Date In: the late week	PICES. MAL 1 Jan'05 MK	1418135216	351-1 # V - 13L V - 14 V
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	otor W/O (Within: OD 2hrs	M7/10/6/169-001	18/10/18 14:28
	ioto Uploaded	, TP 4hrs)	
	ssment/Survey Report		2/4
Preferred Wksp / INC Assign Wksp / QW: (Report by Fax / Hand to	Owner/Wksp	
TP Particulars: Veh No:		Tol: F	ax:
Owner / Driver: (. NC()/Non-INC()	
Policy No. (Tel:)
Confirmed by : ()	Cover Type: ()
Incured/D-in-Lining	Date:	Time:)
Year of Pegistronia	Status (WO): N: 0-209	%; P: 21-79%. F: 80-1	00%1
Excess: (\$ warranty:	YES()/NO()		
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SINGAPORE ACCIDENT STATEMENT

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</u> as possible. Any wilful misrepresentation or witholding 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. 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,	
allowers the commence of the second	ACCIDENT STATEMENT
Date Of Report	18/10/2018 11:38
Date Of Accident	17/10/2018 15:30
Exact Location Of Accident	BUKIT BATOK AVE 3 TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
TANK AND THE PROPERTY OF THE PROPERTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW7619T
Insured/Policyholder	
Name Of Registered Owner	GRATIA SERVICE
Co Reg No	53355346J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97337518
Alternative Phone No	OFFICE-97337518
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Float Delian	NO

Fleet Policy NO

Policy Number 5095863385

Cover Note Number

Driver

Name of Driver NG CHIAP KHOON

 NRIC No
 \$1453658B

 Date Of Birth
 25/11/1960

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/02/1986

Driving Experience 32 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97337518

Fax Number

Contact Number OFFICE-97337518

EMail Address NOEMAIL

202 UPPER EAST COAST ROAD Address

#16-05

Postcode 455284

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 NO COLLISION

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NO

NO

2

YES

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

BEDOK NEIGHBOURHOOD POLICE POST

ROAD: BLK 15 BEDOK SOUTH ROAD #01-117, POSTCODE: 460015, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2419999 - FAX NO: 64431687

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181017/2134.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO NO

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.

indre.

- (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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN No sketch plan provide DESCRIBE CIRCUMSTANCES OF THE ACCIDENT refer to place report- 7/2/8/017/234. DECLARATIONA I/We declare the foreg 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.:





1 of 3

Report No. T/20181017/2134

Police Station Of Origin: Bedok NPP

15 Bedok South Road #01-117 SINGAPORE

460015

Tel No: 1800-2419999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 18:23			Vide Report No.: E/20181017/0106	Station Diary No.: 23
Informa	nt's Partic	ulars		
	f Informant: AP KHOON		Address: 202 UPPER EAST CC 455284	DAST ROAD #16-05 SINGAPORE
	/ ID No.: O / S14536	58B	Contact No.: Home/Office:	Mobile: 97337518
National SINGAP	ity: ORE CITIZ	ΈΝ	Email:	
Sex: Age: Date of Birth: Male 57 25/11/1960			Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Inform Class: 3	Date of Expiry:	

General Inform	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambular	nce Drink Drive: No	Date/Time of Accident: 17/10/2018 15:30	Type of Location Straight Road
	K EAST AVENUE 3	PIE-CHANGI		
		Road Surface:		Road Speed Limit:
Traffic Flow: Traffic		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collisi Moving Vehicl	ion: le Against - Others			Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF2387R	Motorcycle			X11	Slightly Damaged	0
SKW7619T	Car	HONDA	SHUTTLE	Silver	No Damage	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bedok NPP

15 Bedok South Road #01-117 SINGAPORE

460015

Tel No: 1800-2419999

Report No. T/20181017/2134

2 of 3

CONTINUATION OF REPORT

Driver		CHARLES THE				THE RESIDENCE OF THE PARTY OF T
Name	NG CHIAP KHOON	ID No		S1453658B		
Related Vehicle	SKW7619T (Car)				ct No.	97337518
Hospital/Clinic	NIL	IIL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	NIL	Degree of		NIL		

Brief Details.

On 17/10/2018 at about 1530hrs along Bukit Batok East Ave 3 before turn left slip road to PIE-Changi, I was travelling on my vehicle-SKW7619T with one male passenger sitting at the left rear when I saw a rider on his bike-FBF2387R approaching my vehicle from the right rear. I noticed that the rider was wobbling on his bike when he was near my vehicle right mudguard. To avoid a collision, I applied brakes immediately without any impact with the rider who fell from his bike and landed in front of my vehicle.

I stepped out of my vehicle and proceed to check on the rider who complain of pain on his left leg and left forearm. Some unknown person assisted to call for ambulance and we waited for the arrival of the paramedic who later convey him to hospital. The traffic police also arrived and did their investigation who advised me to lodge a traffic accident report. There is no damage to my vehicle from my observation. I am not injured in any way.

The mention IO is Ameera, 65476236





Police Station Of Origin: Bedok NPP 15 Bedok South Road #01-117 SINGAPORE 460015

3 of 3 Report No. T/20181017/2134

Tel No: 1800-2419999

CONTINUATION OF REPORT

Sketch Plan

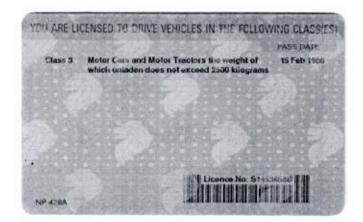
Informant is not able to provide sketch plan

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.

Signature Of Officer Recording The Report: G / SI FOO CHIH SOON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/10/2018 18:23
Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355	Classification Of Case:
Authentication Stamp	1/4











D Insured Object: SKW7619T

Policy No.	5095863385	Policyholder Name	GRATIA SE	RVICE	Policyholder NRIC	53355346J	
Certificate No.							
Address	202 UPPER EAST COAST ROAD	16-05 EAST	ERN LAGOON	SINGAPORE 45528	4		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	13/11/2017	Effective Date	01/02/201	8 00:00	Expiry Date	31/01/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	202 UPPER EAST COAST	ROAD Addr	ess 2	#16-05 EASTERN	LAGOON	Address 3	SINGAPORE 455284
Address 4		Addr	ess Type	Singapore address		Post Code	455284
Unit No.	16-05	Relat	ed Policy	5095863385			

olicy No. ertificate No.					
enficace No.	5095863385	Vehicle No.	SKW7619T	GST Registration No.	
TETTONS IN					
Scynpider Name	GRATIA SERVICE			Policyholder NRIC	53355346)
sduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
risacs No.(Mobile)	97337518	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	B. VI
ĸ	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	Account of the contract of the
D Protection	No.	NCD Entitlement(%)	50		CHANGE
Accident Details	no.	NCD Entirement(%)	50	Private Hire	Yes
port Date	18/10/2018 14:26	Accident Report Within 24 hrs	Yes	Accident Type	No collision
te of Accident	17/10/2018	Time of Accident no:mm	15:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	BUKIT BATOK AVE 3 TWDS PIE (CHANGI)				
Excess					
n damage Excess	2,000.00	Additional Except	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits			1,000.00		
GST Registered Inform	ation				
	No				
l'Registered l'Registration No.	762		GST Registration Date	was a	
Registration No.			GST Status Verified	Yes	
The state of the s					
Policyholder Mailing Ad	Idress				
iress (202 UPPER EAST COAST ROAD	Address 2	#16-05 EASTERN LAGOON	Address 3	SINGAPORE 455284
0ress 4		Address Type	Singapore address	Post Code	455284
it No.	16-D5	Related Policy Number	5095863385		Constitute in
OI Driver Info	Marian.	needed routy repriner	3003003303		
ver hame	Unnamed Driver	Date Tues	Warrand Roses		
named driver Name	NG CHIAP KHOON	Driver Type	Unnamed Driver		
		Driver NRIC	\$14536588	Driver DOB	25/11/1960
pster Date of Driver License		Driver Age	57	Driving Experience	32
ntact No.(Mobile)	97337516	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	202 UPPER EAST COAST ROAD	Address 2	EASTERN LAGOON	Address 3	SINGAPORE 455284
dress 4		Address Type	Singapore address	Post Code	455284
it No.	16-05				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?					
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