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SINGAPORE ACCIDENT STATEMENT

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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
- 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 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

CIDENT STATEMENT W11/2019 12:01 W11/2019 23:00 ONG HAVELOCK ROAD TOWARDS GANGES AVENUE NGAPORE ALLS OF OWN VEHICLE F7970Z N MING POH 504934B DEMAIL DCAL) +65-83722628 HERS-83722628 MAHA R125-123CC (M) IVATE USE
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F

Address

BLK 80 STRATHMORE AVENUE

#15-110

Postcode

141080

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 - MAJOR/MINOR RD

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?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance. 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

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/20191112/2067

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

SLQ9644B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 27

Nature Of Damage

No. Of Passenger (Including Driver)

The state of the s		
NEW THE RESERVE OF THE PARTY OF	DETAILS OF INJURED PERSON 1	A S (III) S C III I S C III I S C III I
Name	YIN MING POH	
Approximate Age	101.0001941.201	
Injuries Sustain	SLIGHT INJURY	
Injured person in which vehicle?	FBF7970Z	
Were seat belts worm?	. 51 75102	
Was this injured conveyed to hospital by ambulance?	YES	
Address		
Postcode		

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:
 - 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: 2 -/ /- / 4

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre/Personnel's/Signature

Name:

NRIC/FIN No . U

SKETCH PLAN	HAVELOCK ROAD
	37 3
A) FBF 79	
B) 56F.79; B) SLP 960	(4.5)
D) 204 100	7B
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ECLARATION	
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licyholdeds Signature te & Time:	Driver's Signature Reporting Centre Personne's Signature
13-11-19	(If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191112/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2019 13:51			Vide Report No.:	Station Diary No.:			
Informa	nt's Partice	ulars					
Name of	f Informant: IG POH		Address: APT BLK 80 STRATHMORE AVENUE #05-110 SINGAPORE 141080				
ID Type / ID No.: NRIC NO / S0504934B			Contact No.: Home/Office: Mobile: 83722628				
	Nationality: SINGAPORE CITIZEN		Email:				
Sex: Age: Date of Birth: 72 23/05/1947			Type of Informant: Rider				
Race: Chinese			Language:	Institution / School Name:			
Occupation: Cleaner (industrial establishment)			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:				

Type of Accident:	Injury Conveyed By Ambu	lance	Drink Drive: No	Date/Time of Accident: 08/11/2019 23:0	00	Type of Location Straight Road
Location: Along Road 1 HAVELOCK I	ROAD GES AVENUE					
Weather: Clear		Road	Surface:		Roa	d Speed Limit:
Traffic Flow: Two Way			Control: Light - Wo	rking	2.0000000000000000000000000000000000000	fic Volume: erate
Tite and the second	ion:		200		Anvi	one conveyed by

Details of Vehicle Involved								
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger		
FBF7970Z	Motorcycle	YAMAHA	YBR125	Blue	Slightly Damaged	0		
SLQ9644B	Car				Slightly Damaged	0		

Details of Vehicle Insurance									
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date					
FBF7970Z	NTUC Income Insurance Co-Operative Limited	5070018384-04	30/11/2018	29/11/2019					





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

2 of Report No. T/20191112/206

CONTINUATION OF REPORT

Brief Details.

At the above mention date time and location,

I was riding along Havelock Rd towards Granges Avenue. Mainly on the extreme right lane towards Granges Ave. Car being no SLG9644B. Came from my right side and side swipe me on the right front portion which caused me to fall from my bike.





3 of 3

Report No. T/20191112/2067

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

CONTINUATION OF REPORT

Sketch Plan

NP168

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.

Signature Of Officer Recording The Report: TP / SM NAYKIB SYAWAL BIN NAZMUL HASSAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2019 13:51
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:

Claim Handling

Accident MT/1071166					
Policy No.	5070018384-04	Vehicle No.	FBF7970Z		GST Regist
Certificate No.					(344) (344)
Policyholder Name	YIN MING POH				Policyholde
Product Cade	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading
Contact No.(Mobile)	83722628	Contact No (Office)			Contact No.
Email Address		Special Remark			#Code
KFK.	» Nu. Yes	TCA	= No Yes		eCode Rear
NCD Protection	1910	NCD Entitlement(%)	20		Private Him
					E-0.5859.1678
Report Date	13/11/2019 12:26	Accident Report Within 24 hrs	Yes		Accident Ty
Date of Accident	98/11/2019	Time of Accident hh:mm	23:00		Country of
Reporting Centre		Orange Force			ICM No.
Accident Location	ALDNG HAVELOCK ROAD TOWARDS GANGES AVE	ENUE:			
♥ Excess					
Own damage Excess	0.00	Additional Excess			Windscreen
Unnamed Driver Excess		Outside Singapore OD Excess			PANTELET WITH
Thurd Party Excess	0.00	Outside Singapore TP Excess			
▼ Senefits		WALLES AND			
♥ GST Registered Informa	tion				
GST Registered	No		GST Benic	tration Date	
GST Registration No.			GST Statu		Y
Modification History					.,
Policyholder Mailing Ade	iress				
Address 1	BLK 80 #05-110	Address 2	ATTENDED AND ADDRESS OF THE PARTY OF THE PAR	***	NAMES OF STREET
Address 4	Similar Continue (Continue Continue Continue Continue Continue Continue Continue Continue Continue Continue Co		STRATHMORE AVE		Address 3
Unit No.		Address Type	Singapore address		Post Code
♥ OI Driver Info		Related Policy Number	5070018384-05		
Driver Name	YIN MING POH	Driver Type	WARREN WORKS		
Unnamed driver Name	Service name of	Driver NRIC	Main Driver		28/19/00/2005
Register Date of Driver License	13/07/1920	Driver Age	S0504934b 72		Driver DOB
Contact No.(Mobile)	83722628	Contact No.(Office)	Dr		
Address 1	BLK 80 ±05-110	Address 2			Contact No.
Address 4	STATE STATE AND STATE OF STATE	Address Type	STRATHMORE AVE		Address 3
Unit No.		Moureas Type	Singapore address		Post Code
Does he nwn a Singapore	Yes - No	VERNOUS AND STREET			
Registered car?	THE - NO	Driver Vehicle No.	FBF79702		Driver Insur
Declaration					
Breathalyser or Blood Test					
Reading?	0 mg	Any injury₹	Yes a No		
Modification History					
No. of the last of					
Claim 001 New					
Claim Type *					, Insured (
				OD-MX	Name ?
Contact No.(Mobile)				83722628	No. (e
Email Address					(Hame) OI
					Vehicle #
Claim Description				FBF7970Z / SLQ9644B O	N. B. Nov. 2018
Preferred	SASAWATEMA ARDVA ST. CO. ST.			135 ALLES AND PROPERTY OF	14 0 7104 2019
Workshop	Preference Not at Fault	*		21	
Sentect No. Yes	Repair Preferred Workshop, Name	unknown • GIA Received			Maria
Date Registered	MARKEY.Y			13/11/2019 12:33	Claim
Report Taken By				ROSLI WAHAE	Date
				PRINCE WALLED	
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