## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 22/06/2019 11:42

#### 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 <u>truthful and accurate</u> 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	<b>机在3世界00分别数是国际表现</b>
Date Of Report	22/06/2019 11:37	
Date Of Accident	15/06/2019 17:25	
Exact Location Of Accident	TANJONG KATONG ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	THE REAL PROPERTY.

15500 TO NEX E BIT 2 2000 TO 1	DETAILS OF OWN VEHICLE	I STATE OF THE PARTY
Vehicle Registration Number	FBK9512Z	
Insured/Policyholder		
Name Of Registered Owner	NG KEAT LOONG (HUANG JIELUN)	
NRIC No	S8830322I	

Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-88130004

 Alternative Phone No
 OFFICE-88130004

Vehicle Particulars

Manufacturer HONDA

Model CB400 SUPER FOUR MANUAL

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

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

Policy Number 5101964822 TPFT

Cover Note Number

Driver

Name of Driver NG KEAT LOONG (HUANG JIELUN)

 NRIC No
 \$88303221

 Date Of Birth
 19/08/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/09/2009

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88130004

Fax Number

Contact Number OFFICE-88130004

EMail Address NOEMAIL

Address

BLK 538 #06-263 UPPER CROSS STREET

Postcode

050538

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

2

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)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

POTONG PASIR NEIGHBOURHOOD POLICE POST

Police Station Address **COUNTRY: SINGAPORE** 

ROAD: BLK 142 POTONG PASIR AVENUE 3, POSTCODE: 350142,

Was notice of intended Prosecution given?

TEL NO: 1800-2829999 - FAX NO: 62815964

If Yes, against whom?

Police Station Contact

NO

### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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

SHA8162M

Vehicle Make/Model/Colour

HYUNDAI 140

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	NG KEAT LOONG (HUANG JIELUN)
Approximate Age	30
Injuries Sustain	
Injured person in which vehicle?	FBK9512Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report sorrectly 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 truthful and occurate 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
- 5 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
- 7. By the lodgment of this report to the injurers, 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - [i] 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 lesswers' lawyers/law firms, may/are permitted to collect, use, diadese 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.
- (a) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that estist 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.

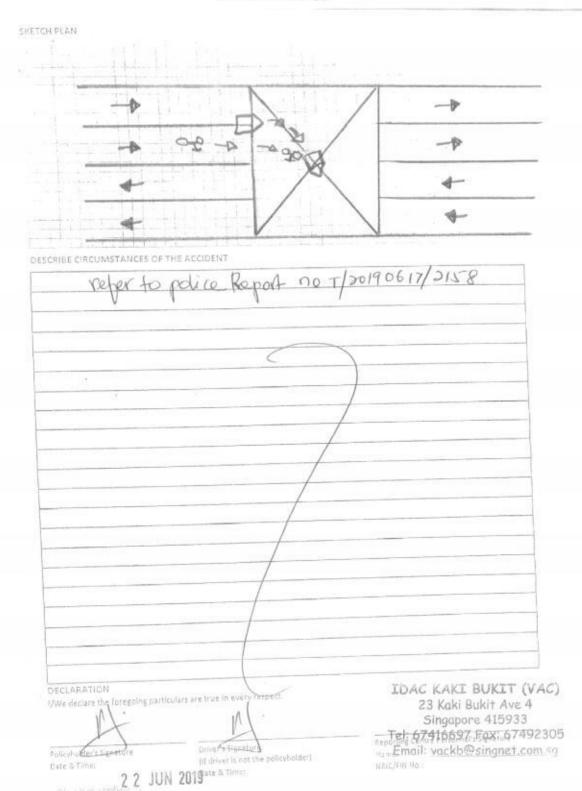
Policyholder's Signiture

2 2 JUN 2019

If driver is not the policyholder! Date & Time:

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 Singapore 415933 Tel: 67416697 Fax: 67492305
Reporting Centre Personnel Sundaye
Name: Email: vackb@singnet.com.sq

NRICITIN No.







