

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 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. 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	23/11/2020 10:35
Date Of Accident	22/11/2020 12:30
Exact Location Of Accident	JUNCTION OF JALAN JURONG KECHIL AND TOH YI ESTATE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2960J
Insured/Policyholder	
Name Of Registered Owner	ANTONIUS JOHAN FRANCISCUS KERSTEN
NRIC No	FXXXX624U
Email Address	TWAN_KERSTEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90727838
Alternative Phone No	OTHERS-90727838

Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	FLSTC-1.7 HERITAGE SOFTAIL CLASSIC
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
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109898183-01
Cover Note Number	

Driver

Name of Driver	ANTONIUS JOHAN FRANCISCUS KERSTEN
NRIC No	FXXXX624U
Date Of Birth	09/07/1968
Occupation	INDOOR
Date Of Driving Pass	02/04/2011
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90727838
Fax Number	
Contact Number	OTHERS-90727838
Email Address	TWAN_KERSTEN@YAHOO.COM

Address	50A TOH TUCK ROAD #09-01 THE SIGNATURE PARK
Postcode	596742
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 - 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) involved in the accident	2
Was any body injured in the Accident?	NO
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 (PREFERRED WORKSHOP KOMOCO MOTORCYCLES PTE LTD)

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	ES1922Z
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW THENG LIANG (LU YINGLIANG)
NRIC/Passport Number	SXXXX498B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 Signature

Date & Time:

23-11-20

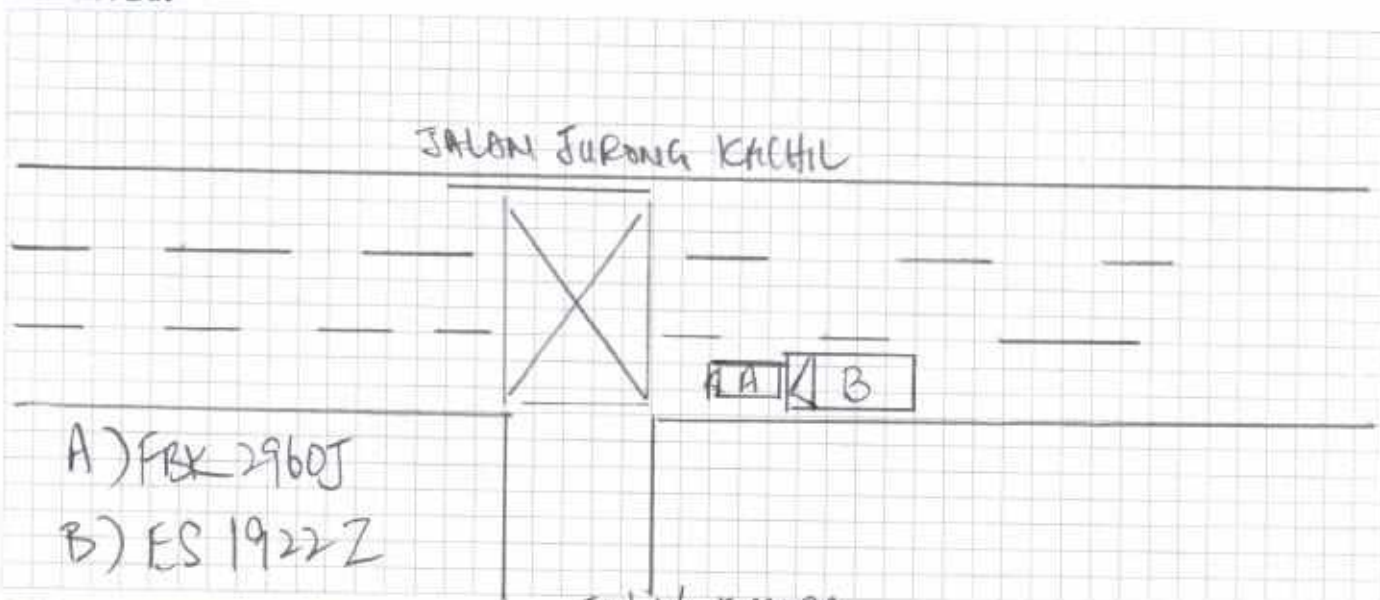
Driver's Signature
(If driver is not the policyholder)


Reporting Centre Personnel's Signature

Name:

Red 2. [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TOH YI ESTATE

ON 22ND NOVEMBER - 12:30 I WAS WAITING AT THE TRAFFIC LIGHT AT THE JALAN JURONG KECIL JUNCTION WITH TOH YI ~~DRIVE~~ ESTATE. AS I PULLED UP I WAS HIT FROM THE REAR. MY REAR FENDER AND REAR LIGHT UNIT ARE DAMAGED / BENDED WITH PAINT CHIPPED OFF.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ACCIDENT STATEMENT

ACCIDENT DATE: 22/11/2020 (DD/MM/YYYY), TIME: 12:30 (HH:MM)

ESTIMATE

LOCATION: JALAN JURONG KECIL - JUNCTION - TOH YI DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 29607
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5109898183-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: AMY ANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 90727838
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR. ABRAHAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: ES 19222 MODEL: LOWO

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

TWAN - KERSTEN@YAHOO.COM

VIDEO



KOMOLO Motorcycles Pte Ltd

(Harley-Davidson of Singapore - Sole Authorised Dealer)

253 Alexandra Road, #01-04
Singapore 159936
Telephone : (65) 6475 0123
Facsimile : (65) 6472 8900
www.harleysingapore.com

NERAINNADARAJAN
98247879

PREFERRED WORK SHOP

Claim Handling

Accident MT/1110986

Policy No.	5109898183-01	Vehicle No.	FBK2960J	GST Registrati
Certificate No.				
Policyholder Name	ANTONIUS JOHAN FRANCISCUS KERSTEN			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90727838	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
K/FK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	23/11/2020 11:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/11/2020	Time of Accident hh:mm	12:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF JALAN JURONG KECHIL AND TOH YI ESTATE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	1,000.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	1,000.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	50A TOH TUCK ROAD	Address 2	#09-01 SIGNATURE PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-01	Related Policy Number	5109898183-01	

OI Driver Info

Driver Name	ANTONIUS JOHAN FRANCISCUS KERSTEN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	F5508624U	Driver DOB
Register Date of Driver License	01/01/2008	Driver Age	52	Driving Experi
Contact No.(Mobile)	90727838	Contact No.(Office)		Contact No.(Hi
Address 1	50A TOH TUCK ROAD	Address 2	#09-01 SIGNATURE PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-01			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBK2960J	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Preferred No. Finalisation

Date Registered

Report Taken By

☐ Print AK letter

OD-MD Insured Name AN

Contact No. (Home) 90727838 66

Q1 Vehicle Number TWAN_KERSTEN@YAHOO.COM FBK

FBK2960J / ES1922Z ON 22 Nov 2020

Insured Liability Not at Fault

Preferred Repair Option Preferred Workshop, Name unknown GIA report Received

23/11/2020 11:35

Claim Close Date

Attachment

Accident No. MT/1110986 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/11/2020 11:50





Path *

Choose File No file chosen
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Category * Config

Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:50	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:50	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:50	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:48	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:48	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:48	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:48	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:48	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:47	Photos	Normal	Phc

11/23/2020

Claim Handling(accident reporting Claim Task)



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:35	NRIC/ Driving License	Y	Normal	NRIC/ Driv
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:35	SAS		Normal	5

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5109898183-01
The Policyholder	: ANTONIUS JOHAN FRANCISCUS KERSTEN 50A TOH TUCK ROAD #09-01 SIGNATURE PARK SINGAPORE 596742
Period of insurance	: 18 Jun 2020 To 17 Jun 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$660.90
Interest Insured	
Cover Type	: Comprehensive
Named Driver (1)	: ANTONIUS JOHAN FRANCISCUS KERSTEN
Named Driver (2)	: N/A
Make/Model	: HARLEY DAVIDSON/FLSTC
Capacity	: 1690cc
Registration Number	: FBK2960J
Chassis Number	: 5HD1BWVC1EB026663
Excess (Section 1)	: S\$1,000
Excess (Section 2)	: N/A
Hire Purchase Company	: N/A
Number of Seater	: 2
Registration Year	: 2015
Insure with COE	: YES
NCD Entitlement	: 20%
Loyalty Discount	: 5%

Memo A: Vehicle Make/Model: HARLEY DAVIDSON / FLSTC HERITAGE SOFTAIL CLASSIC

Endorsement Operative : N/A

Agency : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 16 May 2020 16:03 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 29 MAY 20103640 Vehicle Registration No: FBK 2960J
Name (as shown in NRIC): ANTONIUS LEE FRANCIS KARSTEN NRIC/FIN/Passport No: F XXXX 6284

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore()

Contact (Tel): _____ Mobile No.: 9072838

Email Address: _____

Date of Accident: 22/11/2020 Time of Accident: 12:30

Place of Accident: INTERSECTION OF JUNE TOWER KNEELER ROAD 7017 YI, KES 7017 YI

Insurance Company: NUL

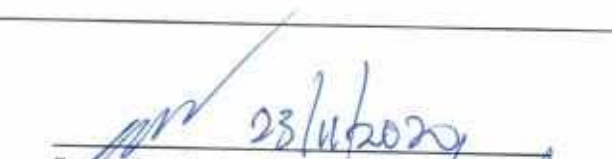
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO THIRD PARTY CLAIMS,


Policyholder / Driver's Signature

Date: 23-11-20


Reporting Centre Personnel's Signature
Name: 23/11/2020