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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.
- 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

	ACCIDENT STATEMENT						
Date Of Report	06/05/2019 17:55						
Date Of Accident	04/05/2019 03:40						
Exact Location Of Accident	BLOCK 329 ANCHORVALE LINK MSCP						
Country/State of Loss	SINGAPORE						
	DETAILS OF OWN VEHICLE						
Vehicle Registration Number	FBC6068B						
Insured/Policyholder							
Name Of Registered Owner	LIDECAL						
NRIC No	S8119698B						
Email Address	DECAI19@YAHOO.COM.SG						
Mobile Phone No	(LOCAL) +65-98243881						
Alternative Phone No	OTHERS-98243881						
Vehicle Particulars							
Manufacturer	SUZUKI						
Model	HAYABUSA 1300-1.3						
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	THIRD PARTY						
/ehicle Category	MOTORCYCLE						
Insurance Company							
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD						
Type Of Coverage	THIRD PARTY						
Fleet Policy	NO						
Policy Number	5094280766-01						
Cover Note Number							
Driver - driver - driver							
Name of Driver	LIDECAL						
ARIC No.							

NRIC No S8119698B Date Of Birth 07/07/1981 Occupation INDOOR Date Of Driving Pass 12/11/2002 **Driving Experience**

16 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98243881

Fax Number

Contact Number OTHERS-98243881

EMail Address DECAI19@YAHOO.COM.SG Address

BLK 326D ANCHORVALE ROAD

#16-290

Postcode

544326

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLN5641B

Vehicle Make/Model/Colour

SUBARU

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM LENG LONG

NRIC/Passport Number

S8034812F

Contact Number

96955026

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - (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.

Policyholder's Signature

bate & Time. 6/5/19

(If driver i

Driver's Signature (If driver is not the policyholder)

Date & Time:

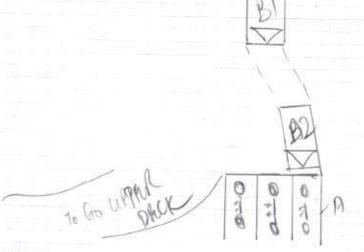
6/5/19 15:12 hr

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

BLK 329 ANCHORVAUE LINK MECP



A)FBC6068B B) SLN 5641B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motor bike	Parking	in	lot,	gaother	vehicle B kno	ck pata	M	bite IA
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 6/5/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/5/19 15: 15 W

Reporting Centre Personnel's Si

NRIC/FIN No .:

Accident MT/1043212									
Policy No.									
Certificate No.	5094280766-01	Vehicle No.	FBC60688		GST Registr	ration No.			
Policyholder Name	LI DECAT								
Product Code		0.2003.2003			Policyholde	r NRIC	583	196988	
Contact No.(Mobile)	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading		0		
Email Address	90243881	Contact No.(Office)			Contact No.	(Home)			
KPK	CHI SATE FACILITY	Special Remark			eCode		No		
NCD Protection	+ No Yes	TCA	* No Yes		eCode Reas	ion			
▼ Accident Details	No	NCD Entitlement(%)	20		Private Hire		No		
	2000 2000 20100								
Report Date	06/05/2019 18:30	Accident Report Within 24 hrs	Yes		Accident Ty	per	Dar	naged whilst p	arked
Date of Accident	04/05/2019	Time of Accident hh; mm	03:30		Country of	Accident	Sin	gapore	
Reporting Centre		Drange Force			ICM No.				
Accident Location	BLOCK 329 ANCHORVALE LINK MSCP								
₩ Excess									
Own damage Excess	0.00	Additional Excess			Windscreen	Excess			
Unnamed Driver Excess		Outside Singapore OD Excess							
Third Party Excess	0.00	Outside Singapore TP Excess							
♥ Benefits									
	ion								
SST Registered	No		GST Regis	tration Date					
GST Registration No.			GST Statu	s Verified	· V	es			
Modification History									
Address 1	BLK 326D #16-290	Address 2	ANCHORVALE ROA	Ď.	Address 3		51N	GAPORE 5443	26
Address 4		Address Type	Singapore address		Post Code			326	6600
Jnit No.		Related Policy Number	5094280766-01				12.00		
▽ OI Driver Info									
Driver Name	LI DECAT	Driver Type	Hain Driver						
Unnamed driver Name		Driver NRIC	58119698B		Driver DOS		07/	07/1961	
Register Date of Driver License	30/03/2002	Driver Age	37		Driving Exp		17	10000	
Contact No.(Mobile)	98243661	Contact No.(Office)			Contact No.		**		
Address 1	BLK 326D #16-290	Address 2	ANCHORVALE ROA	D	Address 3	20	EIM	GAPORE 5443	26
Address 4		Address Type	Singapore address		Post Code			326	
Unit No.									
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.	PBC60688		Driver Insur	rer Comos	iny NTL	in the	
					10000000000		1000	70	
Reclaration									
Claim 001 New									
Claim Type *				ОО-МХ		LI DECAI		Insured	S81196988
Contact No.(Mobile)				98243881	No.	63416882	8	No.	
Imail Address				N	(Home)			(Office)	
imali Aboress				decail9@yahoo.com.sp		FBC6068B	13	Vehicle Number	SLNS6418
Seim Description								Name of	
enema o				FBC60688 / SLN56418 ON 4 M	ay 2019			Preferred Warkshop	4
Preferred Workshop Semark No. Yes	Proferred Telephity Not at Fault Repair Preferred Workshop, Na		, ,	1					0
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	Option	report Received	110	06/05/2019 18:36 ROSLI WAHAB	Close			Date	
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Report Taken By * Print AK letter Attachment	Option HT/1043212	report Received	Save Submit		Close			Date	
Print AK letter Attachment	Option		Save Submit	ROSLI WAHAB	Close			Date	
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Uploaded By/Date

