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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 ladgement 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

物域和相应的是一种的图像是是是一个人	ACCIDENT STATEMENT
Date Of Report	02/06/2020 11:49
Date Of Accident	14/02/2020 14:45
Exact Location Of Accident	JUNCTION OF QUEENSWAY AND ALEXANDRA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK5276G
Insured/Policyholder	
Name Of Registered Owner	NG CHENG KAN
NRIC No.	SXXXX623G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94883132
Alternative Phone No	HOME-66744621
Vehicle Particulars	11 (1992) 2005 (Free 2011) (Free 2011)
Manufacturer	YAMAHA
Model	MAJESTY S
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
f 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	5116153868
Cover Note Number	
Driver	
lame of Driver	NG CHENG KAN
IRIC No	SXXXX623G
Pate Of Birth	02/08/1939

02/08/1939 Occupation INDOOR Date Of Driving Pass 10/11/1975 Driving Experience 44 YEARS AND 3 MONTHS Gender

MALE

Mobile Number (LOCAL) +65-94883132

Fax Number

Contact Number HOME-66744621

EMail Address NOEMAIL Address

BLK 2 QUEEN'S ROAD

#05-183

Postcode

1026

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

7

Insurance Company of Driver's Own Vehicle

9

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

...

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?

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?

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

UNKNOWN

PRIVATE CAR

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
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 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 personal Information of Singapore ("GIA") and disclose and transfer such 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 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:
 - 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:

Name:

NRIC/FIN No.

entre Personnel Signatur Too

MUNICIPAL ROMO = BY	
A) FBK 5276 G	
B) MKNOWN CAR 1 PITS 12	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT QUILLUS WAY	
At junction of Queenway Rd / Alexandre Rd.	_
As it happens too sudden and I also jammed my brakes, but still hit the	
As it happens too sudden and I also jammed my brakes, but still hit the	
ear side of the front car.	
CLARATION	

policyffolder's Signature

Date & Time:

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

Pipporting Centre Personnell's Signature MADOS Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14, 02, 2020 (DD)	MM/YYYI TIME-1 14 . 45 MHH-MAIL
T CKIEBNIA	y K d
LOCATION: Junction of Bubit Men	Alexandra Ru
1. DETAILS OF VEHICLE	av :
· alvehicle NUMBER: FBK 52	76 G
DINSURANCE COMPANY: NTW	
CJPOLICY NUMBER: 5116153	
dIPOLICY TYPE: (COMPREHENSIVE C	THIRD PARTY / THIRD PARTY FIRE &THEFT)
OMAKE & MODEL: Yangha XC13	TIME PARTY THREE SCINETY
	N/LORRY/MOTORCYCLEY OTHERS
g/VEHICLE CATEGORY: (PRIVATE / CO	MHEBON (MOTORCYCLE) OTHERS)
h) PURPOSE OF USING AT ACCIDENT T	THE MOTORCYCLE
I) ARE YOU CLAIMING UNDER YOUR O	MAINTENE ANCE MECHANICA
IF NO. PLEASE STATE (THIRD PARTY C	AIM PEPOPTING ONLY
2. INSURED / POLICY HOLDER	ETHING CHET
AINAME: No Chen Kan.	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 5050262	3 G CONTACT: 66744621 /9488313
CIADDRESS: B/K 2 Queen's Rd	5(1026) 260002,
. V: 11 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
* CONTINUE TO 3.d IF DRIVER ALSO PO	DUCY HOLDER
VISOT PERSON APP. DRIVER	
(Including driver) GINAME:	(MALE / FEMALE)
(O) S DIRRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
*chinate de Biptu.	
e)OCCUPATION: (INDOOR / OUTDOOR	_J(DD/MM/YYYY)
DONTE OF DRIVING PASS	R)
4. WAS DRIVER AN EMPLOYEE OF THE	TAIGUETO CO. CO.
IF NO, RELATIONSHIP OF THE DRIVE	INSURED'S COMPANY? (YES /(NO)
5. GIWEATHER CONDITION: (CLEAR / RAIN	ING COTHERS
DIROAD SURFACE/(DRY / WET / OTHER	S
6. WAS ANYBODY INJURED IYES IND	**************************************
7. a) REPORTED TO POLICE (YES / NO)	77 PK W
IF YES, PLEASE STATE WHICH POLICE ST	'ATION:
8. THIRD PARTY VEHICLE CONCROLO	SG 20V6L
He of passinger a) VEHICLE NUMBER: LINKANA CA	MODEL:
Including driver) b) DRIVER'S NAME:	
() NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
Ho all passinger d) VEHICLE NUMBER:	MODEL:
last, Ata Jata Var Courter Officials.	
NRIC/FIN/PASSPORT:	CONTACT::-

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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5116153868

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBK5276G

Chassis Number

: 5G28J011551

2. Name of Policyholder

3. Effective Date of Insurance

NG CHENG KAN

: 12 Feb 2020

Expiry Date of Insurance

1 11 Feb 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2)

N/A INSURE WITH COE N/A

NAMED DRIVER (1) NG CHENG KAN

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED N/A

I/We hereby Certify that the Policy to which this Certificate relates is Issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

COMMERCIAL AGENCY PTE LTD (00000614425)

Date of Issue

: 11 Feb 2020 12:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive