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SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wiful 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.
- 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 ladgement 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

ALE ROLL STREET HATELE SOLL	ACCIDENT STATEMENT
Date Of Report	05/04/2019 15:33
Date Of Accident	05/04/2019 11:40
Exact Location Of Accident	ALONG JALAN BUKIT MERAH BEFORE HENDERSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FV8213M
Insured/Policyholder	
Name Of Registered Owner	NG CHEE MING
NRIC No	S2600545J
Email Address	SHUTINGNGST@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85080032
Alternative Phone No	OTHERS-85080032
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5071345915-03
Cover Note Number	Security Constitution Constitution (Constitution Constitution Constitu
Oriver	
Name of Driver	NG CHEE MING

NG CHEE MING NRIC No S2600545J Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 02/04/1986 **Driving Experience** 33 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-85080032

Fax Number

Contact Number OTHERS-85080032

EMail Address SHUTINGNGST@GMAIL.COM Address

BLK 469B SENGKANG WEST WAY

#26-610

Postcode

792469

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

SIDE SWIPE

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?

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)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver) 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMC9896C

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97928183

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 3. 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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:
 - (i) 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

SKETCH PLAN A WOULS JU	SUCI MARON B/	+ HAMIDHARON ADO
A) FV 8013M		
8) SMC 9896C	X B	
DESCRIBE CIRCUMSTANCES OF 1	THE ACCIDENT	
ON OSTOPADOL9 1	AT ABOUT 11:42HRS H JUST BJF HUND	I WOS TRAVELLING HERSON

ON OSTOPPAGES BY ABOUT 11:42 HRS I WAS TRAVELLING ALONES
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OF MA WAS A CAR SINC 9896C SUBBERLY JAM HU BROKK
& I COULD NOT BRAKE ON TIME 9 MY BIKE FY 8213M ARK
SION SWIPE 7 HE CHET RAPH OF DIS BUMPFUR.

DECLARATION

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

Policyholder's Signature
Date & Time 05/04/19

Driver's Signature (If driver is not the policyholder) Date & Time: Beporting Centre Personnel's Signature Horse Name: NRIC/FIN No.:

Claim Handling(accident reporting Claim Task) 4/5/2019 Claim Handling Accident MT/1038998 Holey No. 5071345615-03 Wetsche No. PVALUAM GST Registration No. Ceroficate No. **Fritcyholder Name** NG CHEE HING Policyholder NIUC 128005913 Cover Type Product Code HOTORCYCLE INSURANCE Trees Party Centact No.(Office) Contact No (Harris) Contact No.(Plotsle) 85080032 Email Address Special Remerk eCode: No. 1 «Cittle Newsort e-No. Yes NCS Entitlement(%) Private Hire NCO Fratestian No. W Accident Details 85/54/3819 LS:48 Accident Sepon Wilhin 24 feb Accident Type Side Nespe Date of Acodemic 05/04/2018 Time of Accident his mm Country of Accident Singapore 11:40 IDM No. Наротопр Сеготе Grange Fires Acoderá Location ALONG JALAN BUKIT MERAH BEFORE HENDERSON ROAD OF EXCESS Additional Excess Windsgreen From Urnames Driver Excess Outside Singapore OD Excess Third Facty Excess Dutaide Singapore TP Excess 0.00 · Benefits ♥ GST Registered Information QST Representation Date GST Registration No. **GST Status Verified** Yes: Hugification History ⇒ Policyholder Halling Address Strivers 1 BLK 4636 V 26-610 Address 2 SENSKAND WEST WAY Address 2 PERMANEL LAN 66dress 4 STREAMORE 792469 Address Type Singapore Address FOR CODE 797465 Related Policy Number 5071245815-01 ot Driver Info Driver Name NG CHEE WING Driver Type Main Driver Oriver DOB Unnamed driver Name Driver NRSC 824055412 18/05/1963 Register Date of Driver License 02/04/1986 Driver Age 43 Driving Expenence 32 Clertast No. (Notely) 850W0033 Contact No. (Office) Corcect No.(Home) Appreye 2 SENGRANG WEST WAT PERMALE LEA BLK SETE #25-825 Address 1 Address 4 SINGAPORE 792469 Asitresi Type Sirpapore address Foot Code 792A63 Khall No. Does he wan a Bingapore Registered cert Driver Vehicle No. FVB213M Driver Incurer Company ertuc Declaration Breethalyper or Blood Test Reading? Ane insury? Yes - No Modification History Claim 001 have * Insured NG CHEE HING Claim Type * 00-MX 514005451 Contact Vo (Mobile) aboncosz Venide Pv9213P4 висяемо Emel Address MILEVENIFIED.CC Plattie U Probutte Worksto Claim Description FURZITM / SHCHBURG DN 5 Apr 2019 Profesend Similary Fully at Pault Proper Profesend Profesend Wareshop Epitiest No. | Yes Disablestons GEA Received Preferred Workshop, Name unen Deta 05/04/2019 00:00 Date Registerest 05/04/2019 15:50 ROOLL WANAS Report Taken By T Print AK britan Save Submit Attachment MT/3038998 901 Last Dec. Received Upload Date US-D4/2019 13:31 * Yes No Canegory 4 Description = Urgenie * Choose File No file chosen * | NO ¥ Normal Clear Please Select. Choose File No file chosen Clear Please Select T NO T Normal + Choose File No file chosen NO * Normal ٠ Clear Please Select * Normal Choose File No file chosen Diegr Fesse Select * NO • Chaose File No file chasen Normal NO Case Please Select Choose File | No file chosen Clear Please Select * 40 * Normal . Henry Read Send Hemage w Attachment List His Selet 7 Attachment **Urgency** Description. Uplanded By/Date Category NAC_BUKIT_MERAH_SODE761 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 05 Apr 2019 15:51 Photos Product 2019-4-5

