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Owner / Driver: (Tel:	T.)	STI-3885-22
Policy No: ()	Period: ()	Cover Type	: ()	
Confirmed by : (Date:	Ti	ne:)	737
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79	%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()			
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1) Apply for Transport Allowance ()/	Courtesy Car ()	23			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.
- 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.

aforesaid.	
Management of the second	ACCIDENT STATEMENT
Date Of Report	19/02/2020 11:39
Date Of Accident	05/02/2020 18:00
Exact Location Of Accident	PIE (BKE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL5819K
Insured/Policyholder	
Name Of Registered Owner	HENG KOK HANG
NRIC No	SXXXX258H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96651393
Alternative Phone No	OFFICE-96651393
Vehicle Particulars	Name of the Control o
Manufacturer	HONDA
Model	CB400SF MANUAL
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114955300
Cover Note Number	
Driver	
Name of Driver	HENG KOK HANG
NRIC No	SXXXX258H
Date Of Birth	30/05/1950
Occupation	INDOOR
Date Of Driving Pass	27/06/1974
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96651393
For Number	

OFFICE-96651393

NOEMAIL

BLK 284 CHOA CHU KANG AVENUE 3 Address

#07-336

680284 Postcode

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

2

YES

NO

NO

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by YES ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

CHOA CHU KANG NPC Police Station Name

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286,

Police Station Address **COUNTRY: SINGAPORE**

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200209/2051.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Name HENG KOK HANG Approximate Age Injuries Sustain BODY Injured person in which vehicle? FBL5819K Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- please report correctly the details of the accident to speed up the claims process
- The Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any will ill misrepresentation or withholding 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
- 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
- 3. 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)

Lunderstand, 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;
 - (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
- 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.

Palcyholder

Date & Time

Driver's Sign

(If driver is not the policyholder)

Date & Time

Reporting Centre Perso onel's Signature

Name

NRIC/FIN No

SKETCH PLAN

unable to provide statch

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ectare the foregoing par	ticulars	are true in ev	very res	pect	
1,			2000		Y
161618		Driverssie	KKO		Reporting Centre Personnel's Syphatu

ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 0) / 2020 UDD (MA COORD TO
LOCATION: PIE (BKE).
1. DETAILS OF VEHICLE
DINSURANCE TBL 58 19k.
CIPOUCY NUMBER:NIUC
DIPOLICY TYPE: I COMPREHENSIVE A TIME
GIMAKE & MODEL: THIRD PARTY / THIRD PARTY FIRE &THEFT
TITYPE:(SALOON / COUPE / MADY () AND ()
DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDENT AND TO THE PORT OF THE PURPOSE OF USING AT ACCIDENT AND THE PURPOSE OF USING AT ACCIDENT A
JARE YOU CLAIMING UNDER YOUR OWN TO
ANAME: 118MA KOK HAMA
DINRIC/FIN/PASSPORT: ()644150H CONTIGE PLEMALE)
CIADDRESS: 384 Choa Chu Kang Ave 3, 707-336
5/(80)51/3
S.d IF DRIVER ALSO POLICY HOLDER
The second of th
CIRCLESING SPICE OF THEME
OLITACIONE CONTRACT
c)ADDRESS:CONIACI:
"CIDATE OF PIDTILLA 30 , OF , 1000
e)OCCUPATION: (INDOOR)
f)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
DINOAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a)REPORTED TO POLICE (FE\$ / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
the of passenger of VEHICLE NUMBER: UNFNOWN MODEL:
(Induding driver) b) DRIVER'S NAME:
() NRIC/FIN/PASSPORT: CONTACT:
7. THIRD PARTY VEHICLE
HO of passinger d) VEHICLE NUMBER: MODEL:
(ladydian driver)
I) NRIC/FIN/PASSPORT:CONTACT:

email = fax =





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

1 of 3 Report No. T/20200209/2051

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 15:57	Made:	Vide Report No.:	Station Diary No.: 73
Informa	nt's Partic	ulars	THE RISE FRANCE	TAN BANK SERVICE STATE
	Informant: OK HANG		Address: APT BLK 284 CHOA CHU KA SINGAPORE 680284	ANG AVENUE 3 #07-336
	/ ID No.: D / S26542	58H	Contact No.: Home/Office:	Mobile: 96651393
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 30/05/1950	Type of Informant: Rider	
Race: Chinese		V ₀ .	Language: Chinese	Institution / School Name:
Occupat			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident: Injury Conveyed By Ambulance Drive: No		Date/Time of Accident: 05/02/2020 18:00		Type of Location: Straight Road		
Location: Along Road 1 PAN ISLAND Towards BKE	EXPRESSWAY					
Weather: Clear		Road Dry	Surface:		Roa	d Speed Limit:
Traffic Flow: One Way			: Control: ontrolled		Traf Hea	fic Volume: vy
Type of Collis	ion: ing Vehicles - Side Swipe	2	29 V			one conveyed by ulance:

Details of V	ehicle Involve	d	2世代12世紀	2.20	2000年10日的	PARTY PARTY NAMED
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL5819K	Motorcycle	HONDA	CB400SF MANUAL	Black	Slightly Damaged	0

	ehicle Insurance		and the second second	La Transport
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5819K	NTUC Income Insurance Co-Operative Limited	5114955300	21/12/2019	19/12/2020





2 of 3

Report No. T/20200209/2051

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Pers Any Pedestrian					
No. of Pedestria		Use of Peo	lectrian	Cross	ing: NA
Rider	ins injured. NIC	OSE OF FEC	restrial	01000	NEURON STORY
Name	HENG KOK HANG		ID No		S2654258H
Related Vehicle	FBL5819K (Motorcycle)		Conta	ct No.	96651393
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licence Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/02/2020	Date Disch		_	2/2020
	ed Medical Leave 30	Degree of			
Driver	CHARLES THE RESIDENCE OF THE PARTY OF THE PA	FIRST CONTRACTOR	MER PARE	Romego	DIVERSITY OF SOUTH
lame	ALEX		ID No	til.	NIL
elated Vehicle	NIL		Conta	ct No.	90908161
ospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
ate Treatment	NIL	Date Disch		NIL	
lo. of Days grant	ed Medical Leave NIL	Degree of I		NIL	

Brief Details.

On 05/02/2020 at about 1800hrs, I was riding my motorcycle bearing plate number FBL5819K along PIE towards BKE at Lane 4. The highway was heavily congested. I was beside a car (unknown plate number). I then accidentally hit onto the car beside me. I then tripped and fell off my motorcycle. Subsequently, I was conveyed to Tan Tock Seng Hospital. I sustained Skin and Subcutaneous Tissue, Laceration (Superficial) of more than 7cm. I was hospitalized at said hospital from 05/02/2020 to 07/02/2020, given 30 days MC and 30 days light duty. Almost all of the incident I could not remember what exactly



T/20200209/2051

Police Station Of Origin: Choa Chu Kang N P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

3 of 3 Report No T/20200209/2051

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: J / Sgt 2 LIM CEHANG, HERMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2020 15:57
Officer In Charge Of Case: TP / GHA: Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No: 65476394 Suthentication Stamp	Classification Of Case:

Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	e + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query							a Astrono		LUG O
Notice of Loss	Policy N Vehicle	No.(For Motor)	FBL581	9K			of Accident cate Number	[05/02/2020	18:00	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114955300		HENG KOK HANG	S2654258H	GMC	Third Party		FBL5819K	21/12/2019	19/12/2020

March Marc	Accident HT/1083422								
Carticular Marie			NAME OF THE OWNER O						
Marie Mar	Policy No.	5114955300	Vehicle No.	PBL5819K		GST Registration N	Wa.		
Marcian Marc									
Contact Cont						1777			ан
Second S				Third Party		Training to a commence of		0	
March Marc		MIL					1	_	
March Marc			- Carlotte					N. V	
## MARCH DELINE MICHIGAN MARCH				® No ○ Yes		eCode Reason			
March Marc	NCD Protection	No	NCD Entitlement(%)	20		Private Hire		No	
Control Cont	♥ Accident Details								
Marcine Cortex MCTUNAS Midel Aldert DE DET 10000050000000000000000000000000000000	Report Date	07/02/2020 15:05	Accident Report Within 24 hrs	Yes		Accident Type		Collision	- Head to Rear
Part	Date of Accident	05/02/2020	Time of Accident hh:mm.	18:10		Country of Acciden	nt :	Singapor	•
Woodcare Ecoses	Reporting Centre		Drange Force			ICM No.			
District Park Auditorial District D	Accident Location	PIE(TUAS) NEAR ADAM RD EXIT 176KM955LP							
100 October	Total Excess Applicable								
Mile	Excess Type	Per Accident	Windscreen Excess						
Mile									
March Code Price of Spring Spring Code Co	OD Standard Excess	0.00	TP Standard Excess		0.00				
Tread P Excess Approach 0.00			YIED TP Excess			Driver is Covered?		Not Appli	cable
## 100 File plane									
Separation Part		0.00	Total TP Excess Applicable		0.00				
State No									
Straight		W. C.			111120000000000000000000000000000000000				
## Problement Authors		No							
## Policylander Mailing Address Mary 12 Chick Chip Canifold Address 2 Chick Chip Canifold Arthrolog 3 Address 3 Strough College (Chick Chip Canifold Arthrolog 3 Address 3 Strough College (Chip Chip Chip Chip Chip Chip Chip Chip				GST S	tatus Verified	Yes			
Address 2 BLX 26M e07-336 Address 2 CRAC FOU KAND AUTORS 2 Buylance address 3 migrater ad	Modification History								
Address 3 BLX 26M e07-336 Address 2 OCAC CNU KAND AUTORES 3 Address 3 Septial-Research (Address 4 Address 1798 Singlisher actives (Basel 1798 Singlisher active (Basel 1798 Singlisher Address 1798 Singlisher (Basel 1798 Singlisher Address 1798 Singlisher (Basel 1798 Singlisher Address 1798 Singlisher (Basel 1798 Sin	W Rolleyholder Mallion Lt.	tress							
Marrier Marr			Q6303823	Charles and	PSEAN AND A CO	PE-101-12-1			
Reparted Pulsy Number S14955300 S149		BLK 284 #07-336							RE 680284
Column C						Post Code		680284	
Driver Type Driver Name	1357 F. San Branco and		Related Policy Number	5114955300					
Driver Name									
Driver Date of Driver Uteres Driver Age Driver Research Contact No (Office) Contact No (Office)						25500000			
Contact No. (Modely) Contact No. (Modely) Address 1 Address 2 Address 3 Address 4 Address 4 Address 4 Address 5 Address 5 Address 5 Address 6 Address 6 Address 6 Address 7 Address 6									
Address 1									
Address Type	Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home))		
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