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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.
- 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.

Date Of Accident 01/05/2020 12:00 Exact Location Of Accident 17 GEYLANG RD TWDS SIMS DR Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number FY8690C Insured/Policyholder Name Of Registered Owner CHEAH KIAN TIONG NRIC No SXXXX111E Email Address NOEMAIL Mobile Phone No (LOCAL) +65-87386551 Alternative Phone No OFFICE-87386551 Vehicle Particulars Manufacturer DAELIM Model VL 125 Exact Purpose for which vehicle was being used at time of accident 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 NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY Fleet Policy NO	经 经验的现在分词 1000 1000 1000 1000 1000 1000 1000 10	ACCIDENT STATEMENT
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DETAILS OF OWN VEHICLE	Date Of Accident	01/05/2020 12:00
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Date Of Driving Pass 06/07/1987 Driving Experience 32 YEARS AND 9 MONTHS Gender MALE	Date Of Birth	24/06/1960
Driving Experience 32 YEARS AND 9 MONTHS Gender MALE	Occupation	OUTDOOR
Gender MALE	Date Of Driving Pass	06/07/1987
	Driving Experience	32 YEARS AND 9 MONTHS
Mobile Number (LOCAL) +65-87386551	Gender	MALE
	Mobile Number	(LOCAL) +65-87386551

OFFICE-87386551

NOEMAIL

Address BLK 527 HOUGANG AVENUE 6

#09-209

2

NO

NO

Postcode 530527

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

20, 36

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SKH7658J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 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:
 - (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 Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 1 5 / 70 MDD MANO	YYYY), TIME:(12: U))(HH:MM)
LOCATION: 17 heriang Rd foul-	s Sims Dr
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: F18690C	*
DINSURANCE COMPANY: NTUC	Att states and the state of the
CJPOLICY NUMBER:	
dipolicy type: (COMPREHENENCE A THREE	
d)POLICY TYPE: (COMPREHENSIVE / THIRD e)MAKE & MODEL:	PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / LO	ORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLEL
h) PURPOSE OF USING AT ACCIDENT TIME:	Phule
I) ARE YOU CLAIMING UNDER YOUR OWN IN	VILLE INECTION
IF NO, PLEASE STATE (THIRD PARTY CLAIM	PEPOPTING ONLY
2. INSURED / POLICY HOLDER	NET SECTION ONLY
Alname: Chech Ician 7:009	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 5/433/1/E.	CONTACT: 87386551
c)ADDRESS:	CONTACT. 673
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
THO of passange DRIVER	HOLDER
(Including driver) a)NAME:	(MALE / FEMALE)
	CONTACT:
c)ADDRESS:	CONTACT
*d)DATE OF BIRTH: ()(DD	2/1111/00000
e)OCCUPATION: (INDOOR / OUTDOOR)	D/MM/1111)
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSU	DEDIC COMPANIE OF THE
IF NO, RELATIONSHIP OF THE DRIVER WI	THE INCURSED ANY? (YES / NO)
5. a) WEATHER CONDITION: (CLEAR / RAINING	ITH INSURED: OWNER
b) ROAD SURFACE: (DRY / WET / OTHERS_	/ OTHERS)
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION	
O TUIDO DADTICACIONALA	N:
No of passenger of VEHICLE NUMBER: SICH 7658]	
Including driver) b) DRIVER'S NAME:	MODEL:
(1-) C) NRIC/FIN/PASSPORT:	
(1) C) NRIC/FIN/PASSPORT:	CONTACT:
	110000
	MODEL:
Including driver f) NRIC/FIN/PASSPORT:	<u> </u>
()	CONTACT:
	*
155	

jinnycheak Kt @ yakoo. com. sg

NOTICE OF COMPLIANCE

This is to confirm that CHEAH KIAN TIONG HP: 87386551 NRIC no. S1433111E, has reported to the Police on a non-injury traffic accident which occurred along LORONG 17 GEYLANG ROAD TOWARDS SIMS DRIVE on 01/05/2020 at about 1200hrs involving the following vehicles: FY8690C (Informant's vehicle) & SKH7658J belonging to CHEW SOON HENG S2611291E.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.

CHEAH KIAN TIONG

Date: 01/05/2020

S/D: 33

Police Post/Unit: Hougang NPC

Name of Issuing Officer: SGT 3 T140453 ASHLEY TOH

HOUGANG NPC 80 HOUGANG AVE 9 SINGAPORE 538775 LEL 1801 1890999

Original

- to be issued to informant

Duplicate

- to be retained at police post or unit

eBao Tech								Gener	alClaim		
Hello, NAC_PAYA_UBI_800601						7.5	· Change	e Languag	e · Char	nge Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date o	Accident		01/05/2020	12:00	
	Vehicle	No.(For Motor)	FY8690	c		Certific	cate Number		4		
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108936326- 01		CHEAH KIAN TIONG	S1433111E	GMC	Third Party	FY8690C		16/04/2020	15/04/2021

Claim Handling									
Accident MT/1092201	5108936326-01	Vehicle No.	PY8690C			GST Registration N	in.		
folicy No. Sertificate No.	5108936326-01	Vehicle No.	PY8690C			GST Registration N	10.		
ertricate No. olicyholder Name	CHEAH KIAN TIONG					Policyholder NRIC		514331116	
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Par	tv		Loading		0	
ontact No.(Mobile)	87386551	Contact No.(Office)				Contact No.(Home	E		
mail Appress		Special Remark				eCode		the V	
Fit	® No ○ Yes	TCA	® № ()	Yes		eCode Reason		Established (
ACD Protection	No	NOD Enotlement(%)	20			Private Hire		No	
Accident Details									
leport Date	05/05/2020 09:59	Accident Report Within 24 hrs	Ves			Accident Type		Side Swipe	
Date of Accident	01/05/2020	Time of Accident hhimm	11:10			Country of Acciden	ď	Singapore	
Reporting Centre	271.73	Orange Force				ICH No.	775	2000	
loodent Location	XINCTION OF SIMS DR / SIMS OLOSE	7/2							
Total Excess Applicable									
xcess Type	Per Accident	Windscreen Excess							
ID Standard Excess	0.00	TP Standard Excess		0.00					
IED OD Excess		YIED TP Excess				Driver is Covered?		Not Applicat	ole .
Additional Excess									
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00					
♥ Benefits									
♥ GST Registered Informa			30						
IST Registered IST Registration No.	No			FT Registration Date FT Status Verified		Yes			
fodification History			1,000	7 (10)		1100			
Policyholder Mailing Ad	dress								
Address 1	BLK 527 #09-209	Address 2	HOUGAN	G AVENUE 6		Address 3		SINGAPORE	530527
Address 4		Address Type	Singapore	e address		Post Code		530527	
Joint No.		Related Policy Number	5108936	326-01					
♥ OI Driver Info		DESCRIPTION OF THE PROPERTY OF	ALTOURISM N	240155VX					
Onver Name		Driver Type							
Innamed driver Name		Driver NR3C				Driver DOS			
Register Date of Driver License		Driver Age				Driving Expenence			
Contact No. (Mobile)		Contact No.(Office)				Contact No.(Home	1		
Address 1		Address 2				Address 3			
Address 4		Address Type	Foreign a	ddress		Post Code			
Unit No.									
Does he own a Singapore Registered car?	☐ Yes ® No	Driver Vehicle No.				Briver Insurer Con	spany		
Hodification History									
Claim 002 New									
		A LINCOLANDA ANTON				entrovine pacific			
Jaim Type •	OD-MX	Insured Name		IAN TIONG		Insured NRIC		514331116	
Contact No. (Mobile)		Contact No.(Home)	6386273			Contact No. (Office			
Email Address		OI Vehicle Number	PY8690C			TP Vehicle Number		SKH7658)	
Darmant Type Claimant Type+	_	Type of Benefit *	Please S	elect					
Dalmant Name *	22	Claimant NRIC *							
Darmant Address	(C. 2000 C. 20					Name of Brokerad	Westwhee	7	
Daim Description Preferred Workshop Contact	PY8690C / SKH7658J ON 1 May 2020	and the second second	De esta	200 H		Name of Preferred	-FORKSHOO	200	
40.		Insured Liability •	Partially		100	With the case		0	100
Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred	l Workshop, Name unknown		GIA report		Received	V
Date Registered	06/05/2020 17:05	Claim Close Date				Date Received		06/05/2020	VV.VV
Report Taken By	Jackson								
Print AK letter									
Programme P.			Save S	utomit					
Attachment									
v									
Accident No.	MT/1092201	Claim No.		002					
ast Doc. Received	® yes ○ No	Upload Date		06/05/2020 17:07					
	Path *			Category •		Confidential	Urgen	icy +	Description *
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Attachment	Uploaded By/Date	Category		Urgency		Descrip	A MAIN		Mag Sent?

	Uploaded By/Date	Folder Date	Tri	e Name	Source	A
Video List						
6	NAC_PAYA_UB1_BD0601(NAT CES) on DE	ONAL ASSESSMENT CENTRE SERVI May 2020 17:05	Photos	Normal	Photos 2020-5-6	
DE		IONAL ASSESSMENT CENTRE SERVI May 2020 17:05	Photos	Normal	Photos 2020-5-6	
		IONAL ASSESSMENT CENTRE SERVE May 2020 17:05	Photos	Normal	Photos 2020-5-6	
1	NAC_PAYA_UBI_B00601(NAT CES) on 06	IONAL ASSESSMENT CENTRE SERVI May 2020 17:05	Photos	Normal	Photos 2020-5-6	
1	NAC_PAYA_UBI_B00601(NAT CES) on 06	IONAL ASSESSMENT CENTRE SERVI May 2020 17:05	Photos	Normal	Photos 2020-5-6	
1	NAC_PAYA_UB1_800601(NAT CES) on 06	IONAL ASSESSMENT CENTRE SERVI May 2020 17:05	Photos	Normal	Photos 2020-5-6	
1		IONAL ASSESSMENT CENTRE SERVI May 2020 17:06	Photos	Normal	Photos 2020-5-6	
SA		IONAL ASSESSMENT CENTRE SERVI May 2020 17:06	Photos	Normal	Photos 2020-5-6	
8		TOWAL ASSESSMENT CENTRE SERVI May 2020 17:06	Photos	Normal	Photos 2020-5-6	
W	NAC_PAYA_UB1_800603[NAT CES) on Di	TONAL ASSESSMENT CENTRE SERVI May 2020 17:06	Photos	Normal	Photos 2020-5-6	
193	NAC_PAYA_UB1_800601(NAT CES) on D	TONAL ASSESSMENT CENTRE SERVI May 2020 17:06	SAS	Normal	SAS 2020-5-6	
ACA NO.	NAC_PAYA_UB1_800601(NAT CES) on 0	TONAL ASSESSMENT CENTRE SERVI May 2020 17:07	NRIC/ Driving License	Y Normal	NRJC/ Driving License 2020-5-6	
				?		(CO)