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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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
- 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.	and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/04/2019 19:11
Date Of Accident	30/03/2019 15:20
Exact Location Of Accident	SLIP RD FROM BUKIT MERAH VIEW INTO HENDERSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ8629B
Insured/Policyholder	
Name Of Registered Owner	LIM GEOK HENG
NRIC No	S1115898F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90080632
Alternative Phone No	OTHERS-90080632
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM-197CC TA200
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
f 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
Fleet Policy	NO
Policy Number	5049392033-07
Cover Note Number	
Oriver	
Name of Driver	LIM GEOK HENG
IPIC No.	S1115898F
Selector project	23/01/1955
locupation	INDOOR
The Wall Brook of the State of	10/07/1980
Chains Canadanas	38 YEARS AND 8 MONTHS
and as	MALE
Aphila Number	(LOCAL) +65-90080632
ax Number	arthachaethae t arnaca(在)。 元 元 元 正 京 元 代表 (1)

OTHERS-90080632

NOEMAIL

Address

BLK 54 TELOK BLANGAH DRIVE

#03-26

Postcode

100054

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?

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?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: PHUA PUA HIANG

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190401/2077

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

SLP3831Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM GEOK HENG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FZ8629B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

PHUA PUA HIANG

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FZ8629B

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

Polityholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

Name:

NRIC/EIN No -

SKETCH PLAN		
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CON C 81.90	1 Pa	7
(A) F28629B		
(B) SUP 3831Y	1/9/	BUKIT WAREN
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ECLARATION We declare the foregoing parties	lare we want to	
We declare the foregoing partici	nais are true in every respect.	111
1 16 1	4	01/04/2018
olicyholder s Sighature ste & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
	Date & Time:	NRIC/FIN NO.: COLDI OVER JACO





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000,

1 of 3 Report No. T/20190401/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 01/04/20	me Report 019 13:09	Made:	Vide Report No.: D/20190330/0072	Station Diary No.		
Informa	nt's Partic	culars	1 = 120 130330/0072			
Name of	f Informant OK HENG	i i	Address: APT BLK 54 TELOK BLANG	AH DRIVE #03.26 BLANGAU		
ID Type NRIC NO	/ ID No.; D / S11158	98F	APT BLK 54 TELOK BLANGAH DRIVE #03-26 BLANG VIEW SINGAPORE 100054 Contact No.:			
Nationali	ty: ORE CITIZ		Home/Office: Email:	Mobile: 90080632		
Sex: Male	Age: 64	Date of Birth: 23/01/1955	Type of Informant:			
Hace: Chinese			Language: English	Institution / School Name:		
Occupation DISPATO	on: H		Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambular	Drink nce Drive:	Date/Time of Accident:	Type of Location
Location: Along Road 1 BUKIT MERA BUKIT MERA	H VIEW H VIEW X HENDERSON R	No.	30/03/2019 15:20	
151111		OAD load Surface:	R	oad Speed Limit:
Transfer one	7			
Traffic Flow: Type of Collision		raffic Control:	Ti	raffic Volume:

Vehicle No.	Туре	Make				
FZ8629B	Motorcycle		Model	Color	Condition	No of Passenger
Wil-salter distribus	Motorcycle	HONDA	PHANTOM	Red	Condition	No of Passenger
SLP3831Y	Car	<u> </u>	200M	THE SERVICE		T.

ehicle Insurance Insurance Company			150000
	Insurance No	Effective	Evning Dat
 NTUC Income Insurance Co-Operative	5049392033-07	17/11/2018	16/11/2019





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190401/2077

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE DATE TIME AND LOCATION,

ON 30/03/2019 AT ABOUT 1520HRS, I WAS TRAVELLING ALONG BUKIT MERAH VIEW X HENDERSON ROAD. UPON REACHING JUNCTION, I WAS ABOUT TO PROCEED FORWARD TO CROSS THE JUNCTION A VEHICLE (SLP3831Y) CAME FROM MY REAR AND COLLIDED ONTO REAR PORTION OF MY VEHICLE. AFTER THE COLLISION ME AND MY WIFE WAS INJURED. AFTER AWHILE, POLICE AND AMUBLANCE CAME ONLY MY WIFE WAS CONVEYED TO SGH AND WARDED.AFTER FEW DAY'S I FELT UNCOMFORTABLE AND I WENT TO CLINIC AND WAS GIVEN 6 DAYS MC.

MY WIFE: PHUA PUA HIANG // S1287282H // 91777026





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190401/2077

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.

TP / Officer Recording The Report:	Signature Of Informant:
TAN KOK RAY	1 77
Signature Of Interpreter:	Date/Time:
Not applicable	01/04/2019 13:09
Officer In Charge Of Case:	
TP/GIT/	Classification Of Case:
Contact No.:	SET TO SINGAPORE FOLICE FORCE
uthentication Stamp P168	
	J. Standards

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Claim Handling(accident reporting Claim Task)

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ACCIDENT STATEMENT

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REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1115898F



LIM GEOK HENG



CHINESE

23-01-1955 SINGAPORE







APT BLK 54 TELOK BLANGAH DRIVE

SINGAPORE 100054

MOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 28 Motorcycles =< 200 cc Motor Cars < 3000kg with =<7 passengers, exclusive of the disver; and other motor vehicles =< 2500kg Motor vehicles which are constructed to carry lead of passengers and the unlaiden weight > 2500kg Motor vehicles which are not constructed to carry lead and the unlaiden weight < 7250kg Motor vehicles had constructed to carry lead and the unlaiden weight < 7250kg Motor vehicles not constructed to carry lead and the unlaiden weight < 7250kg Motor vehicles not constructed to carry any load and the unlaiden weight > 7250kg

EFFECTIVE GATE

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Licence No. 51115890F

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