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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
- 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 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 STATEMEN

The state of the s	ACCIDENT STATEMENT	
Date Of Report	13/01/2020 11:55	-
Date Of Accident	13/01/2020 08:45	

Date Of Accide

Exact Location Of Accident ALONG BUKIT TIMAH ROAD FLYOVER

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ5674J

Insured/Policyholder

Name Of Registered Owner ONG GA HOU, KENNY (WANG JIAHAO

NRIC No SXXXX491G

Email Address KOKH86@HOTMAIL.COM Mobile Phone No (LOCAL) +65-92960707 Alternative Phone No OTHERS-92960707

Vehicle Particulars

Manufacturer YAMAHA

Model GDR155A (AEROX)-155CC

Exact Purpose for which vehicle was being used at

time of accident

ON THE WAY TO WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

If 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 FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

5113784236

Cover Note Number

Driver

Name of Driver

ONG GA HOU, KENNY (WANG JIAHAO

NRIC No SXXXX491G Date Of Birth 25/04/1986 Occupation INDOOR Date Of Driving Pass 12/02/2009

Driving Experience 10 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92960707

Fax Number

Contact Number OTHERS-92960707

EMail Address KOKH86@HOTMAIL.COM Address

BLK 2 LORONG 7 TOA PAYOH

Postcode

310002

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) soliciting/offering accident claims assistance.

NO

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? Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX9203R

Vehicle Make/Model/Colour

MAZDA 2

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WEE CHOON KIM STELLA

NRIC/Passport Number

SXXXX185B

Contact Number

90698696

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

SKETCH PLAN

IMPORTANT NOTICE

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

13/01/20 10.22 am

- (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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

121 /2 2112 + 1
13/01/2020 8.45am I was travel along Bukit Timah Styover trassie
Was heavy. I was in the centre In between cars and wis In mal
lane suddenly a car SKX 9203R mare slighty to my long and
hit on to my main stand so we stop on the centre of the Roy I
4 ExCHANGE PARTICULARS 7HBI DUL

DECLARATION

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:

AGCIDENT STATEMENT

4CC	DENT BATE: (13: 01) 2020 (00/MM)	YXXI THE 108: 45
loc,	ATION: Bukit From Timah Fly	10000 (HH:MM)
	DETAILS OF VEHICLE	
	alvehicle Number: FBQ 56747	
	DINSURANCE COMPANY NTUC IN	
	CIPOLICY NUMBER: 5113784236	come
8.9	dipolicy type: (Couppells 184236	
	D)POLICY TYPE: (OOMPREHENSIVE / THIRD D)MAKE & MODEL: Yamaha GDR	PARTY / THIRD PARTY FIRE STHEFT
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0	STYPE: (SALOON / COUPE / MPV /VAN / LO	DRRY / MOTORCYCLE / OTHERS)
	DIVERIOLE CATEGORY: [PRIVATE / COMME IN) PURPOSE OF USING AT ACCIDENT TIME:_	
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	A) NAME: Ong Cra Hou Kenny	INA ALE / BENJALEI
	DINRIC/FIN/PASSPORT! SECULAGIG	CONTACTI 92960707
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(Including driver)	DINAME: AS GOVE	(MALE / FEMALE)
(4)	DINRIC/FIN/PASSPORTI	CONTACT:
7		
	d) DATE OF BIRTH: (25) 04/1986 10	D/MM/YYYY)
	BIOCCUPATION: INDOOR / OUTDOOR!	
- 1	1) DATE OF DRIVING DACK 12/02	12009
4,	WAS DRIVER AN EMPLOYEE OF THE INSI	URED'S COMPANY? (YES / NO)
	IN INO, RECALIONSHIP OF THE DRIVER W	VITH INCLIDED. CALABOR
77.	DIMEATHER CONDITION: (CLEAR / RAINING	/OTHERS
6.	DIROAD SURFACE! (DRY / WET / OTHERS_ WAS ANYBODY INJURED (YES / NO)	1
7,	a) REPORTED TO POUCE (YES / NO)	** () p
	IF YES, PLEASE STATE WHICH POLICE STATIC	ON1
ku 1. 8,	THIRD PARTY VELICIE	
the of passenger	O) VEHICLE NUMBER: SKX 9203R	MODEL Mazdad.
(Industing driver).	DI DRIVER'S NAME! WEE Choon Kim ST	rella
(,) 。	C) NRIC/FIN/PASSPORTI SI419185B	CONTACT: 9669 8696
d r. d	THIRÖ PARTY VEHICLE	
ho of passanger	d) VEHICLE NUMBER:	MODEL:
(Including driver)	O) DRIVER'S NAME:	
()	1) NRICYFIN/PASSPORT!	CONTACT:
,	E 63	

email = Kokh 86@hotmail.com

Claim Handling

Policy No.	Farkmann										
	51.13784236	Vehicle No.	FBQ56743								
Certificate (so,			19036741		GST R	egistration	No.				
Palicyholder Name	ONG GA HOU, KENNY (WANG JIAHAG)				90000						
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third State	The state of		older NASO		51	6114915		
Contact No. (Mobile)	92960707	Contact No.(Office)	The b Party,	Fire & That	Leadin	9.		0			
Email Address		Special Remark			Contac	\$ 40.(Hom	e)				
KFK	- No Yes				eCode			Po	0. 4		
NCD Protection	40	TCA	No Ye	15	@Code	Reason			-		
Accident Details	The state of the s	NCD Entitlement(%)	20		Private			Ne			
Report Date					111035566	1000		NE			
	13/01/2020 12:03	Accident Report Within 24 hrs.	Yes		110/1989	o Linevia					
Date of Accident	13/91/2020	Time of Accident hin:mm	06:45		Acciden			Sid	e Swipe		
Reporting Centre		Orange Force	de.vig			of Accide	nt	516	gapore		
Accident Location	ALONG BUKIT TIMAH ROAD FLYOVER				SCM No.	3					
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	Contract of the contract of th	Windscreen Excess									
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named driver Name	ONS GA HOU, KENNY (WANG JIMHAO)	Driver Type	Main Driver								
Nister Date of Oriver License		Driver NKIC	580114916		Oriver DO	561		93	7		
ortiact No.(Mobile)	12/02/2009	Driver Age	33		Driving E				4/1986		
Official (Motole)	92960707	Contact No.(Office)				spenence (a.(Home)		10			
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Notice of Loss Policy Query · Change Language Policy No. Date of Accident 13/01/2020 10:16 Vehicle Na,(For Motor) FBQ5674) Search Policy No. Policyholder Namu DNG GA HOU, KENNY (WANG JIAHAO) Product Cover Type

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