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TP Insurer:	1.75 (1.52 - 2.55) (1.55 - 1.55)		Owner/Wksiz		
Profurred Wksp / INC Assign Wksp / QW: (Tolt	Fext	
TP Particulars: Veh No.	582	. INC(.)/Non-INC	()	
Owner / Driver: (M	Tch		1
Policy No: () Pt	riod: ()	Cover Type:	-	- 1.
Confirmed by 1 (1962	Dates.	Tim		1
	Note-Est. Status (W		0%; P: 21-799	/6. P: 80-100%	<u> </u>
	Warranty: YES ()/NO(>		
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itanilius artelius enianne seunastus		ACCUSED NO.	Taltrastiones	OUR STANDARD	7
1) Apply for Transport Allowance ()/(Courtesy Car ()			*	
2) QC Check / Post Report Inspection	(.)				
3) Upload Resurvey Photo [Repair Cost> \$	3000] ()				
Injury :			• • • • • • • • • • • • • • • • • • • •	THE RESERVE TO THE PARTY OF THE	WES-BELLEVINOS CO.
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1 2 / 3;		Involve dated		Fee Charged	The state of the s

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.
- 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.

nuresau.	
Minus Viladipuses Plies Andrew Will	ACCIDENT STATEMENT
Date Of Report	10/02/2020 19:59
Date Of Accident	05/02/2020 17:10
Exact Location Of Accident	OCEAN DRIVE IN FRONT OF 48 OCEAN DRIVE
Country/State of Loss	SINGAPORE
表现。由这种是是是是一种的。D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG5278Y
Insured/Policyholder	
Name Of Registered Owner	PRIARONE FEDERICO
NRIC No	GXXXX960L
Email Address	FEDEPRIA1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91702945
Alternative Phone No	OTHERS-91702945
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	VESPA LX 150-151CC CVT
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096453418-02
Cover Note Number	
Driver	

Name of Driver PRIARONE FEDERICO
NRIC No GXXXX960L

 Date Of Birth
 26/12/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 07/08/2008

Driving Experience 11 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91702945

Fax Number

Contact Number OTHERS-91702945

EMail Address FEDEPRIA1@GMAIL.COM

226 OCEAN DRIVE Address

#04-31 THE BERTH BY THE COVE

Postcode 098617

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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?

Was any injured conveyed to hospital by

ambulance?

NO YES

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

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

BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE Police Station Name

Police Station Address ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200206/2060

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA518Z

HYUNDAI IONIQ Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver CHAN YUH MIN JOSEPH

NRIC/Passport Number

Contact Number 90298191

Address Postcode

Insurance Company Name

Nature Of Damage

Name PRIARONE FEDERICO Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? FBG5278Y Were seat belts worn? Was this injured conveyed to hospital by ambulance? 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 <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.
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

SKETCH PLAN	OCHOW DRIVE	MEDOUN	OF 48	DERAN	BRIVE
SHA 5187 82					
81	9 A2				
			D) 40	64 5278 JAS182	4
A (W)				. 0 -	
F845278Y			8/SI	A5182	
ſ					
DESCRIBE CIRCUMSTAN	ACCES OF THE ACCIDENT				
	W follow Rhy	our al	202001	06/2060	7
Regree	to picco in		avous	00/2000	
				1	
				/	
			/		
DECLARATION				- /-	
I/We declare the foregoing	particulars are true in every respect			/11	2
affor			N	10/02/24	1020/
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy Date & Time:	rholder)	Reporting Cer Name: NRIC/FIN No.	10(0)/State Personnel's Sig	hatufe Unit

ACCIDENT'STATEMENT

DATE: 3.72 COZO (DE	D/MM/YYY), TIME: 17 : 10](HH:MM)
LOCATION:	
DETAILS OF VEHICLE GIVEHICLE NUMBER: FBG 52 DINSURANDE COMPANY! CIPOLICY NUMBER: DIPOLICY TYPE: (COMPREHENSIVE)	79.00
DIMAKE & MODELL VESPA V	X 150
" SIVEHIOLE CATEGORY: (PRIVATE / C h) PURPOSE OF USING AT A COLORN	AN / LORRY / MOTORCYCLE & OTHERS)
IF NO. PLEASE STATE (THIRD PARTY IF NO. PLEASE STATE (THIRD PARTY 2. INSURED / POLICY HOLDER A) NAME: FEDERICO PRIA DINRIC/FIN/PASSPORT: COOR	CLAIM / REPORTING ONLY
	VIVE #124 34
978617 Sino	man 0
440 of pristongo DRIVER DRIVER ALSO	
(Induding alaver) SINAME: FE AS ABOVE (_) SING(FIN/PASSPORT)	CONTACTI
ODATE OF BIRTH: (26/12/19) OCCUPATION: (NDOOR) OUTDO ODATE OF DRIVING PAGE WAS DRIVER AN EMPLOYEE OF THE DRIVING PAGE IF NO. RELATIONSHIP OF THE DRI	07/08/2008
5. DIWEATHER CONDITION CLEARY R	ANNO COTHERS
6. WAS ANYBODY INJURED (ES) NO) 7. 0) REPORTED TO POUGE (YES) NO)	iers , ,
B. THIRD PARTY VEHICLE B. THIRD PARTY VEHICLE VEHICLE NUMBER: SHA 518 (Industing delvice) B) DRIVER'S NAME: CHER YU	7
() NRIC/FIN/PASSPORT:	CONTACTI 9029 8191
9. THIRD PARTY VEHICLE	
	MODEL:
(Industing driver) 1) DRIVER'S NAME: NRICYFIN/PASSPORTI	CONTACTU
()	

email: fedepria 1@gmail.com





1 of 4

Report No. T/20200208/2080

Police Station Of Origin: Bukit Timeh N.P.C 1 Duke's Road SINGAPORE 268914 Tel No. 1800-4629999

REPORT OF A TRAFFIC ACCIDENT

(LI. 01(1)	St. W. LUMEEN	J 710 010 E111			
	ne Report N 20 13:41	Made	Vide Report No.:	Station Diary No. 36	
Informa	nt's Partic	ulars			
	Informant: NE FEDER		Address: 226 OCEAN DRIVE #04-31 T SINGAPORE 098617	HE BERTH BY THE COVE	
ID Type / ID No.1 FIN NO / G6001960L		DL	Contact No.: Home/Office: Mobile: 91702945		
Nationality: ITALIAN			Email:		
Sex: Male	Age:	Date of Birth: 26/12/1975	Type of Informant: Rider	12	
Race: Caucasian			Language:	Institution / School Name:	
Occupation: Ship broker			Driving Licence Information: Class: 2B.2A.2.3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2020 17:10	Type of Location
Location: Along Road 1 OCEAN DRIV In front of 48	/E		=	
Weather: Clear		Road Surface: Dry	R	oad Speed Limit
Traffic Flow.		Traffic Control:	T	raffic Volume:
			- 0	nyone conveyed by

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBG5278Y	Motorcycle	PIAGGIO	VESPA LX150 CVT	Black	Slightly Damaged	0
SHA518Z	Car				Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5278Y	NTUC Income Insurance Co-Operative Limited	5096453418-02	17/08/2019	16/08/2020





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No. 1800-4629999

2 of 4 Report No. T/20200206/2060

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL	Use of Pe	destriar	Cross	sina NA
Rider					CONTRACTOR OF THE PARTY OF THE
Name	PRIARONE FEDERICO			0	G6001960L
Related Vehicle	FBG5278Y (Motorcycle)		Conta	ict No.	91702945
Hospital/Clinic	GLENEAGLES HOSPITAL		Class Drivin Licent Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/02/2020	Date Disc			/2020
No. of Days gran	ted Medical Leave 03	Degree o			
Driver				7.0	THE RELEASE OF
Name	Chan Yuh Min Joseph		ID No		NIL
Related Vehicle	SHA518Z (Car)		Conta	ct No.	90298191
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

On 5/2/2019 @ about 1710, I was travelling along Ocean Drive proceeding back home. While I was riding my motorcycle along Ocean Drive, I spotted one taxl driving in front of me. The taxl is going to come to a complete stop, I attempted to overtake him on the right.

