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Owner / Driver: (74336		Tel:)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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 <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.
- 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.

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	23/08/2018 13:44
Date Of Accident	15/08/2018 18:30
Exact Location Of Accident	100 EUNOS AVE 7 CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FS5775T
Insured/Policyholder	
Name Of Registered Owner	NG JOO KWANG
NRIC No	S8206187H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90905775
Alternative Phone No	OFFICE-90905775
Vehicle Particulars	
Manufacturer	SYM
Model	MAXSYM 400I CVT
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	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	5102494856
Cover Note Number	
Driver	
Name of Driver	NG JOO KWANG
NRIC No	S8206187H
Date Of Birth	19/02/1982
Occupation	INDOOR
Date Of Driving Pass	09/07/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90905775
	2000 US 1000 S 2000 S 2

OFFICE-90905775

NOEMAIL

BLK 17 MARSILING LANE Address

#10-231 730017

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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)

0

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 STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG 100 EUNOS AVE 7 CARPARK. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YM9433K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SAZMAN BIN OSMAN

NRIC/Passport Number

S1761862H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1 NAME: : GENDER: :

Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME: :

GENDER: :

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:
 - 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

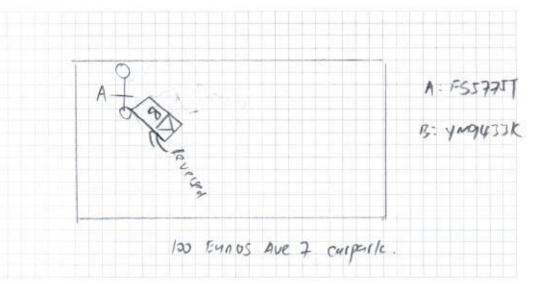
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to other ment.
/

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.:

Grand Section of the V

1 SAZMAN BIN DENTER OF (S1761862H) YEMICLE MO., YM 9433 K, KNOCKED ODTO YEARLE NO. FS 5775 T WHILE REVERSION MY VEHICLE. I WILL BAR ACCEPT ALL SESPONSIBILITIES OF THE DAMAGES TO THE VEHILLE HD., FS 5775 T, OWNER MAME NK JOO KWANLY (SR2061874).

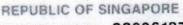
1 SUSMAN BIN ORMAN (BITE18F5H) WILL BACE ALL THE COME ON THE DAMAGES OF YEARLE MO. FS 57757 AFTER QUOTATIONS FROM WORKSHOP 134 16 08 2018 THURSDAY.

* PAYMENT (DEPOSITS) TO BE MAKE OD STONEDAY 18/08/18.

MAMZO GIB GAMSAS

Nh JOO YWANK 317618624 (1m 0433K) (E25422) 282061834





IDENTITY CARD NO. \$8206187H



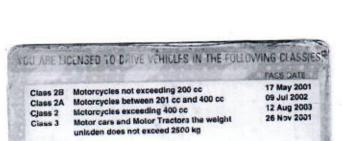


NG JOO KWANG

CHINESE Date of birth

19-02-1982

SINGAPORE



S8206187H

S/No. 9000001933

NP 428A

5201393

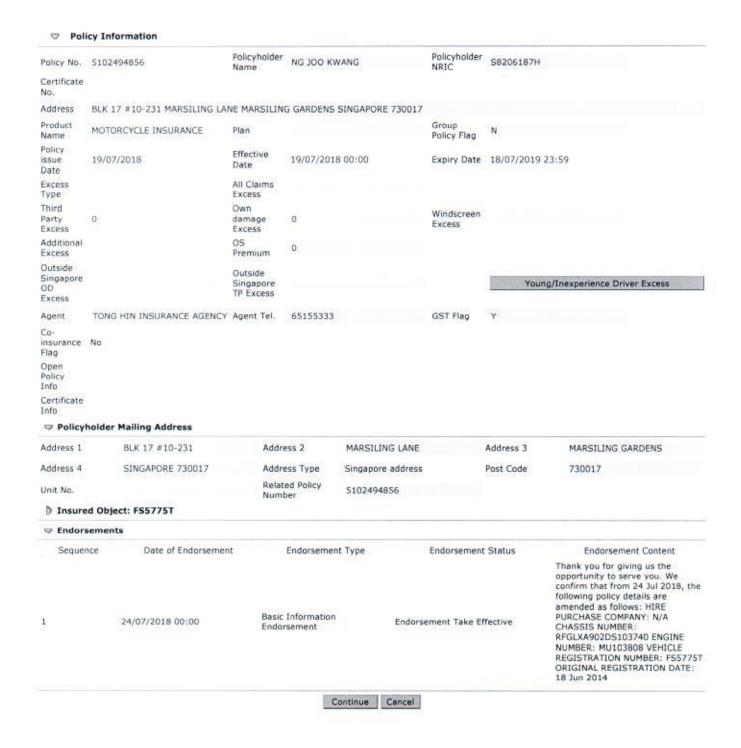
02-08-2013

APT BLK 17 MARSILING LANE #10-231 SINGAPORE 730017

NRIC No: \$8206187H

Date: 10/03/2018

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	Vehicle No.(For Motor)	FS5775	ST .		Certif	icate Number				
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	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5102494856		NG JOO KWANG	58206187H	GMC	Third Party	FS57751	FS5775T	19/07/2018	18/07/2019
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ccident MT/1008495						
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ertificate No.						
slicyholder Name	NG JOO KWANG				Policyholder NRIC	58206187H
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named Driver Excess			Outside Singapore OD Excess			
ind Party Excess		0.00	Outside Singapore TP Excess			
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T Registration No.				was autos verned.	Yes	
adification History						
Policyholder Mailing Ac						
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ddress 4	SINGAPORE 730017		Aparess Type	Singapore address	Post Code	730017
nit No.			Related Policy Number	5102494856		
OI Driver Info						
iver Name	NG IDO KWANG		Driver Type	Main Driver		
named driver Name			Driver NRIC	58206187H	Driver DOB	19/02/1982
gister Date of Driver License	09/07/2002		Driver Age	36	Driving Experience	16
intact No.(Mobile)	90905775		Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BLK 17		Appress 2	MARSILING LANE	Address 3	MARSILING GARDENS
Idress 4	SINGAPORE 730017		Address Type	Singapore address	Post Code	730017
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