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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the

aforesaid.	A read by consum to the archiving of this report at the centre and to copies of the report being made available
· 医多类性 当然 医眼中毒性	ACCIDENT STATEMENT
Date Of Report	29/10/2020 11:20
Date Of Accident	28/10/2020 21:45
Exact Location Of Accident	JURONG GATEWAY RD TURN RIGHT INTO JURONG EAST CTRL
Country/State of Loss	SINGAPORE
A STATE OF THE PARTY OF THE PAR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBQ9060D
Insured/Policyholder	
Name Of Registered Owner	NG AH GUAN
Passport No/FIN	FXXXX706K
Email Address	AHGUAN1975@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94771309

OTHERS-94771309

Alternative Phone No. Vehicle Particulars

Manufacturer YAMAHA

Model AEROX GDR155A-155CC CVT ABS

Exact Purpose for which vehicle was being used at PRIVATE USE 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

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5115272828

Cover Note Number

Driver

Name of Driver NG AH GUAN Passport No/FIN FXXXX706K Date Of Birth 10/01/1975 Occupation OUTDOOR Date Of Driving Pass 10/02/2015

Driving Experience 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number

(LOCAL) +65-94771309 Fax Number

Contact Number OTHERS.04771300

BLK 472C FERNVALE STREET Address

#16-67

OWNER

Postcode 793472

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

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

SLV910R

Vehicle Make/Model/Colour

MERCEDEZ BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver NICK

NRIC/Passport Number

Contact Number

90699302

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHEST PAIN

FBQ9060D

NO

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.
- 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:

- 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:

NRIC/FIN No .:

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

ACCII	DENT DATE: (28 / 10	1 2020 (DD/MM/YY	Y), TIME:() 1 :44	PH(HHMM)-
146)	non: Jurong	The state of the s	GONTEWAY	ROAD
	J			
1.	DETAILS OF VEHICLE	FBQ 9060 D		
	a) VEHICLE NUMBER	100000		90
	b)INSURANCE COM	PANY: NTUS		
	CIPOLICY NUMBER:		DA ANTY	IDS & THEFT
	dipolicy type (co	MPREHENSIVE / THIRD P	ARTY / THIRD PARTE	TICE OFFICE T
	DIMAKE & MODEL	Y MUNICIPAL TOPE V		26
	f)TYPE:(SALOON / C	OUPE / MPV /VAN / LOR	RY / MOTORCYCLE	/ Olhers)
	a) VEHICLE CATEGO	RY: (PRIVATE / COMMERC	CIAL / MOLOSICACT	E) .
	HIPURPOSE OF USING	G AT ACCIDENT TIME:	The state of the s	
	I) ARE YOU CLAIMING	3 UNDER YOUR OWN INS	SURANCE (YES/NO)	
	IF NO, PLEASE STAT	E (THIRD PARTY CLAIM /	REPORTING ONLY	
2.,	INSURED / POLICY H	OLDER ALL	1	FEMALE 18 0
	AJNAME: NG			90017 130
	b)NRIC/FIN/PASSPO	RT:	CONTACT:	1711
	C)ADDRESS:			
80 - 20 - F	/:			-
	. CONTINUE TO 3.d	F DRIVER ALSO POLICY F	HOLDER	
\$10 of passanger	DRIVER .	of month	MANE	FEMALE)
(Induding driver)	a)NAME:			Lawrel
conducting anver)	Office of the state of the stat	RT:	CONTACT:	
(T)	c)ADDRESS:			
		10 .01 , 150K up	D/MM/YYYY)	1
$I\!B$	*d)DATE OF BIRTH: (1	
	e)OCCUPATION: (IN	DOOR TO UIDOOR	7 2017	
	FIDATE OF DRIVING	MPLOYEE OF THE INSU	RED'S COMPANY?	(YES / NO)
4.	WAS DRIVER AN E	HIP OF THE DRIVER W	ITH INSURED:	· OWNER
	IF NO, REDATIONS	ION: (CLEAR / RAINING	/ OTHERS	
٥.	PINCAD SIBEACEN	DRY / WET / OTHERS		
2	WAS ANYBODY INJU	RED (YES / NO)	0	
7.	a)REPORTED TO POL	ICE (YES / NO)		
7.	IE VES PLEASE STAT	E WHICH POLICE STATIC	N:	32.11
В.	THIRD PARTY VEHICL		MODEL: MEG	206060
tho of passonger	a) VEHICLE NUMBE		MODEL:	ann's
Y to the true				10696707
(Including delver)	c) NRIC/FIN/PASSI		CONTACT:	100 / 750-
() 9.	THIRD PARTY VEHICL			* **
V 11. V	d) VEHICLE NUMBE	R:	MODEL:	
A No of bassander	e) DRIVER'S NAME		OCHT LOTH	
(Including driver) f) NRIC/FIN/PASSI	PORT:	CONTACT::	
()	0.0			
()		W	*	

email = abguon 1975 @ gail.com VIDEO

Claim Handling

Accident MT/1108338					
Palicy No.	9115272626	Vehicle No.	FBQ9060D		GST Registration No
Certificate No.			SVC den tivo		
Policyholder Namu	NIS AH GUAN				Folicyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire &	Theft	Loading
Contact No.(Mobile)	94771309	Contact No.(Office)			Contact No.(Home)
Email Address		Special Remark			eCade
KFK	No Yes	TCA	No. Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)			Private Hiro
Accident Details					
Report Date	29/10/2020 16:37	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	28/10/2020	Time of Accident Millimin	21.45		Country of Accident
Reporting Centre		Orange Farce			ICH No.
Accident Location	JURONG GATEWAY RD TURN RIGHT INTO	D JURONG EAST CTIL			2000
▼ Total Excess Applicable					
Excess Type	Par Accident	Windscreen Excess			
OD Standard Excess	0.00	TD Streetend Sureas			
TIED OD Excess	0.00	TP Standard Excess		0.00	
Additional Excess	130,000	YZED TH EXCESS		0.05	Driver is Covered?
Total OD Excess Applicable	0.00	#4000 #44 #50000 Block 5000			
9 Benefits	0.00	Total TF Excess Applicable		0.08	
GST Registered Informa	tion				
GST Registered	No				
GST Registration No.	-40		GST Region	ration Date	
Modification History			63) 31811	- Astorina	Xes
Policyholder Mailing Add	iress				
Address 1	NIL	Address 2			ERROCCE NO.
Address 4		Address Type	Singapore address		Address 3
Unit No.	15-67	Related Policy Number	5115272820		Pest Code
OI Driver Info		COLUMN TO CONTRACTOR AND CONTRACTOR	0.00 F.H.E.C. #10 E.D.		
Driver Name	NG AH GUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NAIC	F8449706K		Driver DOB
Register Date of Driver License	10/02/2015	Onlyer Age	45		Driving Experience
Contact No (Mobile)	94771309	Contact No.(Office)			Contact No. (Home)
Address 1	ND.	Address 2			Address 3
Address 4		Address Type	Singapore address		Post Code
Unit Na.	16-67		54E0235464000		403900000000000000000000000000000000000
Does he tawn a Singapore Registered car?	Yes No	Driver Vehicle No.	F89060D		Driver Insurer Comp
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
		23.0	125 1172		
Modification History					
Claim 001 New					
Claim Type *				OD-MX	→ Iroured NG AH G
Contact No.(Mobile)				1.50.000	Contact
The state of the s				NIL	No. (Home)
Email Address					OI Vehicle FEEQ9060
Claim Description				ENCORPOS A STATE	Nurribor
Preferred				FHQ9060D / SLV910R D	N #8 Oct 2020
Workshop	Insured Liability Partial	y at Fault			
Finalisation Yes	✓ Repair Preferred Worksho	p, Name unknown V GIA report Received	×		
Date Registered	CMEAN)			29/10/2020 16:39	Claim
AMERICAN CONTRACTOR OF THE STATE OF THE STAT	394-9534 L.W. 140 C.E. 91-14 (490) (200 U.H. 1491)				Duta

ROSLI WAHAB

- Frint AK letter

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Hello, NAC_PAYA_UBI_800601

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GeneralClaim

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My Desktop Notice of Loss

Policy Query Policy No.

Vehicle No.(For Motor)

FBQ9060D

Date of Accident

Certificate Number

28/10/2020 11:16

Search

Select Policy No. 5115272828

Certificate Number

Policyholder Namu Policyholder NR3C NG AH GUAN F8449706K

Product Cover Type GMC

Vehicle No.

Insured Object

Commence Date Expiry Date

Third Party, FBQ9060D FBQ9060D 31/12/2019 30/12/2028

Continue

ACCIDENT STATEMENT

ACCIDEN	DATE: (8 1.11 1000	J(DD/MM/YYYY),	TIME: (1830)	MM:HH:MM)-
LOCATION	1: Yishun Ave 7	BIK 17	5	
	TAILS OF VEHICLE GT	15764G	(0)	14 (42)
b)!	NSURANCE COMPANY:	NTUC		260
	OLICY NUMBER:	SIVE / THIRD PARTY	/ THIRD PART	FIRE ATHEFT
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2. INS	URED / POLICY HOLDER			
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50,000	DDRESS:		CONTACT:	010101
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No of passongs DRIV	ONTINUE TO 3.d IF DRIVER AI	LSO POLICY HOLL)EK	2.*
Including diama all		Kanbiau		/ FEMALE)
/ 5	RIC/FIN/PASSPORT: 58/10 DDRESS: BIX 209 DISV	ian St 23	CONTACT: 8	4648400
	DATE OF BIRTH: (08/11/		A/YYYY)	1
	CCUPATION: (INDOOR/QU (E OF DRIVING PASC	1000R)	13	
4. WAS	DRIVER AN EMPLOYEE O	F THE INSURED	S COMPANY?	(YES / NO)
	O, RELATIONSHIP OF THE EATHER CONDITION: (CLEAN			
bJRC	DAD SURFACE: (DRY / WET /	OTHERS .	٠	
	ANYBODY INJURED (YES / IN PORTED TO POUCE (YES / N			
IF Y	ES, PLEASE STATE WHICH PO		Kocher	NPC .
o of passenger a)	VEHICLE NUMBER: FB3	8457	MODEL: Hond	a nc .75
neluding driver) B) 1	DRIVER'S NAME:		mini-mo-man-co-mo-co-mo-	
() ()	NRIC/FIN/PASSPORT: PARTY VEHICLE		CONTACT:	
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and to the Automation	DRIVER'S NAME: NRIC/FIN/PASSPORT:		CONTACT:	
	mic/m/ Addr Okt			THE PERSON NAMED IN COLUMN TWO
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email = VIDBO