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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

	ACCIDENT STATEMENT
Date Of Report	19/08/2020 13:35
Date Of Accident	17/08/2020 14:00
Exact Location Of Accident	JUNC OF BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
IN THE PROPERTY OF THE PROPERT	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR7712J
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	2XXXXX362N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115597508
Cover Note Number	
Driver	
Name of Driver	LIM TIEK WAH
NRIC No	SXXXX986D
Date Of Birth	07/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1998
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88939858
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 807B CHOA CHU KANG AVE 1 #03-522 Postcode 682807 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OTHER - HIRER 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 CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES 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) NO soliciting/offering accident claims assistance. 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 CHOA CHU KANG NPC ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , Police Station Address COUNTRY: SINGAPORE Police Station Contact TEL NO: - FAX NO: Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT T/20200818/2012 Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: WITH DRIVER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Make/Model/Colour Details Of Properties Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM TIEK WAH

BODY

SMR7712J

YES

NO

SKETCH PLAN

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 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 Signatute

Mo

Date & Time

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SIARIVIC Sketc

NRIC/FIN No.:





T/20200818/2012

1 of 3

Report No. T/20200818/2012

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

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 18/08/2	me Report I 020 09:21	Made:	Vide Report No.:	Station Diary No.:		
Informa	int's Partic	ulars		00		
LIM TIE	Maria de Caractería de Car Caractería de Caractería d		Address: APT BLK 807B CHOA CHU SINGAPORE 682807	KANG AVENUE 1 #03-522		
	/ ID No.: O / S27169	86D	Contact No.:			
National MALAYS			Home/Office: Mobile: 8893 9858 Email:			
Sex: Male	Age: 61	Date of Birth: 07/11/1958	Type of Informant: Driver			
Race: Chinese	3		Language:	Institution / School Name:		
연기 위에 가게 되다.	Occupation: GOJEK DRIVER		Driving Licence Information: Class: 2B,3,4A Date of Expiry:			

Type of	Injury	Drink	Date/Time of	T
Accident:	Attended by Police	Drive:	Accident:	Type of Location T-Junction
Location:		No	17/08/2020 14:00)
BEDOK RES	ERVOIR ROAD			
	period to a second	Road Surface:		Road Speed Limit:
Clear Traffic Flow:		Dry		50 Km/h
Weather: Clear Traffic Flow: Two Way Type of Collis		522411.00	rking	

Details of Vehicle Involved						
Vehicle No.	The second secon	Make	Model	Color	Condition	No of Passenger
	2.55				Slightly Damaged	0
SMR7712J	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Too of Fedestral Crossing, NA



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



2 of 3 Report No. T/20200818/2012

CONTINUATION OF REPORT

Rider			40 S & SA		ENESII	SECTION TO STATE OF THE SECTION OF T
Name	AFIQ			ID No	4	NIL
Related Vehicle	FBP9847G (Motorc	ycle)		Conta	act No.	81253924
Hospital/Clinic	NIL	185		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		Sligh	t
Driver				THE REAL PROPERTY.	a compa	
Name	LIM TIEK WAH			ID No		S2716986D
Related Vehicle	SMR7712J (Car)			Conta	ict No.	8893 9858
Hospital/Clinic	RAFFLES HOSPITA	AL		Class Drivin Licend Expiry	g	Class: 2B,3,4A Date of Expiry: NiL
Date Treatment	17/08/2020		Date Disc			3/2020
No. of Days gran	ted Medical Leave	10	Degree o		Sligh	

Brief Details.

on the 17/8/2020 at around 1400hrs I was involved in an accident with a motorcyclist (FBP 9847G). My car (SMR 7712J) was hit at the back by the motorcyclist at the traffic light along bedok reservoir between north ave 3. I wish to state that my car is a rental from blaze motoring. I was at a still and stable position at the traffic light as it was red. Suddenly the stated bike hit the rear of my car. on my side I was slightly injured from the impact of the crash but does not need any conveyance. The motorcyclist was conscious and was conveyed ambulance. I am not sure of the degree of injury that the rider sustain. Both myself and the motorcyclist did not have any passenger or pillion.

I wish to state that traffic police and ambulance was present at scene, due to the slight injury I suffered I went to raffles hospital on the same day to get my injury check up. the doctor in charge DR Devin Tan 914719B) diagnosed that I had a cervical spondylotic radiolopathy from my accident. I was not warded and was discharged on the same day. I also wish to state that my onboard camera SD card have been passed to traffic police for investigation purposes. I haven't made any contact with the rider nor was there any private settlement between us. I am lodging this report for insurance purposes. Ref:E/20200812/0097.





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/20200818/2012

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 2 Muhammad Barri Bin Osman	N.
Signature Of Interpreter:	Date/Time:
Not applicable	18/08/2020 09:21
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No. 65476206 RCE	
Authentication Stamp NP168	

SIGNATURE

eBao Tech									Gener	alClaim
Hello, NAC_PAYA_UBI_8	00601				- Marian Maria	• Chang	e Languag	e • Chan	ge Password	, Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		17/08/2020	13:34	
	Vehicle No.(For Motor)	SMR7	712)		Certi	ficate Numbe	er.			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5115597508		BLAZE MOTORING PTE LTD	201531362N	GPC	drivo CLASSIC	SMR7712J	SMR77123	21/01/2020	20/01/2021
					Continue					

ACCIDENT STATEMENT

LOCATION:	Ged.K	per R	Schoir	Rd	
a) VEHIC b) INSUR	OF VEHICLE CLE NUMBER: RANCE COMPAN' CY NUMBER:	SMK T	1712 I		50
	CY TYPE: (COMPR	EHENSIVE /	THIRD PARTY	/ THÎRD PARTY	FIRE &THEFT)
	O MODEL.	HOWER .	White .		
g)VEHIC h)PURPC	SALOON / COUPE CLE CATEGORY: (P DSE OF USING AT	RIVATE / C	OMMERCIAL TIME:	/ MOTORCYCL	E) .
IE NO. I	DU CLAIMING UNI PLEASE STATE (THI	DD DADTY	CLAUL I DEDO		SED PAGE
A)NAME	/ POLICY HOLDE	OLINA P	1/4	(MALE /	FEMALE)
	FIN/PASSPORT:			CONTACT:	774432E
	**************************************			eńska w	14
the of passange, DRIVER	NUE TO 3.d IF DRIV	VER ALSO I			
CINCILIZIONA ALLINO	FIN/PASSPORT:			CONTACT:_ & &	FEMALE)
e)OCCU	OF BIRTH: (/, PATION: (INDOOR OF DRIVING EXPR	2/OUTDO	OR)	1/YYYY]	
4. WAS DR	IVER AN EMPLO ELATIONSHIP O	EE OF THE DR	HE INSURED'	NSURED:	YES / NO)
	ED COLIDER OLIVE	0151515	ATRIBLE LOTE	IFRS	
a)WEATH					
 a)WEATH b)ROAD 	SURFACE: (DRY /	WET / OTH			
 a)WEATH b)ROAD WAS ANY a)REPORT IF YES, P 	SURFACE: (DRY / 'BODY INJURED (' TED TO POLICE (Y PLEASE STATE WHI	WET / OTH (ES / NO) ES / NO)	ERS	CCK HPC	
5. a)WEATH b)ROAD: 6. WAS ANY 7. a)REPORT IF YES, P 8. THIRD PAF	SURFACE: (DRY / 'BODY INJURED (' TED TO POLICE (Y PLEASE STATE WHI RTY VEHICLE CLE NUMBER:	WET / OTH (ES / NO) ES / NO)	ERS	MODEL: MOT	orcqu
5. a)WEATH b)ROAD: 6. WAS ANY 7. a)REPORT IF YES, P 8. THIRD PAF 40 of passenger a) VEHIC Including driver) b) DRIVI	SURFACE: (DRY / 'BODY INJURED (' TED TO POLICE (Y PLEASE STATE WHIP RTY VEHICLE CLE NUMBER: ER'S NAME: 'FIN/PASSPORT:_	WET / OTH (ES / NO) (ES / NO) (CH POLICI	ESTATION:	CCK HPC	orcqu
5. a)WEATH b)ROAD: 6. WAS ANY 7. a)REPORT IF YES, P 8. THIRD PAF No of passenger a) VEHIC Induding driver b) DRIVI () NRIC 9. THIRD PAR NO of passenger a) VEHIC () PRISTINGER A) VEHIC	SURFACE: (DRY / 'BODY INJURED (' TED TO POLICE (Y PLEASE STATE WHIP RTY VEHICLE CLE NUMBER: ER'S NAME: FIN/PASSPORT: RTY VEHICLE	WET / OTH (ES / NO) (ES / NO) (CH POLICI	ESTATION:	CCC HPC	orcyci
5. a)WEATH b)ROAD: 6. WAS ANY 7. a)REPORT IF YES, P 8. THIRD PAF No of passenger a) VEHIC Induding driver) b) DRIVI () NRIC 9. THIRD PAR NO of passenger a) VEHIC O) NRIC O) DRIVE NO of passenger a) VEHIC O) DRIVE NO of passenger a) DRIVE	SURFACE: (DRY / (BODY INJURED () (TED TO POLICE (Y PLEASE STATE WHIP RTY VEHICLE CLE NUMBER: ER'S NAME; (FIN/PASSPORT: RTY VEHICLE CLE NUMBER: RTY VEHICLE CLE NUMBER:	WET / OTH (ES / NO) ES / NO) CH POLICI	ESTATION:	MODEL:MOT	orcqu