history

Photos 2019-4-5

Photos 2019-4-5

NAC_BURIT_MERAH_BIDGF6 NATIONAL ASSESSMENT CENTRE SERVICE 1 (BURIT MERAH)) on D5 Aut 2019 15:51

NAC_BLACT_MERAH_BOOK/FC NATIONAL ASSESSMENT CENTRE SERVICE S (BUKST MERAH)) on 05 Apr 2019 15:51

ACCIDENT'STATEMENT

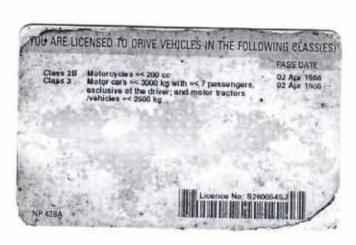
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Loca	ATION:	Jm 57	MARRY BIF	HENDERPON	LOA
ñ.	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPA c) POUCY NUMBER: d) POLICY TYPE: (COMP b) MAKE & MODEL: 1) TYPE: (SALOON / COU	PREHENSIVE / THIS	CONSUE ROPARTY / THÍRD	9/5-03 PARTY FIRE &THEFT)	
2.,	h) PURPOSE OF USING A I) ARE YOU CLAIMING U IF NO, PLEASE STATE IT INSURED / POLICY HOLE	TACCIDENT TIME HODER YOUR OW HIRD PARTY CLA	MERCIAL / MOTO E: WORKIN	RCYCLE)	
# 4 G	A) NAME: ALG CHI b) NRIC/FIN/PASSPORT: c) ADDRESS:	\$760054	90/11/10	MARE AFEMPLE 03	2
440 of passenger (Including driver)	CONTINUE TO 3.d IF DE DRIVER a) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS:	RIVER ALSO POLI	(/	MALE / FEMALE)	
4, 5.	*d)DATE OF BIRTH: (// B)OCCUPATION: (INDOC 1)DATE OF DRIVING P. WAS DRIVER AN EMPLO IF NO, RELATIONSHIP OF GIWEATHER CONDITION: b)ROAD SURFACE: (DRY	OR / OUIDOOR) ASS OYEE OF THE IN OF THE DRIVER (CLEAR / RAININ / WET / OTHERS	OZIOY 1986 ISURED'S COMPA WITH INSURED	W. 1806	C.
6, 7, 8, 1	WAS ANYBODY INJURED O'REPORTED TO POLICE IF YES, PLEASE STATE WHITE THIRD PARTY VEHICLE	(YES / NO) HICH POLICE STA	TION:		S V
t No of passenger (Including dulver)	O) VEHICLE NUMBER:b) DRIVER'S NAME:		E T I - C - S - NO C C C C C C C C C C C C C C C C C C	MARCHOR 2	
(<u> </u>	C) NRIC/FIN/PASSPORT: HIRD PARTY VEHICLE		CONTAC	1: 97928187	3
flood passenger (Including debrer)	d) VEHICLE NUMBER: e) DRIVER'S NAME:		SARES ATTEMATICAL		W 51
()	f) NRIC/FIN/PASSPORT;		CONTAC	T: <u></u> ,	

email = stutingagst a gmall. com.











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5071345915-03

Cover : Third Party

 Index mark and Registration Number of Vehicle Chassis Number

: FV8213M

2. Name of Policyholder

: NF125MD0032907

3. Effective Date of Insurance

: NG CHEE MING

Expiry Date of Insurance

: 19 May 2018 : 18 May 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover
 - (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered Inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1) EXCESS (SECTION 2)

N/A

: N/A

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: NG CHEE MING

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: NG JIA JUN

SUM INSURED

N/A N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: COMMERCIAL AGENCY PTE LTD (00000614425)

Date of Issue

: 18 Apr 2018 21:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive