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Owner / Driver: (10124	, INC (Tol:)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.

CONTRACTOR SOCIAL METERS	ACCIDENT STATEMENT
Date Of Report	29/10/2018 09:29
Date Of Accident	26/10/2018 06:30
Exact Location Of Accident	WEST COAST HIGHWAY (TOWARDS KEPPEL ROAD)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FT2633J
Insured/Policyholder	
Name Of Registered Owner	GOH ENG LOK (WU YONGLE)
NRIC No	S7536707D
Email Address	RYANGOH151@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93293154
Alternative Phone No	OTHERS-93293154
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SFYJ-399CC
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070177520-03
Cover Note Number	
Driver	
Name of Driver	GOH ENG LOK (WU YONGLE)
NRIC No	S7536707D
Date Of Birth	06/12/1975
Occupation	INDOOR
Date Of Driving Pass	09/12/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93293154
Fax Number	
Contact Number	OTHERS-93293154

RYANGOH151@GMAIL.COM

Address

BLK 371 JURONG EAST STREET 32

#11-366

Postcode

600371

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

COLLISION - HEAD TO REAR

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 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

JURONG EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181026/2050

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

YP9073A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

GOH ENG LOK (WU YONGLE)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FT2633J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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

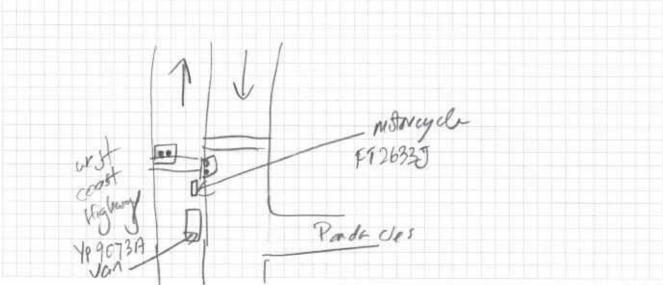
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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

NRIC/FIN No.:





Police Station Of Origin: Jurong East N.P.C

92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

1 of 3 Report No. T/20181026/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 12:21		lade:	Vide Report No.: D/20181026/0029	Station Diary No.: 43
Informa	nt's Partice	ulars		ETWS IET BOAT TO BE IN
Name of GOH EN	f Informant: NG LOK		Address: APT BLK 371 JURONG EAS' SINGAPORE 600371	T STREET 32 #11-366
	/ ID No.: O / S753670	07D	Contact No.: Home/Office:	Mobile: 93293154
National SINGAP	ity: ORE CITIZ	EN	Email:	*
Sex: Male	Age: 42	Date of Birth: 06/12/1975	Type of Informant: Rider	
Race: Chinese		in	Language: English	Institution / School Name:
Occupation: SYSTEM ENGINEER		R	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2018 06:30	Type of Location: Straight Road
WEST COAS KEPPEL ROA	AD coast Highway towards Ker		of Blk 520 West Coas	st Road
Weather: Clear		Road Surface: Dry	P.	Road Speed Limit:
·Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume;
Type of Collis Between Mov	sion: ring Vehicles - Head To Re	ear		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FT2633J	Motorcycle	HONDA	CB400SFYJ	Silver	Seriously Damaged	62677
YP9073A	Van					0

Details of V	ehicle Insurance				THE RESIDENCE OF THE PARTY OF T
Vehicle No.	Insurance Company	Insura	ance No	Effective	Expiry Date





2 of 3

Report No. T/20181026/2050

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FT2633J	NTUC Income Insurance Co-Operative Limited	5070177520-03	27/03/2018	26/03/2019	

Details of Perso	n Involved				NEW	CULTURE REPORT FOR A LABORAL
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Rider	THE RESERVE OF THE PARTY OF THE	Hall Control	Marine Co.		I CHINA S	HEROLOGICAL STRUCTURES
Name	GOH ENG LOK			ID No		S7536707D
Related Vehicle	FT2633J (Motorcycle)			Contact No.		93293154
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)			Class Drivin Licent Expin	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/10/2018 Date D			harge		/2018
No. of Days gran	ted Medical Leave	03	Degree of			

Brief Details.

On 26/10/2018 at about 0630hrs, I was riding my motorcycle, a silver in a colour Honda CB400 bearing registration plate number FT2633J along West Coast Highway towards Keppel Road. As I was approaching the traffic light junction near Blk 520 West Coast Road, the traffic light turn amber and thus I stopped. However, a van hit me from behind. The van was white in colour and it was from Warehouse Logistics Net Asia Pte Ltd. Ambulance and Traffic Police came and attended to the accident. I told the paramedics that I do not want to go to the hospital.

On the same day, I went to West Coast Clinic & Surgery at 517 West Coast Road #01-561 to seek treatment and was given 3 days of MC. Due to the accident, I felt pain on my back, my right shoulder. I had bruises on my right hand and right leg.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 3 of 3 Report No. T/20181026/2050

CONTINUATION OF REPORT

Sketch Plan

NP168

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: D / Sgt 2 MUHAMMAD ZAINULARIFFIN BIN MOHD ZAINUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2018 12:21
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp	

0/29/2018		Claim Handling	accident repo	orting Claim Task	í	
Claim Handling						
Rokcy No.	5070177520-03	Vehicle No.	FT25233		GST Registration No.	
Certificate No.						
Policyholder Name	GOH ENG LOX [WU YONGLE]				Palicyholder NA3C	1575.367070
Product Cude	MOTORCYCLE INSURANCE	Cover Type	Third Party		Luading	
Contact No.(Mobile)	93251150	Contact No.(10f6ce)			Contact No.(Home)	-
Email Address		Special Remark			eCode	tio *
KHK	+ No YYEE	YCA	s No Yes		eCude #eason	
NLD Profession Accident Details	Ne.	NCD Enutionment(%)	20		Private Hire	2 No.
Report Date	29/10/2018 10:14	Accident Report Within 24 his	Yes		Attitient Type	Collegen - Head to Rear
Date of Accident	20/10/2010	Time of Accident hhome	06130		Country of Accident	Simpapure
Reporting Centre		Orange Force			TOM No.	
Arcident Location	WEST COAST HIGHWAY (TOWARDS KERNEL ROAD)					
:9: Excess						
Own damage Excess	0.00	Additional Extress			Windowsen Excess	
Unmerned Driver Excess		Outside Singapore DD Escess				
Third Farty Excess # Benefits	0.00	Chrisine Singapore: TF Excess				
GST Registered Informat	Hon					
GST Registered	No		COT II-	istration Date		
GST Registration No. Modification mistory	77			nus Venfied	Yes	
	ires					
Acdress 3	5LK 371 #11-366	Address 2	JURDING EAST ST	WEET 12	Address 3	SINGAPORE 600371
A/dress 4		Address Type	Singapore addres		Post Code	600371
Dolt No.		Related Policy Number	5070177520-03		The same of the sa	600372
→ OI Driver Info			100100100000000000000000000000000000000			
Driver Name	GOH ENG LOK (WU YONGUE)	Driver Type	Main Driver			
Unnamed driver Name		Driver NRDC	675367070		Driver DOB	06/12/1975
Register Data of Orlver License	09/12/2003	Dinner Age	42		Driving Experienza	14
Contact No.(Mebie)	93293150	Contact No./Office)			Contact No.(Home)	
Address 1	88.8.371 #11-366	Address 2	JURITHG EAST ET	ABST 32	Address 3	SINGAPORE 600371
Address 4		Addresa Type	Singapore addres	II .	Post Code	880,371
Unit No. Dues he own a Singapore						
Registered car?	Yes a No	Driver Vehicle No.	9726331		Oniver Insurer Company	NTUC
Declaration						
Breathalyser or Blood Test Booding?	0 mg	Any injury?	Yes a No			
Modification History						
Claim 001 New						
Claim Type 4				оо-нх	Insured KICH ENG LOC (W Contact	A) YONGLE) Insured E7534 MRIC E7534
Contact No. (Protole):				5329315#	(Home)	(Office)
Ernell Address				algun.75@singhet.com.ig	Vehicle PT26333 Number	Vehicle Sypage Number
Claim Description				F726331 / YPRO73A ON 25 C	Set 2018	Preferred Workshop
Preferred Workshop	Insured Liability Not at Fault	•1				((0)
Buttuet No. Yes	 Repair Preferred Workshop, Name 		rd	+)	= =21.000	
Data Registeréd	Option	The second of the second of		29/10/2018 10:16	Claim Classe	Date 29/10
Report Taken By				ROSLI WAHAB	Date	II PTARWII SEESE
Front AK letter						
			Saya Submit			
Attachment						
w						
Accident No.	HT/1017468	Claim No.		001		
Last Doc. Received	* yes No	Liptoed Date		29/10/2018 10/17		
Service For Code (SEC.)	Path. *	Harteston Carlo			- Printerior	and the same
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Choose File No file chosen			Clear	Please Select	* NO * Norm	
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NAC_BURIT_MERAH_BOOK76(NATIONAL ASSESSMENT CENTRE SERVICE

5 (BURIT MERAH)) on 29 Oct 2018 10:37

Category Profess Normal

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Please Select

Description Photos 2018-10-29

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Attachment

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		NRTC/ Criving License	Normal	NATICY Driving License 2018-10	29
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NAC_BURIT_MERAH_800676(NAT S (BURIT MERAH))	IDNAL ASSESSMENT CENTRE SERVICE on 29 Oct 2019 10:16	Photos	Normal	Photos 2018-18-29	
		Photos	Normal	Priotoe 2018-10-29	
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7536707D



GOH ENG LOK (WU YONGLE)

吴 勇 乐

CHINESE Date of nirth

06-12-1975 Country/Place of hirth SINGAPORE



6036975



03-10-2018

APT BLK 371 JURONG EAST STREET 32 SINGAPORE 600371

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 27 Jun 2002
Class 3 Motorcycles between 201 cc and 400 cc 09 Dec 2003
Motor cars with unladen weight =< 3000kg with =< 7
Dassengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





		Certificate	of Insurance					
MOTOR VEHICLES (THIR MOTOR VEHICLES (THIR ROAD TRANSPORT ACT, MOTOR VEHICLES (THIR	RD PARTY RISKS AND (, 1987 (MALAYSIA)	COMPENSATION)	RULES, 1960	E 2				
Certificate Number :		The reserve to the second seco	Cover : Third	Party				
1. Index mark and Reg	istration Number of V	ehicle	: FT2633J					
Chassis Number			: NC391020416					
2. Name of Policyholde	er		: GOH ENG LOK (\	WU YONGLE)				
3. Effective Date of Ins	urance		: 27 Mar 2018					
4. Expiry Date of Insura	ance		: 26 Mar 2019					
Persons or Classes o	f Persons entitled to	drive#						
(a) Named Driver(s	T 10 (2.5 to 1 to							
the Motor Vehic enactment or re 6. Limitations as to Use	cle or has been so per egulation in that beha e#	mitted and is not if from driving the	disqualified by order e Motor Vehicle.	ing or other laws or regulations to drive r of a Court of Law or by reason of any Policyholder's business or profession.				
This Policy does not cov		purposes and in o	connection with the P	olicyholder's business or profession.				
(a) Use for hire or r								
(b) Use for racing, p	pace-making, reliabilit	v trial or speed-te	esting.					
	iage of goods (other t			rade or husiness				
(d) Use for any purp	pose in connection wi	th the Motor Trac	de.					
headings.	no section 33 of the R	oad Transport Ac	t, 1987 (Malaysia), ai	re not to be included under these				
EXCESS (SECTION 1)	- 3	N/A						
EXCESS (SECTION 2)	=======================================	N/A						
INSURE WITH COE	34	N/A						
NAMED DRIVER (1)	3	GOH ENG LOK (WU YONGLE)						
NAMED DRIVER (2) : N/A								
HIRE PURCHASE COMPA SUM INSURED	INY :	N/A						
	mearres on at makey	N/A	77 18 38-					
I/We hereby Certify that Vehicles (Third Party Ris	the Policy to which t ks and Compensation	his Certificate rel) Act (Chapter 18	ates is issued in accor 9) and Part IV of the I	rdance with the provisions of the Motor Road Transport Act, 1987 (Malaysia)				
VORCED I								
Agency Date of Issue	: THINK ONE AUTO : 19 Feb 2018 09:4		NG PTE. LTD. (000005	571089)				
Date of issue	. 19 Feb 2016 09:4	I nrs						
	Zonal		For NTUC INCO	OME INSURANCE CO-OPERATIVE LIMIT				
Countersigned By:	Authorised	d Officer		Chief Executive				



(H. H.M. Sales, Section 1997)

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 56655020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) **Email Address** Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: NSURRED MUMBKIR Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date:

Date: