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MNA420101438 / National Assessment Centre Services - Bukit Merah ENTRY DATE & TIME: 16/11/2020 16:14 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number

Gender

- 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.
- 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

SHOUTHER THE WELL WAR HAVE AND THE	ACCIDENT STATEMENT
Date Of Report	16/11/2020 16:14
Date Of Accident	14/11/2020 23:05
Exact Location Of Accident	ESSO PETROL STATION AT JALAN BUKIT MERAH PUMP 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBQ6571R
Insured/Policyholder	
Name Of Registered Owner	TEN HOCK SIONG
NRIC No	SXXXX484H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96664298
Alternative Phone No	OTHERS-96664298
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER 115 Z1-114CC
Exact Purpose for which vehicle was being used at time of accident	PUMP PETROL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5114402788
Cover Note Number	
Driver	
Name of Driver	TEN HOCK SIONG
NRIC No	SXXXX484H
Date Of Birth	23/04/1963
Occupation	INDOOR

07/11/1984

MALE

36 YEARS AND 0 MONTHS

(LOCAL) +65-96664298

OTHERS_GREEAZOR

BLK 318 UBI AVENUE 1 Address

#11-481

400318 *Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES NO

Details of Police Action

Was the accident reported to the police?

YES

NO

1

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH WEST NPC

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

Police Station Address **COUNTRY: SINGAPORE**

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201116/2039

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

NISSAN

SGV5947L

Details Of Properties

Vehicle Make/Model/Colour

Vehicle Category

PRIVATE CAR

TAN EE CHONG Name of Driver

SXXXX166B NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

TEN HOCK SIONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBQ6571R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

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.
- 3. 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>.
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

ETCH PLAN	ESSO PETPOL STATION A	72991 JALAN BUKIT MERAM
B- BHWAERHY PJ		A) FBQ6571R B) SGV 5947L
SCRIBE CIRCUMS	JALAN BUKIT MERA	y->
	20 POLICH REPORT TODOLLIS	12009
ECLARATION	83 (84) 88 (84)	
We declare the fore	going particulars are true in every respect. (b(11)2000	pu 16/4/2020/





1 of 3

Report No. T/20201116/2039

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDEN	REPORT	OF A	TRAFFIC	ACCIDEN"
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REPORT OF	A TRAFFIC	ACCIDENT	Last Day the	Station Diary No.:		
Date/Time 16/11/202	e Report M 20 12:01	ade:	Vide Report No.:	20		
Informar	nt's Particu	lars				
Name of	Informant:		Address: APT BLK 318 UBI AVEN	UE 1 #11-481 SINGAPORE 400318		
TEN HOCK SIONG ID Type / ID No.: NRIC NO / S1587484H			Contact No.: Home/Office:			
Nationali			Email:			
Sex:	Age:	Date of Birth: 23/04/1963	Type of Informant: Rider	Institution / School Name:		
Race:		700000000000000000000000000000000000000	Chinese			
Occupa	Occupation: FOOD DELIVERY MAN		Driving Licence Information: Class: 2B,3 Date of Expiry:			

	mation of the Accid	DITTIK	Date/Time of Accident:	Type of Location ESSO JALAN
Type of Accident:	Others	Drive: No	14/11/2020 23:05	BUKIT MERAH
JALAN BUK	T MERAH	Road Surface:		Road Speed Limit:
Weather: Clear		Dry Traffic Control:		Traffic Volume:
Traffic Flow: One Way Not Controlled				No Traffic Anyone conveyed by
	ision:	d Vehicle		ambulance:

Details of Vehicle Involved				Color	Condition	No of Passenger	
Vehicle No.	Type	Make	P. A. S. A. S.		Slightly	0	
FBQ6571R	Motorcycle	YAMAHA	115 Z1	M. M	Blue	Damaged	d
1.1519/1510/1519/1719/1519	7.8			Silver	Slightly	0	
SGV5947L	Car	NISSAN		Oliver	Damaged		

Details of Ve	hicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company		26/11/2019	25/11/2020
FBQ6571R NTUC Income Insurance Co-Opera	NTUC Income Insurance Co-Operative	5114402100		





T/20201116/2039

2 of 3

Report No. T/20201116/2039

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999

CONTINUATION OF REPORT

Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Rider						
Name	TEN HOCK SIONG		ID No.		S1587484H	
Related Vehicle	FBQ6571R (Motorcycle)				ct No.	96664298
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/11/2020	Date Dis	scharge 15/11		/2020	
No. of Days gran	ted Medical Leave	03	Degree o	of Injury	Slight	t
Driver			1 1			
Name	TAN EE CHONG			ID No.		S7619166B
Related Vehicle	SGV5947L (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	DAMES TO SERVICE	Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	The second second second	NIL	

Brief Details.

On the 14/11/2020 at about 2305hrs, I was at Esso Petrol Station Jalan Bukit Merah Pump 1 to refilling my motorbike fuel. While I was refilling fuel a car suddenly reverse and collide onto my motorbike.

My right hand was still holding on to the petrol pump and my left hand grab onto my motorbike handler. I fall backwards and my left hand hit on to the pump station while the petrol spill all over the ground.

I stood up and scolded the driver and the pump station assistant helped me push my motorbike to the side. I exchanged particulars with the driver and he offered to send me to seek medical treatment. The said driver then drove me to SGH A&E and I was given 3 days MC. SGH X-ray shows that I had a mild fracture on my left pinky finger.





3 of 3

Report No. T/20201116/2039

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

Authentication Stamp

NP168

CONTINUATION OF REPORT

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Informant	is	not	able	to	prov	de	ske	tch	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: D / Sgt 1 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2020 12:01
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Claim Handling

Accident MT/1110272				
Policy No.	5114402788	Vehicle No.	FBQ6571R	GST Registration No.
Certificate No.				
Policyholder Name	TEN HOCK SIONG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96664298	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
Report Date	16/11/2020 16:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/11/2020	Time of Accident hh:mm	23:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ESSO PETROL STATION AT JALAN BUKI	T MERAH PUMP 1		
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
100				
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
▽ Benefits				
GST Registered Information	tion			
GST Registered	No		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				
Policyholder Mailing Add	ress			
Address 1	BLK 318 #11-481	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114402788-01	
♥ OI Driver Info				
Driver Name	TEN HOCK SIONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1587484H	Driver DOB
Register Date of Driver License	07/11/1984	Driver Age	57	Driving Experience
Contact No.(Mobile)	96664298	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 318 #11-481	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.	FBQ6571R	Driver Insurer Comp.
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No	
Reading?	13000 (15 A)	55454438 7 38733		
Modification History				
Claim 001 New				
Claim Type *			OD-MX	V Insured TEN HOC
Contact No (Mobile)			06701766	Contact No.
Contact No.(Mobile)			96301766	(Home)
Email Address				OI Vehicle FBQ6571
			-	Number
Claim Description			FBQ6571R / SGV5	947L ON 14 Nov 2020
VICTOR OF THE PARTY OF THE PART				
Preferred Workshop		at Fault		
Finalisation Yes		hop, Name unknown V GIA Receive		Claim
Date Registered	- privil		16/11/2020 17:01	

Print AK letter Save Submit Attachment Claim No. 001 Accident No. MT/1110272 Upload Date 16/11/2020 17:02 ● Yes ○ No Last Doc. Received Category * Confidential Path * V NO Choose File No file chosen Clear Please Select v NO Clear Please Select Choose File No file chosen v Clear Please Select Choose File No file chosen NO Clear Please Select Choose File No file chosen v NO Clear Please Select Choose File No file chosen v NO Please Select Choose File No file chosen Clear Attachment List Urgency Descr Category Attachment Uploaded By/Date NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 n 16 Nov 2020 17:02 Photos 20 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:02 Photos 20 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 20 Normal Photos n 16 Nov 2020 17:02 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:02 Photos 20 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:01 Photos 20 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:01 Photos 20 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:01 Normal Photos 20 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 n 16 Nov 2020 17:01 Normal Photos 20 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:01 NRIC/ Driving Lic NRIC/ Driving License Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:01 SAS 202 Normal SAS

Folder Date

Claim Handling(accident reporting Claim Task)

ROSLI WAHAB

File Name

Display in New Window Scan and uploading

Uploaded By/Date

11/16/2020 Report Taken By



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 : 5114402788-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBQ6571R

Chassis Number

: MH3UE1120KJ231765

2. Name of Policyholder 3. Effective Date of Insurance

: TEN HOCK SIONG : 26 Nov 2020

4. Expiry Date of Insurance

: 25 Nov 2021

Persons or Classes of Persons entitled to drive#

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive (a) Named Driver(s) Only. 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.

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

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 headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

TEN HOCK SIONG

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 02 Nov 2020 11:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive