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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.
- 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.

마일하다 이 경에 대통하다면 하나보다면 가게 되었다면 하는데 하는데 하는데 되었다면 하는데 되었다.	bu hereby consent to the archiving of this report at the centre and to copies of the report to	eing made available
E U 6 SANICA OF DUST VOISE	ACCIDENT STATEMENT	P GOLD STATE
Date Of Report	05/01/2019 16:03	
Date Of Accident	04/01/2019 09:30	
Exact Location Of Accident	ALONG SIMEI STREET 4	
Country/State of Loss	SINGAPORE	
Colorado de la colorada del colorada del colorada de la colorada del colorada de la colorada de la colorada del colorada de la colorada de la colorada de la colorada del	DETAILS OF OWN VEHICLE	POTER AND DO
Vehicle Registration Number	FBA245G	
Insured/Policyholder		
Name Of Registered Owner	SEAH WEE KOK	
NRIC No	S0293496E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96724577	
Alternative Phone No	OTHERS-96724577	

Vehicle Particulars

HONDA Manufacturer

WAVE 125-R-125CC (M) Model

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken Vehicle Category MOTORCYCLE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5057751859-06

Cover Note Number

Driver

Name of Driver SEAH WEE KOK NRIC No S0293496E Date Of Birth 11/10/1941 OUTDOOR Occupation Date Of Driving Pass 29/04/1966

Driving Experience 52 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96724577

Fax Number

OTHERS-96724577 Contact Number

EMail Address NOEMAIL Address

BLK 144 TAMPINES STREET 12

#11-376

Postcode

521144

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190104/2139

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

SGE669L

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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SEAH WEE KOK

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBA245G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

l 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.
- 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:

Beporting Centre Personnel's Signatur

Name:

NRIC/FIN No.

SKETCH PLAN		81	
	SIMEL STEART 4		
		B	
A) FBA 245 G B) SGE 669 L		TAT	
B) SGE669L			

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:

Réporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
ROLL WAS HOS





1 of 3

Report No. T/20190104/2139

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No. 1800-5871999

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:
Date/Time Report Made: 04/01/2019 19:42		lade:	Vide Report No.:	85
	nt's Particu	ilars		
Name of	Informant: EE KOK		Address APT BLK 144 TAMPINES STF 521144	REET 12 #11-376 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S02934!	96E	Contact No.: Home/Office:	Mobile: 96724577
National		Second Second	Email:	
Sex: Male	Age:	Date of Birth: 11/10/1941	Type of Informant: Rider	10 111
Race: Chinese			Language: Chinese	Institution / School Name:
Occupa			Driving Licence Information: Class:	Date of Expiry:

Seneral Inform	nation of the Accident	Drink	Date/Time of	Type of Locatio	
Type of Accident:	Injury Conveyed By Ambulanc	02.00	Accident: 04/01/2019 09:30	Straight Road	
Location: Along Road 1 SIMEI STREE ALONG SIME Weather:	STREET 4	oad Surface:	F	Road Speed Limit.	
Clear		Dry Traffic Control:		Traffic Volume: No Traffic	
Traffic Flow: Two Way	Matter IOW.				
Type of Collis	sion: ving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

	ehicle Involve	THE RESERVE OF THE PARTY OF THE	Model	Color	Condition	No of Passens
Vehicle No. FBA245G	Motorcycle	HONDA	WAVE 125R		Slightly Damaged	0
SGE669L	Car				Slightly Damaged	1

Details of V	ehicle Insurance	Incurrence No.	Effective	Expiry Da
Vehicle No.	Insurance Company	Insurance No		03/01/20
FBA245G	NTUC Income Insurance Co-Operative	5057751859-06	04/01/2019	03/01/20





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20190104/213

CONTINUATION OF REPORT

Details of Perso	n Involved		Webself State		43000		
Any Pedestrian I	nvolved: No		7	1000		THE STATE OF THE PARTY OF THE P	
No. of Pedestrian			Use of Pe	destria	n Cross	sino NA	
Rider	CHES COMMEN	THE PARTY OF THE P	000 011 0	destila	T CTUS	Sing. NA	
Name	SEAH WEE KOK			ID No).	S0293496E	
Related Vehicle	FBA245G (Motorcycle)			Contact No.		96724577	
Hospital/Clinic	CHANGI GENERAL	HOSPITA	Ĺ	Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL	
Date Treatment	04/01/2019		Date Disch			/2019	
No. of Days gran	ted Medical Leave	07	Degree of				

Brief Details.