While proceeding to overtake, I saw the taxi signal right and turn right into 48 Ocean Drive immediately. I tried to avoid the collision by breaking, however to no avail. I collided into the vehicle rear right passenger door. My body had hit onto the taxi and subsequently I felt onto the road.

The taxi then parked at 48 Ocean Drive and alighted from the vehicle. At the point of time, I know that my left shoulder was dislocated. I managed to put it back in place, however I still felt pain on the shoulder and knee. Soon after, we exchange particulars and I boarded another taxi and proceed to Gleneagles hospital.

I went to Gleneagles Hospital and was given 3 days MC from 06/02/2020 to 08/02/2020. I wish to state that there is no government property damaged and no police or ambulance came to scene. At the point of time, the taxi driver was not injured. I wish to state that I am not wearing any camera.



Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999



T/20200206/2060

3 of 4 Report No. T/20200206/2060

CONTINUATION OF REPORT





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

4 of 4 Report No. T/20200206/2060

CONTINUATION OF REPORT

Sketch Plan

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: E / Staff Sgt ONG CHUN KAI		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 06/02/2020 13:41
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHN Contact No.: 65476219	MAD	Classification Of Case:
Authentication Stamp	SEE SINGAPORE	CN 1995

Claim Handling

Policy No.					
	5096453418-07	Vehicle No.	#8G5278Y	GST Registration f	der .
Certificate No.				os, segundos,	
Policyholder Name	PATARONE FEDERICO			73 and 2015 Carbon Section 5.	
Product Code	MOTORCYCLE INSURANCE	Cover Type		Policyholder NRIC	
Contact Nv.(Mobile)	91702945	Contact No.(Office)	Third Party, Fire & Thurt	Loading	
Email Address				Contact No.(Home	E
kt/kc	* No Yes	Special Remark		eCode	
NCD Protection		TCA	n fig. Yes	eCode Regarn	
▼ Accident Details	No	NCD Entitlement(%)	10	Private Hire	
Report Date	West 100000				
Date of Accident	10/02/2020 20:15	Accident Report Within 24 hrs.	Yes	Acoldent Type	
	95/92/2020	Time of Accident fin mim	17:10	Country of Acciden	t
Reporting Centre		Orange Force		ICH No.	7
Accident Location	OCEAN GRIVE IN FRONT OF 48 OCEAN DRIVE			21222000	
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess			
VIED OD Excess	0.00		0.00		
Additional Excess	0.10	YIED TP Excess	0.00	Orliver is Covered?	
Total OD Excess Applicable	ALCO AND				
▼ Benefits	0.00	Total TP Excess Applicable	0.00		
	Nen				
GST Registered					
GST Registration No.	No.		GST Registration Date		
Modification History			GST Status Verified	Yes	
- waste and thinks					
→ Policyholder Mailing Add	fress				
Address 1	226 OCEAN DRIVE	Address 2	ette te mas promi in la	200	
Address 4	and the second of the second o	Address Type	#64-31 THE BERTH BY THE COV	Address 3	
Unit No.	#04-31		Singapore address	Past Code	
♥ OI Driver Info	24224	Related Policy Number	5096453418-02		
Oriver Name	POTABOLE SECURIO	Charles of the Control of the Contro			
Innamed driver Name	PRIARONE PEDERICO	Driver Type	Main Driver		
		Driver NRIC	G6001960L	Driver DOB	
Angister Date of Driver License	07/06/2008	Driver Age	44	Driving Experience	
Contact No.(Mobile)	91702945	Contact No.(Office)		Contact No.(Home)	
Address 1	226 OCEAN DRIVE	Address 2	#04-31 THE BERTH BY THE COL	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#04-31			/ Autoritories 2.4	
Does he own a Singapore	Yes - No	Driver Vehicle No.	FBG5278Y		May
registered car?				Driver Insurer Comp	
				Oriver insurer Comp	2016
eclaration Septimiyser or Blood Test	Veneral Venera			Driver Insurer Comp	774
eclaration Septimiyser or Blood Test	O mg	Any inpury?	Yes + No	oriver insurer comp	T.M.
declaration Breathalyser or Blood Test Reading?	Veneral Venera	Any injury?	Yes + No	Univer insurer Comp	
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