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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.

 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,

	ACCIDENT STATEMENT
Date Of Report	15/04/2019 18:24
Date Of Accident	13/04/2019 20:50
Exact Location Of Accident	ALONG 219 PETIR RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FW9361G
Insured/Policyholder	
Name Of Registered Owner	PHIONG HON KOO
NRIC No	S1597076F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86162854
Alternative Phone No	OFFICE-86162854
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
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
Fleet Policy	NO
Policy Number	5082953665-02
Cover Note Number	
Driver	
Name of Driver	PHIONG QUAN YONG
NRIC No	T0001931Z
Date Of Birth	21/01/2000
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88185676
Fax Number	
Contact Number	OFFICE-88185676
EMail Address	NOEMAIL

BLK 115 TECK WHYE LANE Address

#04-706

Postcode 680115

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?

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?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190415/7017.

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 **GBH3975B**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

PHIONG QUAN YONG

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

FW9361G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

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 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 aforesald.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

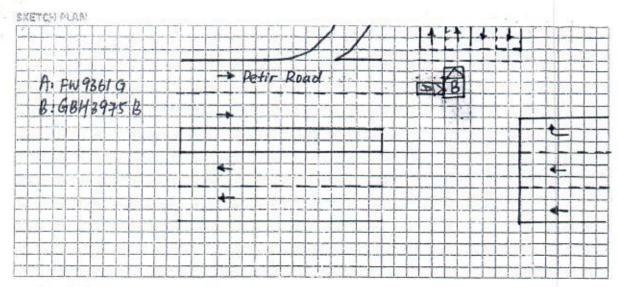
Reporting Centre

sonnel's Signature

Name:

NRIC/FIN No .:

GIARMC StretchPlanForm_V3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.		
1		
	(a) N	
ECLARATION		

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:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any willful 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.
- Any false reporting may be referred to the traffic police department for investigation.

The state of the s	ACCIDENT DETAILS	的知识的
Date of accident	13/4/2019	(DD/MM/YY)
Time of accident	8:50 pm	(HH:MM)
Exact location of accident	Along 219 Petir Road	

Carried Street, Section 51	DE	TAILS OF V	EHICLE AND AND A	
Vehicle registration number	FW 9361	G		
Vehicle make and model				
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗈	CRV U Van Motorcycle	
Vehicle category	Private 🗆	Comm	ercial D Motorcyc	cle pr
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes □ Third part c	No.d	if no, please select: Reporting only \Box	

CANAL DESIGNATION OF THE STREET	INSURANCE IN	FORMATION	一个一个一个一个一个
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

Name	Prong Hon Koo	Male	Female =
NRIC / Fin / Passport number	S1597076F		
Contact	8616 2854		
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	No receive
Name	Prong Quan Yong Male	Female
NRIC / Fin / Passport number	T0001931 Z	
Contact	8818 5676	
Address	Apt Bik 115 Teck Whye Lane #04-706 8 (680 115)	
Email address		
Date of birth	21 / 01 /2000	
Occupation	Indoor Outdoor	TO 20151-7-2
Driving date pass	25/09/2018	

			F THE ACCIDENT	tillas & Can
as driver an employee of	If nn. rela	tionship of the	driver and insured:	tather a sun
e insured's company?	Yes 🗆	No		
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Was other vehicle damaged?	Yes	No 🗆		
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Vere seat belts worn?	
Was injured conveyed to	Yes D No.
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16 注1·10 考达1·10 中的第三人称	INJURED PERSON 3
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1 of 3

Report No. T/20190415/7017

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

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 15/04/2019 17:17		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: QUAN YON		Address: APT BLK 115 TECK WHYE L 680115	ANE #04-706 SINGAPORE	
ID Type NRIC N	/ ID No.: D / T00019:	31Z	Contact No.: Home/Office:	Mobile: 88185676	
National SINGAP	ity: ORE CITIZ	EN	Email: piongquanyong@gmail.com		
Sex: Male	Age: 19	Date of Birth: 21/01/2000	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Acci	dent		to excellent to the fact of	
Type of Accident:	Injury Others	[Orink Orive:	Date/Time of Accident: 13/04/2019 20:50	Type of Location
Location: PETIR ROAD Weather:		Road Su	rface:		Road Speed Limit:
Clear		Dry			A STANCHED ON THE STANCE OF TH
Traffic Flow:		Traffic Co Traffic Li		rking	Traffic Volume:
Type of Collis Between Mov	ion: ring Vehicles - Head	d To Side			Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d			W. W. Warris	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FW9361G	Motorcycle					0
GBH3975B	Van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190415/7017

