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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 wiful 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.
- 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 indgement 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

William State of the State of t	ACCIDENT STATEMENT
Date Of Report	12/08/2020 09:48
Date Of Accident	08/08/2020 18:35
Exact Location Of Accident	ALONG ORCHARD ROAD BEFORE HANDY ROAD JUNCTION
Country/State of Loss	SINGAPORE
进程设施压制器的基本的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM9153R
Insured/Policyholder	
Name Of Registered Owner	AONN RANSCENDT WONG
NRIC No	SXXXX734A
Email Address	RONNIEONG22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83146889
Alternative Phone No	OTHERS-83146889
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KLX125-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
Fleet Policy	NO
Policy Number	5114383466
Cover Note Number	
Driver	
Name of Driver	AONN RANSCENDT WONG
NRIC No	SXXXX734A
Date Of Birth	15/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2015
Driving Experience	4 YEARS AND 10 MONTHS
Canda	MALE
	(LOCAL) +65-83146889
Fax Number	
Contact Number	OTHERS-83146889
EMail Address	RONNIEONG22@GMAIL.COM

Address

BLK 981C BUANGKOK CRESCENT

#14-13

Postcode

533981

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 - OPENING DOOR OF VEHICLE

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?

YES

Was any injured conveyed to hospital by ambulance?

NO

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

HOGANG N.P.C.

Police Station Address

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200809/2004

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

SMQ1367S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMMAD JUFERI BIN AHMAD

NRIC/Passport Number

SXXXX096H

Contact Number

81119565

Address

Postcode

Insurance Company Name

Page 2 of 19

DETAILS OF INJURED PERSON 1

Name

AONN RANSCENDT WONG

Approximate Age

Injuries Sustain Injured person in which vehicle?

SLIGHT INJURY

Were seat belts worn?

FBM9153R

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

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.
- 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:
 - 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:

110820 18:00

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

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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B) SMQ 13675			
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110820 18:00		N	12/08/2020,
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NRIC/FIN No.:

Date & Time:

ACCIDENT STATEMENT

AC	CIDENI DATE:)(DD/MM/	(YYY), TIME:(18	35 MHH:MM
LOC	CATION:	orchard	rood. Junet	ion turning in	its . hardy road
	1. DETAILS OF	VEHICLE			
	a) VEHICLE	NUMBER:	F8Mals3	R	r 823 2 2
	DJINSURANO	CE COMPANY:	NTUC	100	1
	C)POLICY N	UMBER:_ 5	114383466		
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Report No. T/20200809/2004

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

	me Report I 020 01:36	Vlade;	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: RANSCEND		Address: APT BLK 981C BUANGKOK CRESCENT #14-13 SINGA 533981			
	D Type / ID No.: NRIC NO / S8816734A		Contact No.: Home/Office:	Mobile: 83146889		
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 15/05/1988	Type of Informant: Rider	W Total		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B	Date of Expiry:		

General Inform	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2020 18:35	Type of Location Straight Road
Location: Along Road 1 ORCHARD R along orchard Weather: Clear		on of handy road Road Surface:		Road Speed Limit:
Traffic Flow:		Dry Traffic Control: Traffic Light - Wo	SOUTH AND THE SO	Traffic Volume:
Type of Collis	ion:			Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d	A Charles			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM9153R	Motorcycle	KAWASAKI	KLX125D	Black	Slightly Damaged	0
SMQ1367S	Car		W		Slightly Damaged	2

Details of V	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
FBM9153R	NTUC Income Insurance Co-Operative Limited	5114383466	25/11/2019	24/11/2020





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

2 of 3 Report No. T/20200809/2004

8775

CONTINUATION OF REPORT

Details of Person	on Involved	700				
Any Pedestrian	nvolved: No		-			Control of the last
No. of Pedestria	ns Injured: NIL		Lien of t	Dodootele	- 0	
Rider			036 01 1	Pedestria	n Cross	sing: NA
Name	AONN RANSCENDT WONG			ID No).	S8816734A
Related Vehicle	FBM9153R (Motor	cycle)		Conta	act No.	83146889
Hospital/Clinic	CENTRAL 24-HR (CENTRAL 24-HR CLINIC (HOUGANG)		Class of Driving Licence & Expiry Dat		Class: 2B Date of Expiry: NII
Date Treatment			Date Die	scharge	Account to the second	20000
No. of Days gran	ted Medical Leave	03				3/2020
Driver		100	Degree	of Injury	Slight	
Name	MOHAMMAD JUFE	RI BIN AH	IMAD	ID No		S1672096H
Related Vehicle	SMQ1367S (Car)			Conta	ct No.	81119565
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	was a se	Date Dis		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o	of Injuny	NIL	

Brief Details.

On 08/08/2020 at about 1835hrs, I was riding my motorcycle bearing registration number FBM9153R along Orchard road on the extreme left lane. The road was congested with traffic at that point of time. When I was riding, suddenly there was a car bearing registration number SMQ1367S with the left passenger rear door opened. The car was stationary and I could not react in time and resulted in colliding with the door causing the door to close. The impact causes me to lose balance and I fell down.

The passengers in the car came down and helped to pick up my things that was scattered on the floor. I then proceeded to meet the driver at a lesser congested road to exchange particulars.