Cirra : =

fax =

VIDEO = Yes. with TP.

Claim Handling Accident MT/1100477 Policy No. 5115597508 Vehicle No. SMR77123 GST Registration Certificate No. Policyholder Name BLAZE MOTORING PTE LTD Policyholder NI Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) 91449265 Contact No.(Office) Contact No.(Hi Email Address Special Remark eCode KEK. No Yes TCA eCode Reason NCD Protection No NCD Entitlement(%) 0 Private Hire Accident Details Report Date 19/08/2020 13:51 Accident Report Within 24 hrs Yes Accident Type Date of Accident 17/08/2020 Time of Accident his:mm 14:00 Country of Acc Reporting Centre Orange Force ICM No. Accident Location JUNC OF BEDOK RESERVOIR RD **▽** Total Excess Applicable Per Accident Windscreen Excess 100.00 **OD Standard Excess** 2,000.00 TP Standard Excess 1,500.00 YIED OD Excess 0.00 YIED TP Excess 0.00 Driver is Cover Additional Excess Total OD Excess Applicable 2000.00 Total TP Excess Applicable 1,500.00 → Benefits GST Registered Information **GST** Registered GST Registration Date GST Registration No. GST Status Verified Yes Modification History 19/08/2020 13:52:56 System changed GST Status Verified from No to Yes Address 1 53 UBI AVENUE 1 Address 2 #05-44 PAYA UBI INDUSTRIAL Address 3 Address 4 Address Type Singapore address Post Code 17-204 Related Policy Number 5111935306-01 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name LIM TIEK WAH Driver NRIC 52716986D Driver DOB Register Date of Driver License 27/03/1998 Driver Age Driving Experie Contact No. (Mobile) 88939858 Contact No.(Office) Contact No.(Hr Address 1 BLK 807B #03-522 Address 2 CHOA CHU KANG AVENUE 1 Address 3 Address 4 SINGAPORE 682807 Address Type Singapore address Post Code Unit No. 03-522 Does he own a Singapore Registered car? Yes No Driver Vehicle No Driver Insurer Declaration Breathalyser or Blood Test 0 mg Any injury? Reading? Yes No Modification History Claim 001 Claim Type * Insured Name OD-MX BL Contact Contact No.(Mobile) 97984296 No. (Home) OI Email Address Vehicle SM Claim Description SMR7712) / FBP9847G ON 17 Aug 2020 Preferred Workshop Bonuset No. Yes Insured Liability Not at Fault Repair Option GIA Preferred Workshop, Name unknown port Received Claim Date Registered 19/08/2020 13:55 Date Report Taken By LIEW SHAN HUI

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