driver DOB	25/0
Register Date of Driver License	02/02/1978	Driver Age	63	Driving Experience	40
Contact No.(Mobile)	97552325	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 705	Address 2	WOODLANDS DRIVE 40	Address 3	0
Address 4		Address Type	Singapore address	Post Code	220
Init No.	*04-24			roat code	730
oes he own a Singapore Registered car?	Yes . No	Driver Vehicle No.		201 0	
toystered carr				Driver Insurer Company	
eclaration					
reathalyser or Blood Test leading?	0 mg	Any injury?	○ Yes → No		
washing!					
odification History					
odification History					
Claim 001 OD-MX New	×				
laim Type *	OD-MX	Insured Name	HO GUAT LOK		
ontact No.(Mobile)	97552325			Insured NRIC	S25
mail Address		Contact No.(Home)	65533853	Contact No.(Office)	
laim Description	ypang@singnet.com.sg	OI Vehicle Number	FBG2664K	TP Vehicle Number	SJM
min elegenpoort	FBG2664K / S)M5750Z ON 27 May 2018			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Partially at Fault ▼		
referred Workshop Contact o.					Doc
	Yes ▼	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	PORC.
0.	Yes v 30/05/2018 09:45	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown ▼	GIA report Date Received	
o. equire Finalisation			Preferred Workshop, Name unknown ▼	Date Received	30/C
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o. equire Finalisation ate Registered eport Taken By Print AK letter	30/05/2018 09:45	Claim Close Date Workshop Repairer	Preferred Workshop, Name unknown    Save Submit	Date Received	
o. equire Finalisation ate Registered eport Taken By	30/05/2018 09:45	Claim Close Date Workshop Repairer		Date Received	

### Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0996342

Claim No.

Last Doc. Received

Yes No

Upload Date

30/05/2018 09:45

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	Urgency	ential	Confide	•	Category 1	
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-	Normal	•	NO		Please Select	Clear
	Normal	•	NO		Please Select	Clear
	Normal	•	NO		Please Select	Clear
-	Normal	•	NO		Please Select	Clear
-	Normal		NO		Please Select	Clear

### Attachment List

Attachment	Uploaded By/Date	Category	9	Urgency	Descrip
是物	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o May 2018 09:45	n 30 NRIC/ Driving License		Normal	NRIC/ Driving Lice
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on May 2018 09:42	30 Photos		Normal	Photos 20
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	Uploaded By/Date Folder Date	File Name		9	Source

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