I wish to inform that I do not have any camera that may capture the accident. I felt pain at my hand and shoulder area and went to see the doctor. I was given 3 days of MC vide MC number 0000459561. I then came to lodge a traffic accident report.





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Report No. T/20200809/2004

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 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:	Signature Of Informant:
Sgt 3 MUHAMMAD IZZUWAN BIN SYED	Chilarde.
Signature Of Interpreter: Not applicable	Date/Time:
	09/08/2020 01:36
Officer In Charge Of Case:	Clossification Of S
TP / AEIT /	Classification Of Case:
SSI 2 JUREMAH BINTE AHMAD	
Contact No.: 65476219	
Authentication Stamp	

Claim Handling Accident PIT/1289800 GST Registration No. 10791500 1114183499 Territor St. Certificate No. Principle Medical National Nat 9481673(4) ADSN RESSERBET WORLD Principolite Name Cover Type Trick Fairly Product Code HOTOPOLOUS INSURANCE Contact No. (Home) Contact Na (Office) Connect No. | Mobiles 93345559 Spatial Borners eCorn. Erret Addrson 267 598 APR. 160 794 YOA. resale reve 166 ACD DODGESON NO. MCC Description W. Accident Details Accident Type Accident Report Within 24 hrs. Report Date: 12/08/21/25 31:26 Time of Assisted to com-COUNTRY OF ACCIDENT Simplecore Date of Accident 10/10/1025 Paperang Central Drange First STRAIN. ALONG DECHERO ROLD BEYORE HANDY ROAD MACTION. Appropriate social pri Total Excess Applicable Woodspread Factorial Excess Type: Fer Accident TV Strengture Society **CD Standard Excess** Driver o Courred? And Expensed FED DO EXURN NED IF GOOD Appropriations: Total TV Execus Application Total OD Events Applicable 0.001 - Benefits GST Registered Information DET Your HOUSe Claim out supplement. CST kep distor for SET forms (restor повесии назач - Policyholder Philling Address Bld SHIC #1+13 889 HIS 2 BURBORON CRESCIPIT 1915480FE 539911 Address L. Post Code THEFT. Singapore ad tress Address Type Address 4 America Policy Number 511+183+66 tive No. - 00 Driver Info Driver Type Ham Driver ADNA KAMBUHSET WOME Driver Name Driver Dide Lingraced charge Marrie 15/05/1986 888167316 Driver held: Register Cate of Driver Liveria Driver Age 32 Driving Experience Contact No. Homes Contact Na 10 Floor Eartast No. (Mobile) 80336688 BUNNERON CRESCONT Address A MAGAZINE STORY Antresa 2 Address 1 BEK 961C +18-51 Address 4 Address True Singligate schiles Rost Cade 532001 Unit his. Does no own a Bingatore Registered cor* Driver Drivers Christian setur? Driver Vehicle No. PRHILIDA Department terephasper or blood field treating? 17 9% Any theory? Padrosco Halay Chim 601 New w Insured ADWY RANGESON WONE Incured MILE Claim Poss. \$86187344 Contact Centact 8314688V Carried No. (Mobile) \$400,3675 Empli Address removeg/20penst.com FBM91538 / SMQ13575 0% S Aug 3520 Claim Description. triumed Liberty | Nut at Youth | V | DA | Sentiment | Performs Workshop on the performance | Performs | Perfor Application Test Data 12/08/2020 00 12/08/2020 11:28 Date Registered **40SLI WAHAE** Report Taxon By Print All letter Save Sideric Attachment Barnibers No. Clairs No. MIZIONNUM 12/08/2021 11:00 Last Dec. Received Witnes Cliffor Hotold Date Category # w Normal Chasse File No file chosen Dear Choose File too file chosen Dear Rene Select ¥ . W Romald Choose File (No file chosen Over Principle Solvery 1400 Percent w | 100 Choose File | No the chosen Principle School Desc Bonnial ¥ 30 Chocas File No Ne shosen Please Sales. Namel Chiar Choose File No No discer-Close Photo Small V 30 w Nemal Serd Man . Alterbryond Livi Unisoled Building Uncency Description HAC BURST_MEAN BOOKTS; NATIONAL ASSESSMENT CENTRE SERVICE 5 (MURIT MERSH)) on 12 aug 2020 (1 30 Normal PROFES 2020 8-12

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4.03	MFC_BURIT_PRESEN_BOSCING NO. S (BORIT PERRO)	TONAL ASSESSMENT CHATTE SERVICE #1 17 Aug 2006 11:28	SAG	Money	\$45.2025-8-12
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1	0 (DOM) 1 VENOVA	TIONAL ASSESSMENT CENTRE MERVICE 1 No. 18 Avg 2020 to 28	Press	Hornal	Photos 2019-6-12
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eBao Tech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password Log Out My Desktop Policy Query Notice of Loss Policy No. Date of Accident 08/08/2020 09:45 Vahicle No. (For Motor) FBM9153R Cortificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Insured Object Product Cover Type Commence Date Explry Date AONN RANSCENDT WONG 5114383466 GMC Third Party FBM9153R FBM9153R 25/11/2019 24/11/2020 588167344 Continue