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Owner / Driver: (	20000		Tel:	-	)	
Policy No: ( ) P	eriod: (	) (	over Type: (		١.	
Confirmed by ; (		atet.	Thuc	-	)	-0-,
Insured/Driver Liability: (%)	[Note-Est. Status (WO)	: N: 0-20%	; P: 21-79%	. P: 80-1	00%]	
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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 willul 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.
- 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.

<b>对于是,以为这些方式也是一个人</b>	ACCIDENT STATEMENT
Date Of Report	19/03/2019 16:40
Date Of Accident	17/03/2019 18:30
Exact Location Of Accident	JUNCTION OF SIMS AVENUE/SIMS WAY TOWARDS PIE
Country/State of Loss	SINGAPORE
红色的 对与证明的 Carting Day	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH4945G
Insured/Policyholder	
Name Of Registered Owner	HENG YAM WATT
NRIC No	\$2642879C
Email Address	CORRINENGLW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83632542
Alternative Phone No	OFFICE-83632542
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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 FIRE AND/OR THEFT
Fleet Policy	NO

Fleet Policy NO

Policy Number 5091811358-01

Cover Note Number

Driver

Name of Driver HENG YAM WATT

 NRIC No
 S2642879C

 Date Of Birth
 31/10/1955

 Occupation
 INDOOR

 Date Of Driving Pass
 27/09/1994

Driving Experience 24 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83632542

Fax Number

Contact Number OFFICE-83632542

EMail Address CORRINENGLW@GMAIL.COM

BLK 7 NORTH BRIDGE ROAD Address

#11-4030

Postcode 190007

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

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)

7

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ROCHOR NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO: 63918583

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190318/2002

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

SDJ3608C

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

THOMAS HENG

NRIC/Passport Number

S1503270G

Contact Number

96368921

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

HENG YAM WATT

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBH4945G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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.

9

Policyholder's Signature
Date & Time: 10 110 13

19/3/19, 3.26pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's S

Name:

ime: Vaol III

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	FBH4	9459		9		
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NT			Į.			

# DESCRIBE CIRCUMSTANCES OF THE ACCIDE

## DECLARATION

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

Policyholder's Signature

Date & Time: 19 3 19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre PeySpingel's Signi Name:

NRIC/FIN No.:





1 of 3

Report No. T/20190318/2002

Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 00:26	ade:	Vide Report No.: G/20190317/0191	Station Diary No. 8	
Informa	nt's Particu	ılars			
Name of Informant: HENG YAM WATT			Address: APT BLK 7 NORTH BRIDGE ROAD #11-4030 SINGAPORE 190007		
	/ ID No.: O / S264287	79C	Contact No.: Home/Office:	Mobile: 83632542	
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 63	Date of Birth: 31/10/1955	: Type of Informant: Rider		
Race: Chinese	i'		Language:	Institution / School Name:	
Occupation: Carpenter			Driving Licence Information Class: 2B,3	on: Date of Expiry:	

General Inform	mation of the Accid	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2019 18:3	Type of Location: X-Junction
Weather:		MS Way. TowardsPIE Road Surface:		Road Speed Limit:
		Traffic Control: Traffic Light - W	orking	Traffic Volume: Heavy
Type of Collis	sion: ving Vehicles - Head	STATE SHOWS TO		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBH4945G	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Slightly Damaged	0
SDJ3608C	Car	TOYOTA	Altis	Silver	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH4945G	NTUC Income Insurance Co-Operative Limited	5091811358-01	03/07/2018	02/07/2019





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 3 of 3 Report No. T/20190318/2002

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

apore Police Force

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: A / Staff Sgt ALVIN SHAM THEYOPHOLOUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2019 00:26
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172 Authentication Stamp	Classification Of Case:





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

2 of 3 Report No. T/20190318/2002

#### CONTINUATION OF REPORT

n Involved	100756		Billet		
				married and	
ns Injured: NIL		Use of Pa	eripetria	n Cross	ring: NA
		OSC OIT (	destrial	Closs	sing; IVA
HENG YAM WATT		ID No.		S2642879C	
FBH4945G (Motorcycle)		Contact No.		83632542	
TAN TOCK SENG HOSPITAL		Class of Driving Licence &		Class: 2B,3 Date of Expiry: NIL	
17/03/2019		Date Disc		The second second	1/2010
	02				
	I LIAM	Degree o	injuly	Silgini	
THOMAS HENG			ID No		S1503270G
SDJ3608C (Car)			Contact No.		96368921
NIL		Drivin	g ce &	Class: NIL Date of Expiry: NIL	
NIL		Date Disc	harne		
ed Medical Leave	NIL			NIL	
	TAN TOCK SENG H  17/03/2019 ted Medical Leave  THOMAS HENG  SDJ3608C (Car)  NIL	nvolved: No ns Injured: NIL  HENG YAM WATT  FBH4945G (Motorcycle)  TAN TOCK SENG HOSPITAL  17/03/2019 ted Medical Leave 02  THOMAS HENG  SDJ3608C (Car)  NIL	THOMAS HENG  SDJ3608C (Car)  NIL  Use of Periods  Date Disconsistant  Use of Periods  Use of Periods  Date Disconsistant  Date Disconsistant  Date Disconsistant  NIL  Date Disconsistant  Dat	HENG YAM WATT  FBH4945G (Motorcycle)  TAN TOCK SENG HOSPITAL  17/03/2019  Ted Medical Leave  Date Discharge Degree of Injury  THOMAS HENG  SDJ3608C (Car)  NIL  Date Discharge Contact  Class Drivin Licence Expiny  THOMAS HENG  SDJ3608C (Car)  Class Drivin Licence Expiry  NIL  Date Discharge Expiry  Class Drivin Licence Expiry  NIL  Date Discharge	HENG YAM WATT  HENG YAM WATT  ID No.  FBH4945G (Motorcycle)  TAN TOCK SENG HOSPITAL  Class of Driving Licence & Expiry Date  17/03/2019  Date Discharge 17/03  THOMAS HENG  DID No.  SDJ3608C (Car)  NIL  Class of Driving Licence & Expiry Date  Contact No.  Class of Driving Licence & Expiry Date  Date Discharge NIL  Date Discharge NIL

#### Brief Details.

On 17/03/2019, I was riding my motorcycle FBH 4945G along Sims Ave turning into Sims Way towards PIE. I came to a stop at a traffic light junction there as the lights were red. I was at the extreme front. Suddenly a vehicle SDJ 3608C front portion hit onto the rear portion of my motorcycle. I fell together with my motorcycle. The driver of vehicle alighted and help me up. I was feeling pain on my left leg. I called my niece for assistance and she came down. My niece called 999 for Police assistance. The traffic Police and ambulance arrived. I was conveyed to Tan Tock Seng Hospital. I sustained abrasion and swelling on my left leg and given 2 days of medical leave. The traffic Police told me to lodge a Traffic accident report. The report number given to me is: G/20190317/0191. That is all.



# Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433 TEL (65) 6256 6011

NRIC: S2642879C	NAME: HENG YAM WATT
TTSH19062486	MEDICAL CERTIFICATE

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 18-Mar-2019 inclusive

N

day(s) from

17-Mar-2019

ō

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from

17-Mar-2019 19:52

ō 17-Mar-2019 21:51

HEAH YA TING CHARMAIN

(60038E)

Emergency Department

Location

Signature

Assume years of Assumptions Group

17-Mar-2019 Date

Issued by

#### rsbm

From:

Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>

Sent:

Wednesday, 20 March, 2019 8:27 AM

To:

LKK Bukit Merah

Cc:

**ODsupport** 

Subject:

RE: MT/1036534 FBH4945G

Hi Rosli

Please quote this clm nbr when billing invoice MT/1036534-001

With Regards

Theresa Vimala Senior Administrator Motor Insurance 7+65 6430 7898 www.income.com.sg











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Find out more at income.com.sg/careers



From: LKK Bukit Merah [mailto:rsbm@lkkauto.com]

Sent: Tuesday, 19 March 2019 4:57 PM

To: Theresa Vimala D/O Balagangadharan < thrsvim.bala@income.com.sg>

Cc: ODsupport < ODsupport@income.com.sg>

Subject: MT/1036534 FBH4945G

Hi the above mention cannot create ebao thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah

Tel: 6898 0055 Fax: 6271 8802

Email: rsbm@lkkauto.com

This email has been checked for viruses by AVG antivirus software. www.avg.com

# Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

MILOSOSH-OO)
ACCIDENT STATEMENT

ACC	CIDENT DATE: 1 1 03 2019 100 MM MY	M). TIME:(18 30 )(HH:MM)
Loc	ATION: Junction of Sims Avenue a	O'C
		ul Sins Way, towards Pli
1	DETAILS OF VEHICLE	7 2
	a) VEHICLE NUMBER: F BX 4945 G	
	DINSURANCE COMPANY: NTUC INCOM	nt-
	CIPOLICY NUMBER: 5091811358-1	31
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THIRD PARTY FIRE STHEET
	STOWN SERVICES TO SERVICE IN	1 ×
	TYPE: (SALOON / COUPE / MPY / AN / LOR	RY / MOTORCYCLE / OTHERS)
	SI SINCE ON ECON THE PARE COMMEN	HAL / MOTOBOVOLE
	h)PURPOSE OF USING AT ACCIDENT TIME:_P	rivate Use
	I ARE YOU CLAIMING UNDER YOUR OWN INSI	URANCE (YES/NO)
2.	IF NO, PLEASE STATE (THIRD PARTY CLAIM / R INSURED / POLICY HOLDER	ERORTING ONLY)
	AINAME: HENG YAM WATT	WARRING THE SERVICE OF THE
	b) NRIC/FIN/PASSPORT: \$2642 979 C	(MALE / FEMALE) CONTACT:8343_2542
	CLADDRESS: BLOCK 7 North Bridge Ros	A # 11-4030 S(190007)
	(T)	
A Ho of passongs.	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER
( ) I hassan gas	ONAME: HENG YAM WATT	
(Including driver)	b) NRIC/FIN/PASSPORT: 52642 879 C	(MALE / FEMALE)
(T)	CIADDRESS: Block 1 North Bridge Road	CONTACT: 8363 2542
i)i		
įĝ.	*d) DATE OF BIRTH: (31 /10 / (455)(DD/	MM/YYYY] ·
	OCCUPATION: INDOOR / OUTDOOR	
4,	DATE OF DRIVING PASS 27 Sep 1	194
	WAS DRIVER AN EMPLOYEE OF THE INSURING NO. RELATIONSHIP OF THE DRIVER WIT	ED'S COMPANY? (YES / NO)
5.	GIVENITIER CONDITION: (CLEAR / RAINING /	OTHERS
	DINUAD SURFACE: IDRY / WFF / OTHERS	* * * * * * * * * * * * * * * * * * * *
6.	WAS ANYBODY INJURED IVES INOL	
7,	a)REPORTED TO POLICE (YES /-NO)	D. 1 - 8/03
8.	IF YES, PLEASE STATE WHICH POLICE STATIONS THIRD PARTY VEHICLE	Rochor NFC
4 No of passenger	a) VEHICLE NUMBER: SD3 3608 C	MODEL: Toyota Altis.
(Including driver)	b) DRIVER'S NAME: Thomas Hena	MODEL: 10 MOTA TITTE
( )	C) NRIC/FIN/PASSPORT: S15032706	CONTACT: 94368921
	THIRD P'ARTY VEHICLE	711111
* No of passenger	d) VEHICLE NUMBER:	_MODEL: "
(Including driver)	e) DRIVER'S NAME:	*
1 3	f) NRIC/FIN/PASSPORT:	CONTACT:
/	39	

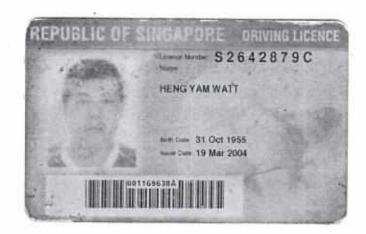
email = Corrinangline ginail.com

REPUBLIC OF SINGAPORE

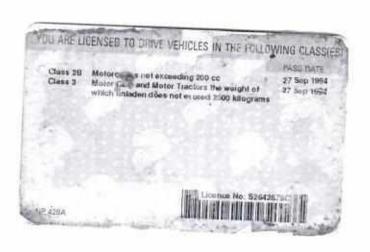


HENG YAM WATT

CHINESE 21-10-1958 MALAYSIA







eBaoTech

GeneralClaim

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My Desktop Notice of Loss

**Policy Query** 

Policy No. Vehicle No.(For Motor)

5091811358-01

Date of Accident Certificate Number

Change Language

17/03/2019 16:38

Search

Select Policy No. 5091811358-01

Certificate Number

Policyholder Name HENG YAM WATT

Policyholder NRIC 52642879C Product Cover Type

Vehicle No.

Insured Object Commence Date Expiry Date Third Party, FBH4945G FBH4945G 03/07/2018 02/07/2019

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