Date of Expiry:

1 of 3

Report No. T/20190617/2158

Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999

REPORT OF A TRAFFIC ACCIDENT

Occupation:

**DELIVERY RIDER** 

	ne Report M 019 20:05	fade:	Vide Report No.:	Station Diary No.: 33	
Informa	nt's Partic	ulars		大学是是生物的主义。 第15章	
	f Informant: T LOONG		Address: APT BLK 538 UPPER 050538	CROSS STREET #06-263 SINGAPORE  Mobile: 88130004	
	/ ID No.: O / S88303	221	Contact No.: Home/Office: Mobile: 88130004		
National	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 30	Date of Birth: 19/08/1988	Type of Informant: Rider		
Race:			Language:	Institution / School Name:	

Driving Licence Information:

Class:

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 15/06/2019 17:25		Type of Location: Straight Road
	ATONG ROAD  g Katong Road, near to 6	5 Tanjo	ng Katong	road, Chinese commun	ity clu	ıb
Weather: Road						
Weather: Clear		Road	Surface:		Road	Speed Limit:
:		Dry Traffic	Surface: Control: ontrolled		Road	Speed Limit:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBK9512Z	Motorcycle	HONDA	CB400 SUPER FOUR MANUAL	White	Seriously Damaged	929
SHA8162M	Car					0

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No	Effective Expiry Date





2 of 3

Report No. T/20190617/2158

Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142

Tel No: 1800-2829999

## CONTINUATION OF REPORT

Details of V	shicle insurance		T 4 10 10 10 10 10 10 10 10 10 10 10 10 10	Source Dair
FBK9512Z	NTUC Income Insurance Co-Operative	5101964822	03/07/2018	02/07/2019

ny Pedestrian Ir			Use of Peo	destrian	Cross	ing: NA
Alder Name	NG KEAT LOONG	50 × 11 × 12 × 12 × 12 × 12 × 12 × 12 × 1		ID No.		S8830322I
Related Vehicle	FBK9512Z (Motorcy		Contact No.		88130004	
Hospital/Clinic	TAN TOCK SENG H		Class of Driving Licence Expiry D		Date of Expiry: NIL	
Date Treatment 15/06/2019			Date Disc	harge	_	5/2019
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Serio	us

## Brief Details.

On 15/06/2019 at about 1725hrs, I was riding my motorbike (FBK9512Z) along 65 Tanjong Katong road, near to CDAC. I had just made a left turn out from Kinex Mall. I was riding on the lane nearest to the center divider when suddenly, a taxi (SHA8162M) on my left slightly in front of me made an abrupt right turn. I applied emergency brake and the front of my vehicle collided with the side of his vehicle.

I wish to state that it was a 2 lane road, with me on the right lane and the taxi in the middle of both of the lane. I also did not noticed if the taxi had made any right signal. I was conveyed to TTSH subsequently.





3 of 3

Report No. T/20190617/2158

Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

3.01 517/21.

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: E / Sgt 2 ADAM GOH AIK YONG	Signature Of Informant:	
Signature Of Interpreter:  Not applicable	Date/Time: 17/06/2019 20:05	
	512	ā
Officer In Charge Of Case: TP / GIT /	Classification Of Case:	
Contact No. 5176213 SN 057		
Authentication Stamp NP168	4. (	





Report No. G/20180513/2143

## POLICE REPORT (NP322)

Police Station Of Origin Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

Date/Time Report Made 13/05/2018 22:34	~~	Vide Rep	oort No.		Station Diary No.	
Name Of Informant NG KEAT LOONG	•	Address APT BLK 538 UPPER CROSS STRI SINGAPORE 050538			ET #06-263	
ID Type / ID No. NRIC NO / S8830322I		Contact Home/O		Mobile 88130004		
Nationality SINGAPORE CITIZEN		Email Ad	ddress			
Occupation	EXALE.	Sex	Age	Date of Birth	Race	
Delivery Rider		Male	29	19/08/1988	Chinese	
Institution/School Name		Language				
Date/Time Of Incident 13/05/2018 07:30		Location Of Incident Blk 538 Upp Cross St SINGAPORE				

## Brief details.

Property Information

On the above mention date, time and place I discover the lost of my NRIC. I made a search to no avail.

## Signature Of Informant: Signature Of Officer Recording The Report: G / Sr Staff Sgt LEE SHUWEI Date/Time: Signature Of Interpreter: 13/05/2018 22:34 Not applicable Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DICKSON TAN LIP SHIN Contact No.: 62440000 Classification Of Case: FUPO hotline number: 68429645 Authentication Stamp







2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180513/2143

S/N	Hem.	Type	Brand/ Account/ Property/ Security-	Bank/ Address/		Quantity	Value	Description.
1	Identity Card	Lost	SINGAP ORE NRIC	Counter	S883032 2I	1		Pink NRIC belonging to Ng Keat Loong, NRIC no. S8830322

Signature Of Officer Recording The Report:

G / Sr Staff Sgt LEE SHUWEI

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DICKSON TAN LIP SHIN

Contact No.: 62440000

Signature Of Informant:

Date/Time: 13/05/2018 22:34

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