Folder Date

Claim Handling(accident reporting Claim Task)

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AC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 May 2019 18:36	Photos	Normal	Photos 2019-5-6
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Source

Action

ACCIDENT STATEMENT

ĄCO	CIDENT DATE: 4. 1. 5	19 1(DD/MM/YY	(YY), TIME:(03 : 40)(HH:MA
Loc	ATION: B/32	72 17574 10	Link (Carpark)
9	1. DETAILS OF VEHICLE		*
14.	a) VEHICLE NUMBER:		
	b)INSURANCE COME		Income
2	C)POLICY NUMBER:_		
	(10)	The state of the s	
	e)MAKE & MODEL:	Have buse 12 00	ARTY / THIRD PARTY FIRE &THEFT
		Hayabusa 1300	
	gIVEHICLE CATEGOR	OUPE / MPV /V AN / LOF	RRY / MOTORCYCLE / OTHERS)
ě	hipiippose of using	AT ACCIDENT THE	CIAL /MOTORCYCLE)
	ILA PE YOU CLAIMING	AT ACCIDENT TIME:	MA
	IF NO PLEASE STATE	UNDER YOUR OWN IN	SURANCE (YES/NO)
2	. INSURED / POLICY HO	THIRD PARTY CLAIM	REPORTING ONLY)
10.00	A)NAME:	LI DECAI	
	b) NRIC/FIN/PASSPOR		MALE / FEMALE)
	CLADDRESS: B/	226 A Anchorale	CONTACT: 9824 3881
120 19 19	CINDDIKESS. OF	S' 544326	1040 #16-290
	* CONTINUE TO 3 d IE	DRIVER ALSO POLICY H	IOLDED
tho of passangar	DRIVER	DRIVER ALSO POLICI F	AS O
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a)NAME:	As above	
(Including driver)	b)NRIC/FIN/PASSPORT		(MALE / FEMALE)
(_)	c) ADDRESS:		CONTACT:
	-1-1		
83	"d) DATE OF BIRTH: ()(DD	/MM/YYYYI :
	e)OCCUPATION: (INDO	OOR / OUTDOOR!	
	1) DATE OF DRIVING	PACC	4
4,	WAS DRIVER AN EMP	LOYEE OF THE INSUE	RED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP	P OF THE DRIVER WIT	TH INSURED.
5.	a) WEATHER CONDITIO	N: (CLEAR / RAINING /	OTHERS
	DIROAD SURFACE: (DR	Y / WET / OTHERS	
6.	WAS ANYBODY INJURE	D (YES / NO)	
7.	a) REPORTED TO POLICE	E (YES / NO)	700
	IF YES, PLEASE STATE V	VHICH POLICE STATION	ł:
8,	THIRD PARTY VEHICLE	PLANTING OF	
He of passenger	a) VEHICLE NUMBER:	SLN 5641B	_MODEL: Subaru
Induding driver)	b) DRIVER'S NAME:	LIM LENG LONG	
()	c) NRIC/FIN/PASSPOR	T: 58034812 F	CONTACT: 9695 5026
9.	THIRD PARTY VEHICLE	Ac about	
No of passenger	d) VEHICLE NUMBER:_	As above	MODEL:
land the total	e) DRIVER'S NAME:		5.00 Mg 22
Including driver)	f) NRIC/FIN/PASSPOR	T:	CONTACT:
()		Manuscript Manager V	
	5	7.5	

email = decail9@yahoo.com.sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8119698B





LI DECAI

CHINESE Date of birth 07-07-1981

Country of birth SINGAPORE



4743973





09-07-2011

APT BLK 326D ANCHORVALE ROAD #16-290 SINGAPORE 544326

NRIC No: \$8119698B

Date: 30/10/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc
Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

30 Mar 2000 29 May 2001 19 Nov 2002 20 Dec 2000

NP 428A

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My Desktop Notice of Loss	Poli	cy Query					Chang	e Languag	e • Chan	ge Password	
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	Select	Policy No. 5094280766-	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	01		LI DECAI	S8119698B	GMC	Third Party	FBC6068B	FBC6068B	23/09/2018	22/09/2019