

ASS. REC. BY:

REF: CS/CT1 20003425/KY B3

Special Instruction:

Surveyor: Kenneth ASSIGNMENT (Office)From (Person): Irene Tay of CTI Date/Time: 2.3.2020 404p.m

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: FL 4004D Insured: YN 5983Kat Workshop m/s Hung Yap Seng Auto Tel: 9183 3008of 160 Sin Ming Drive Sin Ming Autobay #108-13Policy No: DMCVSNA00005742000 Claim No: SNM 200201077/YN 5983K/IRENE

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21.2.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 7/3/2020 4.12p.m Person Contacted: Beng Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>FL 4004D - X</u>
	<u>YN 5983K - CC31 EAJ 14017179/H1P342 D.O.A - 07/09/2014</u>

ASS. REC. BY:

REF:

C71

ASSIGNMENT

From:

Date:

3/3/2020

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

FL 4004D

at Workshop m/s

Hong Yap Sng Auto Services

of 160 Sin Ming Drive Sin Ming Avey #06-13

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

np"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FL 4004D

Yr Regn:

01, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda RS150 C.C.

149

Colour

Multi Color

A/C: Insured / Std / NI / NA

Sp. Reading

293P8

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

PMKKC27AOKB 204854

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

IRC 90/80R17

R:

mic 120/70R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

4 mm

R/Bal.

6 mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

21/2/20

D.O.I.

3/3/20

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
7/4/20	Pending Estimate
21/8	Still pending Estimate
	input note *pending estimate in merimen.
	Bill PRS fee

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Format:

Lump Sum / L.B. / C

Summer Lee (LKK Auto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Monday, 2 March, 2020 4:04 PM
To: Shirley Loh
Cc: assignments; Admin A
Subject: FW: YOUR REF: SNM20D201077/YN5983K/IRENE - FW: Our Ref: YN 5983 K ; Our Ref: TKS/H434-ACC-43291.20/sI (FL 4004 D)
Attachments: 20200228152754795.pdf

Dear Sir (LKK),

We refer to the above matter.

Please get your surveyor to liaise with HIAP YAP SENG AUTO to conduct survey.

Regards,

Irene Tay

Executive

Claims Department (Motor Division)

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 63896192 | F:(65) 62247478/62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: shirley.loh@ksteoptr.com [mailto:shirley.loh@ksteoptr.com]
Sent: Friday, February 28, 2020 5:20 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: FW: YOUR REF: SNM20D201077/YN5983K/IRENE - FW: Our Ref: YN 5983 K ; Our Ref: TKS/H434-ACC-43291.20/sI (FL 4004 D)

Dear Irene,

We refer to your email dated 28/2/20.

Our client has agree to the usage of KENNETH KONG as the Single Joint Expert to conduct the Pre-Repair Survey.

Kindly proceed to engage KENNETH KONG to perform the said Pre-Repair Survey in accordance to the NIMA Protocol.

Thank you.

Regards

Shirley
Teo Keng Siang LLC
Tel: 6333 4222 ext 59

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Friday, 28 February 2020 4:49 pm
To: Shirley Loh <shirley.loh@ksteoptr.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: FW: OUR REF: SNM20D201077/YN5983K/IRENE - FW: Your Ref: YN 5983 K ; Our Ref: TKS/H434-ACC-43291.20/si (FL 4004 D)

WITHOUT PREJUDICE

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

LKK / LBS / STA
ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG
KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

Irene Tay

Executive
Claims Department (Motor Division)

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896192 | F:(65) 62247478/62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Claims Dept of CTI

Sent: Friday, February 28, 2020 4:17 PM

To: shirley.loh@ksteoptr.com; Irene Tay <irene.tay@sg.cntaiping.com>

Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: OUR REF: SNM20D201077/YN5983K/IRENE - FW: Your Ref: YN 5983 K ; Our Ref: TKS/H434-ACC-43291.20/sI (FL 4004 D)

Dear Irene,

Please conduct PRS for FL4004D.

Note : officer in charge – Irene Tay 63896192.

*** *Kindly quote our reference number when replying.*

Thank you,
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平狮城 Taiping SG

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From: shirley.loh@ksteoptr.com <shirley.loh@ksteoptr.com>

Sent: Friday, February 28, 2020 3:32 PM

To: Chee So Chow <sochow.chee@sg.cntaiping.com>; Irene Tay <irene.tay@sg.cntaiping.com>; Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; Catherine Thia <catherine.thia@sg.cntaiping.com>;

Jeffrey.Tay@sg.cntaiping.com; Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: RE: Your Ref: YN 5983 K ; Our Ref: TKS/H434-ACC-43291.20/sI (FL 4004 D)

Dear Sirs,

We refer to the above matter.

We attached herewith our letter dated 28/2/20.

Please let us have your surveyor list soon.

Thank you.

Regards

Shirley

Teo Keng Siang LLC

TeL: 6333 4222 ext 59

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688

Email: KSTEOCO@singnet.com.sg

(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/H434-ACC-43291.20/sl (mc)
Your Ref : YN 5983 K
Date : 28 February 2020

Secretary in charge: Shirley

Tel : 6333 4222 (ext 59)

Fax : 6333 5676 / 6333 5688

Email : shirley.loh@ksteoptr.com

To: China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909
Attn: Motor Claims Dept

WITHOUT PREJUDICE

BY FAX 6224 7478 / 6224 7175 & PDX# 8178

Cc: Double-Trans Pte Ltd (Owner)
Meyyan Ashokganesh (Driver)
C/o 4 Sungei Kadut Street 2
Sungei Kadut Industrial Estate
Singapore 729226

BY POST ONLY



Dear Sirs

RE: ACCIDENT INVOLVING FL 4004 D / YN 5983 K ON 21/2/20 ALONG YIO CHU KANG ROAD & SERANGOON NORTH AVE 1

We are instructed by Wong Yin Chai to notify you of a road traffic accident on 21/2/20 at about 13:20 hours ALONG YIO CHU KANG ROAD & SERANGOON NORTH AVE 1 involving our client's vehicle registration number FL 4004 D and vehicle registration number YN 5983 K driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle FL 4004 D is now at the following workshop:-

Heng Yap Seng Auto Services
160 Sin Ming Drive Sin Ming Autocity #08-13
Singapore 575722
Person I/C : Beng
Contact : 9183 3008

Yours faithfully,

M/s Teo Keng Siang LLC
Encs (By Fax 6873 2017)

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

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 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 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

Date Of Report	27/02/2020 09:11
Date Of Accident	21/02/2020 13:20
Exact Location Of Accident	YIO CHU KANG ROAD & SERANGOON NORTH AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL4004D
Insured/Policyholder	
Name Of Registered Owner	WONG YIN CHAI
NRIC No	SXXXX514C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83464866
Alternative Phone No	OFFICE-83464866
Vehicle Particulars	
Manufacturer	HONDA
Model	FS 150
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	5107224318-01
Cover Note Number	
Driver	
Name of Driver	WONG YIN CHAI
NRIC No	SXXXX514C
Date Of Birth	19/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83464866
Fax Number	
Contact Number	OFFICE-83464866
Email Address	NOEMAIL

Address 19 SENGKANG EAST AVENUE
#12-16 SINGAPORE
Postcode 544808
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 - HEAD TO REAR
Weather Conditions AFTER-RAIN
Road Surface WET

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 SENGKANG NPC

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02, POSTCODE: 545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT AND ATTACHED; REMARKS: VEHICLE B (YN5983K) REVERSED ONTO STATIONARY VEHICLE A (FL4004D). PLEASE REFER POLICE REPORT/SKETCH & STATEMENT FOR TYPE OF ACCIDENT 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 YN5983K
Vehicle Make/Model/Colour
Details Of Properties REFER POLICE REPORT AND ATTACHED
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MEYYAN ASHOKGANESH
NRIC/Passport Number
Contact Number 90535954
Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG YIN CHAI

Approximate Age

Injuries Sustain

REFER POLICE REPORT AND ATTACHED

Injured person in which vehicle?

FL4004D

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

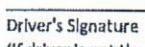
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 companies.
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 interested parties.
7. 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:
 - (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
- (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:



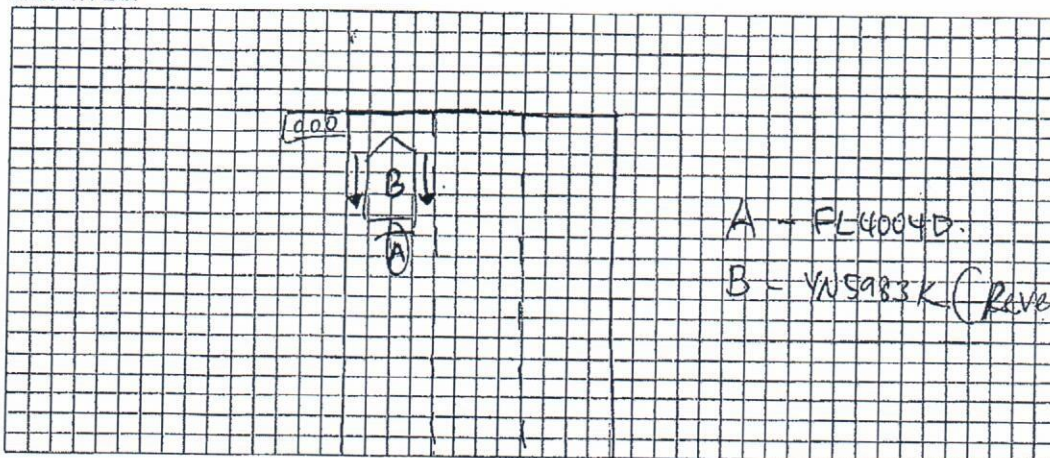
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

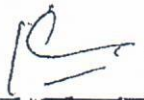
Refer Police Report.

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:


Reporting Officer's Signature
Name:
NRIC/FIN No.:

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200221/2138

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200221/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2020 16:53		Vide Report No.:		Station Diary No.: 87	
Informant's Particulars					
Name of Informant: WONG YIN CHAI			Address: 19 SENGKANG EAST AVENUE #12-16 SINGAPORE 544808		
ID Type / ID No.: NRIC NO / S1473514C			Contact No.: Home/Office: Mobile: 83464866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 19/04/1961	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: FOOD PANDA RIDER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/02/2020 13:20	Type of Location:
Location: Junction of Road 1 and Road 2 YIO CHU KANG ROAD SERANGOON NORTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FL4004D	Motorcycle	HONDA	FS150F	Orange		0
YN5983K	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FL4004D	NTUC Income Insurance Co-Operative Limited	5107224318-01	24/01/2020	23/01/2021



**SINGAPORE
POLICE FORCE**



T/20200221/2138

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20200221/2138

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG YIN CHAI	ID No.	S1473514C
Related Vehicle	FL4004D (Motorcycle)	Contact No.	83464866
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/02/2020	Date Discharge	21/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	MEYYAN ASHOKGANESH	ID No.	NIL
Related Vehicle	YN5983K (Lorry)	Contact No.	90535954
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/02/2020 at about 1.20pm, I was waiting at the traffic junction of Yio Chu Kang Road and Serangoon North Ave 1 on my motorbike as the traffic light was red when suddenly a white lorry in front of me reversed without warning and I tried to sound my horn however the lorry kept reversing and in the end collided onto my motorbike. I fell off my motorbike and felt giddy as such I called for the Police and TP came to the accident scene and I was conveyed to SKGH and was given 3 days of MC from 21/02/2020 to 23/02/2020.



**SINGAPORE
POLICE FORCE**



T/20200221/2138

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

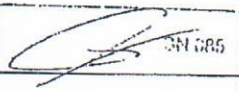
Report No. T/20200221/2138

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: F / Sgt 3 TAN WEI XIANG ROY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/02/2020 16:53
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:  SN 085
Authentication Stamp NP168	

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 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 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

Date Of Report	27/02/2020 09:11
Date Of Accident	21/02/2020 13:20
Exact Location Of Accident	YIO CHU KANG ROAD & SERANGOON NORTH AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL4004D
Insured/Policyholder	
Name Of Registered Owner	WONG YIN CHAI
NRIC No	SXXXX514C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83464866
Alternative Phone No	OFFICE-83464866

Vehicle Particulars

Manufacturer	HONDA
Model	FS 150
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	5107224318-01
Cover Note Number	

Driver

Name of Driver	WONG YIN CHAI
NRIC No	SXXXX514C
Date Of Birth	19/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83464866
Fax Number	
Contact Number	OFFICE-83464866
E-Mail Address	NOEMAIL

Address	19 SENGKANG EAST AVENUE #12-16 SINGAPORE
Postcode	544808
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 - HEAD TO REAR
Weather Conditions	AFTER-RAIN
Road Surface	WET

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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT AND ATTACHED; REMARKS: VEHICLE B (YN5983K) REVERSED ONTO STATIONARY VEHICLE A (FL4004D). PLEASE REFER POLICE REPORT/SKETCH & STATEMENT FOR TYPE OF ACCIDENT 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	YN5983K
Vehicle Make/Model/Colour	
Details Of Properties	REFER POLICE REPORT AND ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MEYYAN ASHOKGANESH
NRIC/Passport Number	
Contact Number	90535954
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.
3. Information provided must be as truthful and accurate as possible. Any wilful 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 companies.
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 interested parties.
7. 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)**

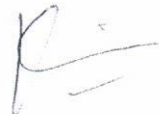
I understand, acknowledge, agree and consent that:

- (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:
 - (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
- (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 Signature
Name:
NRIC/FIN No.:

