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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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

· 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10	ACCIDENT STATEMENT
Date Of Report	09/11/2018 18:18
Date Of Accident	09/11/2018 08:00
Exact Location Of Accident	ALONG KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE
(45) 45 / 20 July 11 July 12	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG7018T
Insured/Policyholder	
Name Of Registered Owner	JESSIE NG SHI MAN
NRIC No	S9420849A
Email Address	JESS.NG94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90927938
Alternative Phone No	OTHERS-90927938
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used a time of accident	RIDING HOME
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100349992
Cover Note Number	
Driver	
Name of Driver	JESSIE NG SHI MAN
NRIC No	S9420849A
Date Of Birth	08/06/1994
Occupation	INDOOR
Date Of Driving Pass	03/04/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE

(LOCAL) +65-90927938

JESS.NG94@HOTMAIL.COM

OTHERS-90927938

Address

BLK 127A KIM TIAN ROAD

#38-531

Postcode

161127

OWNER

Was driver an employee of the Insured's Company NO

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

If No, Relationship of the Driver with the Insured

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

2

Was any body injured in the Accident?

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

PLEASE REFER TO SKETCH PLAN

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

SJR9215A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

IDZHAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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: 9/11/19 05-07

Driver's Signature

05-07 (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sidnature

Name:

NRIC/FIN No .:

SKETCH PLAN	Mous	KAMPONG	BOHRU / P/	
				A) FBG70187 B1SJR9215A
DESCRIBE CIRC	UMSTANCES C	F THE ACCIDENT		

I	was	Stationery	while	DIA	red	traffic	light,	Driver	bang	me	from	behind.
					-							

DECLARATION

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

Policyholder's Signature

Date & Time: 9/11/18 5-13pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: KOSLI WAGOB

Claim Handling Accident MT/1019147 GST Registration No. Vehicle No. FBG701#1 5100349992 Cartificate fin. Pullcyhuider NIUC 59420E49A Pelicyholder Name JESSIE NG SHI MAN Lueding Cover Type Third Party HOTOGOYOLE INSURANCE Product Code Contact No. (Home) Contact No (Office) Contact No.(Mobile) 90927938 No. * eCode Special Remark Emisil Address eCalle Resem TCA kerk. - No Yes Private Hire NCD Entitlement(%) No NCD Protection T Accident Details College - Head to Azar Accident Type Accident Report Within 24 hrs Yes 09/11/2018 18:35 Report Date Country of Accident Singapore Time of Accident Nr.mm 94:00 Date of Accident 09/11/2018 SCM No. Grange Force Reporting Centre Accident Location ALONG KAMPONG BAHRLI ROAD w Excuss Windscreen Excess 0.00 Additional Excess Own damage Extres Outside Singepore OD Excess Unnamed Driver Excess Third Party Excess 8.00 Outside Singapore TP Excess T Benefits SST Registered Information GST Registration Date GST Registered 445 GST Status Verified GST Registration No. Heathraften History Policyholder Mailing Address KIM TIAN GREEN KIN TIAN BOAD BUX 1274 #38-531 Address 2 161122 Point Code SINGAPORE 181127 Address Type Simplifore address Address # \$100349992 Related Policy Number UNE NO. 38-531 OI Driver Infu Hairs Ortver JESSIE NG SHI MAN Driver Type Driver Name Driver DOE 08/06/1994 Driver WRIC \$94208454 Unnamed driver Name Driving Expensesce Driver Age 24 Angister Date of Driver License 8170172918 Contact No:(Dffice) Contact No.(Home) Contact No./Metalle) 90927938 KIM TIAN GREEN Address 3 KIN TIAN ROAD 96×127A #38-531 Address 2 Address Type Singapore address Post Code 101127 SINGAPORE 151127 Address 4 Limit No. 38-531 Dues he own a Singapore Registered car? Dover Insurer Company NTUC FBG79187 Driver Vehicle No. Tax + No Declaration Breathatyser or Blood Test. Reading? Yes x No 6ny ingury? films Modification Hotory Claim 001 New * Insured DESSIENG SHEMAN 594200 Claim Type * DO-MX Contact No. (Office) Contact No.(Mobile) 518931 FBG7018T Email Address F8G7018T / S3R9215A ON 9 Nov 2018 Claim Description Preferred Workshop Besweet No. Yes Finalisation ed Liebsity Not at Fault * GIA Received Preferred Wirrkshop, Na Date 09/11/ 09/11/2018 18:37 Date Registered ROSLI WAHAB Report Taken By 4. Front All letter Save Submit Attachment Claim No. MT/1019147 Accident No. 09/11/2018 18:38 **Date** Date Last Duc. Received * Yes - No Desc Urgency * Peth * Cirtigary * Confidential + 140 CRIF Choose File No file chosen * 100 7 Normal Choose File: No file chosen Citian Please Select * NO * Normal * Clear Please Select Choose File No file chasen * 110 ٠ Choose File No file chosen Clear Please Select ٠ Numai * 100 ٠ harmat Choose File No file chosen Clear Please Select 9 NO 7 Non . Please Select Choose File No file choses Clear Message Reed **♥** Attachment List Uploaded By/Date Category Description Attachment Photos 2018-11-9 NAC_BUKIT_HERAH_BUDG/NE NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 18:38 Photos Normal

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ACCIDENT STATEMENT

ACCIDENT DATE:	2018	JD/WW/JAA	Y), TIME:(HH:MA
location: kg	mpong	Bahru	2 12	*	1.9
e senecum Wile			7 :-	•	
1. DETAILS OF VEHICLE				18.08	605
a) VEHICLE NUMBER:	FBG	7018 T		. 4.0	63
b)INSURANCE COMP	ANY!	lTuc			
CIPOLICY NUMBER:					
dipolicy type: (COA	PREHENSIV	E / THIRD PA	RTY / THIRD P	ARTY FIRE	&THEFT
e)MAKE & MODEL!					
/JTYPE: (SALOON / CC	UPE / MPV	/VAN/LORR	Y/MOTORO	YCLE / OT	HERS)
g) VEHICLE CATEGOR					
h) PURPOSE OF USING	AT ACCIDE	NT TIME:	Riding how	ne	
1) ARE YOU CLAIMING	UNDER YO	UR OWN INSU	JRANCE (YES	(67)	
IF NO, PLEASE STATE				The Control of the Co	
2. INSURED / POLICY HO	The contract of the contract o	ni seemme n			
Alname: Jessie		Man	- Ih	AALE / FEN	ALE
b) NRIC/FIN/PASSPOR			CONTAC	T: 9092	9939
CIADDRESS: BIK 127	A kim T	ian Road	#38-531 S	ingapore	16112
X					- 1
CONTINUE TO 3.d IF	DRIVER ALS	O POUCY H	OLDER	5.5	
10 of persongs DRIVER	The contract				88. (**)
including driver) a) NAME: as at	200E		(N	AALE / FEM	(ALE)
b) NRIC/FIN/PASSPOR			CONTAC	T:	
C) C) ADDRESS:					
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
d) DATE OF BIRTH: (/MM/YYYY)	3.	24.
OCCUPATION: (INC		(DOOR)	VIII. 274	14	90
110ATE OF DRIVING	pass.	-			211/610
4. WAS DRIVER AN EM	PLOYEE OF	THE INSUR	RED'S COMP	ANY? (YES	1 (NA
IF NO, RELATIONSH	IP OF THE	DRIVER WIT	TH INSURED	1_000	-
5. a) WEATHER CONDITION					100
b)ROAD SURFACE: (5				-	-
6. WAS ANYBODY INJUR					+ 1
7, a) REPORTED TO POLICE IF YES, PLEASE STATE			No.		
8. THIRD PARTY VEHICLE	W DICH FO	CIOCALVINIO	\ <u></u>		9.535
o of passenger of VEHICLE NUMBER	SJR	9215 A	MODEL		
b) Delver's NAME	in the same of the				
aduling driver) b) DRIVER'S NAME:	DT.		CONTAC	21:	2011
(_) P. THIRD PARTY VEHICLE	er tr			-	
AL VELICIE FULLISE		5	MODEL!	125	
No of personger d) VEHICLE NUMBER			IVIOUELI.		7
induding driver) f) NRIC FINIPASSPO			CONTAC	CT:/\	
			AND STREET	MONIA.	
C)			207		

email: Jessing 94 (whotmail com
fax: 1080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9420849A



Name

JESSIE NG SHI MAN



CHINESE

Date of birth 08-06-1994 Country of birth SINGAPORE





59420849A

28-08-2009

APT BLK 127A KIM TIAN ROAD #38-531

SINGAPORE 161127 NRIC No: S9420849A

Date: 20/03/2012

Not 0925881

4413868

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

EFFECTIVE DATE

Class IB Class J

Motorcycles =< 200 CC Motor cars =< 3000 kg with =< 7 passengers, exchairs of the direct; and mater tracions/schicles =< 2500 kg

83 Apr 2018 24 Oct 2014

59420849A

S / No.9000313717

NP 428A

Licence No:S9420849A

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Hello, NAC_BUKTT_MERAH	_800676						+ Change	e Languag	e • Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
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	Vehicle	No.(For Motor)		1000111		Certi	ficate Numbe	r.			
						Search	74				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O	5100349992		JESSIE NG SHI MAN	S9420849A	GMC	Third Party	FBG70187	FBG7018T	01/05/2018	30/04/2019
						Continue	1				