On 04/01/2019, at about 0930hrs, I was riding along Simei Street 4 on my motorcycle (FBA245G) when another vehicle (SGE669L) suddenly turned out from the car park of Blk 235 Simei Street 4 and knocked onto my left side. The weather was clear and traffic condition was light.

As such, I fell off from my motorcycle and landed on my right side. I was subsequently conveyed to Changi General Hospital conscious. However, I suffered abrasions on my arms and legs area.

I was discharged on the same day with seven days of medical leave from 04/01/2019 to 10/01/2019.





3 of 3

Report No. T/20190104/2139

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Sketch Plan

Informant	is not	able	to	provide	sketch	nlan
ппоппаш	12 1101	HUIC	w	DIOVIGE	SVETCH	pian.

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 / Sgt 3 SOPHIA SIM SHI MEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2019 19:42
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
SINGAPORE Author RedictionStamp NP168	

Claim Handling

Printry Ne.	5057751859-06		Vehicle No.	PBA24SG		GST Regist	tration No.			
Certificate No.										
olicyhalder Name	SEAH WEE KOK					Policyholds	er NRIC		293496E	
Yorkut Code	MOTORCYCLE INSURANCE		Cover Type	Third Party		Landing		.0		
Dirtract No.(Mubile)	96724577		Contact No.(Office)			Contact No	(Home)	277		
Email Address (DK	+ No Yes		Special Remark TCA	a No Yes		eCode	2222	- PAG	•	
MCD Protection						eCode Res		11400		
Accident Details	-500		NCD Emitlement(%)	20		Private Hit	•	No		
Report Date	07/01/2019 18:46		Accident Report Within 24 hrs	Yes		Accident T	vole	CM	ision - Najor M	toor itus
Date of Accident	04/01/2019		Time of Accident his min	o9:30		Country of			genore	
Reporting Centre	- ony out of the control		Orange Force	59:30		ICM No.	SECONDO S		an process	
Academ Location	ALONG SIME STREET 4		NEWS STREET							
w Excess										
Own damage Excess		0.00	Additional Excess			Windstree	n Excess			
Unnamed Oriver Excess			Outside Singapore OD Excess							
Third Party Excess		0.00	Outside Singapore TF Excess							
17 Benefits										
□ GST Registered Informat	ion									
GST Registered	Mo				tration Date					
GST Registration No.				GST Statu	a Verified		100			
Mudification History										
♥ Policyholder Halling Add	ress									
Address 1	NO.		Address 2			Address 3				
Address 4	220		Address Type	Singapore address		Post Code		99	1994	
Unif. No.	10-428		Related Policy Number	5057751859-06				1-49		
□ Of Driver Infa										
Oriver Name	SEAH WEE KOK		Driver Type	More Driver						
Unnamed driver Name			Driver NRIC	50293496E		Driver DO	5	11	10/1941	
Register Date of Driver License	01/01/1970		Driver Age	77		Driving Ex	perienza	49		
Contact No.(Mobile)	96724577		Contact No. (Office)			Contact N	o.(Home)			
Address 1	BUR 144 #11-375		Address 2	TAMPINES STREET	12	Address 3		TA	HPINES PARK	
Address #	SINGAPORE SICCIA		Address Type	Singapore address		Post Code		52	1144	
unit No.	11-376									
			Driver Vetock No.	FBA245G		Driver Ins	urer Company	NT	UC	
Does he own a Singapore Registered car?	yes + No		The second secon							
Registered car?	C) 786 # NO		anyer wanta na							
Breathalyser or Bood Test	0 mg		Any (njuny?	Yes a No						
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Display in New Window Scan and upwaiting



RIGINAL MEDICAL CERTIFICATE

EMD20192678

RIGINAL :	MEDICAL CERTIFICATE	NRIC NOTICE AND A STATE OF THE	
SEAH WEE KOK		04-Jan-2019-37 - 10-Jan-2019-3	
his is to certify that the above-named is unfit for notice. Type of medical leave granted: Hospitalization Leave Admitted on: Discharged on: This certificate is not valid for absence	Outpatient Sick Leave Maternity Leave. Sterillization Leave.	Delivers 2.5 Operate 12.5 Unit 2.5	
Diagnosis	Surgical Op	eration (if applicable)	
Fit for light duty from h Comments: The above-named patient attended my clinic a	I.A. to N.A. and left		
No medical leave is necessary. Hospital/Clinic	Ward No. CGH Accident & Emergency	Signature, Name (In BLOCK LETTERS) and Designation/MCR No	
Emergency Medicine Changi General Hospital	04-Jan-2019	YANG YI XIAN, 63622C	



Billing Enquiries: Mon-Fri 9:00am-5:30pm (Excl. Public Holidays) Tel. 6936 6011 / 6936 6012 / 6936 6013 Email: billing@cgh.com.sg

PAGE: 1

GST Registration No.: M2-0088821-9

TAX INVOICE

CAENSI

04.01.2019 15:33 hrs

Bill To

SEAH WEE KOK 144 TAMPINES STREET 12 #11-376 SINGAPORE 521144 MRN/NRIC CASE NUMBER : X01367608711 : 6919301399E

CUSTOMER

: 3026760871

A&E VISIT

: 04.01.2019 09:3

Name of Patient

SEAH WEE KOK

Service Description	History and the Control of the Contr	Amount (SS)	
*	Total Charges Before Govt Grant	Total Amt Payable After Govt Grant	
X-RAY INVESTIGATIONS A&E ATTENDANCE FEE A&E PROCEDURES	71.00 256.00 25.00	0.00 126.00 0.00	
TOTAL CHARGES LESS : GOVERNMENT GRANT	352.00 226.00-		
AMOUNT PAYABLE BEFORE TAX ADD : 7% GST		126.00° 8.82	
AMOUNT PAYABLE AFTER TAX LESS : GST ABSORBED BY THE GOVERNMENT		134.82 8.82-	
NET AMOUNT PAYABLE		126.00	
PAYMENT SEAH WEE KOK		0.00	
SEAH WEE KOK		126.00	
FOR INFORMATION: ST: X SN: X01367608711			
		N N	
		53	
PE OF SUPPLY: CASH/CREDIT			

VIEW YOUR MEDISAVE AND OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to myepf online services with your SingPass at http://www.epf.gov.ag and proceed to My Statements Section Bs Medisave MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit http://www.cpf.gov.sgs/FAQs/Healthcare, REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS, Reimbursement should be made to cash outlay first, followed by Medisave, their MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at http://www.cpf.gov.xg/and/proceed to Employersis Servicesis Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan. phone may directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DHS (Banking, ANS of NETS station of tres healthlub of public payments single-alth or by cheaper Payment may also be made at the Parkent Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO 02-003 R

Please attach this portion to your cheque payment.

04.01.2019

15:33 hrs

Checine should be crossed and made payable to "Changi General Hospital Pte Ltd". Please mail to Tampines Cement Post Office PO Box 500 Singapore 915217,

BALANCE DUE : S\$

126.00 : X01367608711

Amount Enclosed: \$

Cheque No./Bank:

MRN/NRIC CASE NUMBER

: 6919301399E

X01367608711

SEAH WEE KOK

ADMISSION DATE: 04.01.2019

CGH

X01367608711

6919301399E

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ACCIDENT STATEMENT

ACCIDENT DATE: (04,01,7019)(DC	D/MM/YYYY), TIME: (05 : 30) (HH:MM)
LOCATION: ALTHE SIMU ST 4	Proposition (1) (4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
1. DETAILS OF VEHICLE ALVERING THE ALVERTISE	Gr.
C)POLICY NUMBER:	
가능 없이 없는데 가는데 보고 있다면 얼마를 가는데 하는데 하는데 하는데 나를 가는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	THIRD PARTY THIRD PARTY FIRE &THEFT)
6)MAKE & MODEL: HOUGH W f)TYPE:(SALOON / COUPE / MPV /V g)VEHICLE CATEGORY:(PRIVATE / C	AN / LORRY / MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUP IF NO, PLEASE STATE (THIRD PARTY	
ANAME: STATE WHICE COK	MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 967245
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO I	POLICY HOLDER
the of passanger DRIVER	OLOTHOLDER
(Including diag) a)NAME:	(MALE / FEMALE)
(_) b)NRIC/FIN/PASSPORT:	CONTACT:
DATE DEDRIVING PASS WAS DRIVER AN EMPLOYEE OF THE DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE DRIVING PASS	E INSURED'S COMPANY? (YES / NO)
a) WEATHER CONDITION: (CLEAR / R.	AINING / OTHERS
bJROAD SURFACE: (DRY / WET / OTH	ERS
 WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO) 	
IF YES, PLEASE STATE WHICH POLICE	STATION:
B. THIRD PARTY VEHICLE The of passenger of VEHICLE NUMBER: SUE GO Including driver) b) DRIVER'S NAME:	MODEL:
c) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
d) VEHICLE NUMBER:	MODEL:
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:
	CONTACT
	WCIRA OF SIMUNET. LOM S
	ACTIVITY OF THE PROPERTY.
email =	FION
VIDEO	
	aldr OVG





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 0 2 9 3 4 9 6 E

Name:

SEAH WEE KOK

Birth Date: 11 Oct 1941

Issue Date: 31 Mar 2003



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

29 Apr 1966

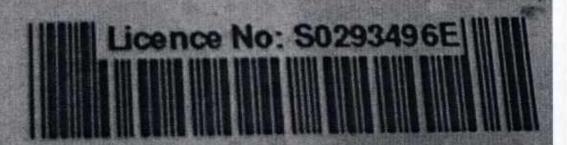
Motorcycles not exceeding 200 cc Class 2B

Class 2A Motorcycles between 201 cc and 400 cc

Class 2 Motorcycles exceeding 400 cc

Motor Cars and Motor Tractors the weight of Class 3 which unladen does not exceed 2500 kilograms 29 Apr 1966

29 Apr 1966 25 Jun 1962





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SKS AND AYSIA)	COMPENSATION) RU	LES, 1960
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		: SEAH WEE KOK : 04 Jan 2018
		: 03 Jan 2019
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pleasure	purposes and in con-	nection with the Policyholder's business or profession.
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/other:	y trial or speed-testil	ng.
netion wi	nan samples) in conn	lection with any trade or business.
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	N/A	
- 1	N2583	
- 8	N/A	
- 8	SEAH WEE KOK	
3	N/A	
36	N/A	
- 10	N/A	
BRANCH 017 15:01	SERVICES (00000030 hrs	
thorised	Officer	Chief Executive
	sks AND AYSIA) sks) RULI 3-05 mber of \(\) stitled to sving is pien so per that beha pleasure reliabilit s (other t ection will ative by S 5 of the R s (which thensation) BRANCH 1017 15:01	sks) RULES, 1959 (MALAYSIA) 3-05 mber of Vehicle stitled to drive# sving is permitted in accordance so permitted and is not districted to the substitution of the Market so permitted and is not districted to the substitution of the Market substitution of the Market substitution of the Market substitution with the Motor Trade. stive by Section 8 of the Motor of the Road Transport Act, 1: N/A N/A N/A SEAH WEE KOK N/A N/A N/A