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

CONTINUATION OF REPORT

Rider		TO THE		Service Services	THE LET	
Name	PIONG QUAN YONG					T0001931Z
Related Vehicle	FW9361G (Motorcycle)				ct No.	88185676
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	03	Degree o		Sligh	

Brief Details.

on 13/4/2019 8:50PM , I was travelling straight on petir road . vehicle GBH3975B which was travelling on the opposite of me failed to check that I was going straight which caused the collision . when I stop to ask him for his particular , he did not want to give and he just drive off . I wish to state that after the accident I felt pain in my neck , back and waist therefore I was given a three days mc by the doctor .





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

3 of 3 Report No. T/20190415/7017

CONTINUATION OF REPORT

Sketch Plan	
Informant is not able	e to provide sketch plan

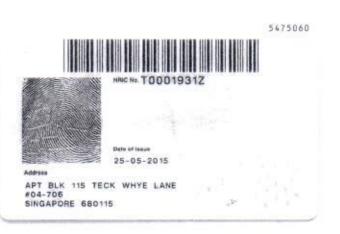
NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2019 17:17
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp	











Countersigned By:

Certificate of Insurance

Certificate Number : 5082953665-0 1. Index mark and Registration Number Chassis Number 2. Name of Policyholder	Cover : Third Party
Chassis Number	
	er of Vehicle : FW9361G
Name of Policyholder	: PMY5PV10000003455
2. Hame of Policyfloider	: PIONG HON KOO
 Effective Date of Insurance 	: 14 Jul 2018
Expiry Date of Insurance	: 13 Jul 2019
Persons or Classes of Persons entit	led to drive#
(a) Named Driver(s) Only.	
the Motor Vehicle or has been	ng is permitted in accordance with the licensing or other laws or regulations to drive so permitted and is not disqualified by order of a Court of Law or by reason of any at behalf from driving the Motor Vehicle.
6. Limitations as to Use#	
(a) Use for social domestic and p	easure purposes and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	
(a) Use for hire or reward.(b) Use for racing, pace-making, r	eliability trial or speed-testing.
(b) Use for racing, pace-making, (c) Use for the carriage of goods (d) Use for any purpose in conne # Limitations rendered inoperal	other than samples) in connection with any trade or business. tion with the Motor Trade. ive by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act
(b) Use for racing, pace-making, (c) Use for the carriage of goods (d) Use for any purpose in conne # Limitations rendered inoperal	other than samples) in connection with any trade or business. tion with the Motor Trade.
(b) Use for racing, pace-making, (c) Use for the carriage of goods (d) Use for any purpose in conne # Limitations rendered inoperal (Chapter 189) and Section 95 headings.	other than samples) in connection with any trade or business. tion with the Motor Trade. ive by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act
(b) Use for racing, pace-making, (c) Use for the carriage of goods (d) Use for any purpose in conne # Limitations rendered inopera (Chapter 189) and Section 95 headings. EXCESS (SECTION 1)	other than samples) in connection with any trade or business. tion with the Motor Trade. ive by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act of the Road Transport Act, 1987 (Malaysia), are not to be included under these
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(b) Use for racing, pace-making, (c) Use for the carriage of goods (d) Use for any purpose in conne # Limitations rendered inoperal (Chapter 189) and Section 95	other than samples) in connection with any trade or business. tion with the Motor Trade. ive by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act of the Road Transport Act, 1987 (Malaysia), are not to be included under these : N/A : N/A : N/A : N/A : PIONG HON KOO

Authorised Officer

Chief Executive

eBao Tech							AL APPLE			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy	No.				Date	of Accident	[3/04/2019	20:50	
	Vehicle	No.(For Motor)	FW936	1G		Certif	icate Number			50000000- XX	
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5082953665- 02		PIONG HON KOO	S1597076F	GMC	Third Party	FW9361G	-	14/07/2018	13/07/2019
						Continue	I				

Policy No.	5082953665-02	Policyholder Name	PIONG HO	N KOO	Policyholder NRIC	S1597076F	
Certificate No.		No.			NKIC		
Address	BLK 115 #04-706 TECK WHY	E LANE SINGAPO	ORE 680115				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	05/06/2018	Effective Date	14/07/2018	8 00:00	Expiry Date	13/07/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD		Outside Singapore				You	ng/Inexperience Driver Excess
Excess		TP Excess				100	my, mexperience Driver excess
Agent	VICOM LTD	Agent Tel.	64502221		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Policy							
Policy Info Certificate Info	oolder Mailing Address						
Policy nfo Certificate nfo Policy	nolder Mailing Address BLK 115 #04-706	Addre	ss 2	TECK WHYE LANE		Address 3	SINGAPORE 680115
Policy Info Certificate Info	2 mm - 144 mm - 144 mm		ss 2 ss Type	TECK WHYE LANE Singapore address		Address 3	SINGAPORE 680115 680115
Policy Info Dertificate Info Policy Info Info Info Info Info Info Info Info	2 mm 2 44 mm 1 44 mm	Addre Relate	ss Type ed Policy				
Policy Info Pertificate Info Policy Info Inddress 1 Inddress 4 Init No.	BLK 115 #04-706	Addre	ss Type ed Policy	Singapore address			
Policy Info Dertificate Info Policy Policy Industrial Industrial Info Info Info Info Info Info Info Info	BLK 115 #04-706 04-706 d Object: FW9361G	Addre Relate	ss Type ed Policy	Singapore address			
Policy Info Policy Inddress 1 Inddress 4 Init No. Insure	BLK 115 #04-706 04-706 d Object: FW9361G ements	Addre Relate Numb	ss Type ed Policy er	Singapore address 5082953665-02		Post Code	680115
Policy Info Policy Policy Address 1 Address 4 Init No. Insure Endors	BLK 115 #04-706 04-706 d Object: FW9361G ements	Addre Relate Numb	ss Type ed Policy	Singapore address 5082953665-02		Post Code	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 20
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ficate No.					
yholder Name	PIONG HON KOO			Policyholder NRIC	51597076F
uct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
act No. (Mobile)	86162854	Contact No. (Office)	0		
ell Address		Special Remark		Contact No. (Home)	0
	® No ⊜Yes		00	eCode	nic 🗸
	Estation H	TCA	® No ○Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
ort Date	15/04/2019 21:15	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Cross Junction
e of Accident	13/04/2019	Time of Accident hhomm	20:50		
orting Centre		Orange Force	200	Country of Accident	Singapore
dent Location	ALONG 219 PETIR RD	S. B. Ge Folke		ICM No.	
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damage Excess	78924				
	0.00	Additional Excess		Windscreen Excess	
amed Driver Excess		Outside Singapore OD Excess			
D Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
fication History				11/20	
Policyholder Mailing Ad	idress				
ens 1	BLK 115 #04-706	Address 2	TECK WHYE LANE	Tables 1	91701100000000000
ress 4	CONTRACTOR	Address Type		Address 3	SINGAPORE 680115
No.	04-706		Singapore address	Post Code	680115
OI Driver Info	04-706	Related Policy Number	5082953665-02		
	Beauty at the Control	2011001	100000000000000000000000000000000000000		
er Name amed driver Name	PIONG QUAN YONG	Driver Type	Named Driver		
	Capparations	Driver NRIC	T0001931Z	Driver DOB	21/01/2000
Star Date of Oriver License	25/09/2018	Driver Age	19	Driving Experience	0
tect No.(Mobile)	86185676	Contact No.(Office)	0	Contact No.(Home)	a
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