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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 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 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

 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)

2

involved in the accident

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

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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

23-11-20

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

	JALON JURONG KALHIL
	RAM B
A)FBX 2960J
) ES 1922Z
CRIBE	E CIRCUMSTANCES OF THE ACCIDENT TOH YI FESTATIFE
	ON 22 MOVEMBER - 12:30 I WAS WAITING
	AT THE TRAFFIC LIGHT AT THE JALAN JURON KECIL JUNCTION WITH TOH GI BRITHER AS
	LECIL JUNGTION WITH TOH GI BRITERANT. AS
	REAR MY REAR FENDER AND REAR LIGHT
	UNIT ARE DAMAGED (BENDED WITH
	PAINT CHIPPED OFF.
	TION ,

ACCIDENT STATEMENT

ACC	CIDENT DATE: (22, 1/, 2020) (DD/MM/YYY), TIME: (12:30) (HH:N	1M)- 1
	ATION: JALAN JURONG MECIL - JUNCTION -T	- 11-
1	I. DETAILS OF VEHICLE	
W.	alvehicle NUMBER: FB K 2960 7	
	DINSURANCE COMPANY: NUC INCOME	()
130	CIPOLICY NUMBER: 51098 98 183-01	
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ATHE	PFI
	e)MAKE & MODEL:	.1
	TITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	į.
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
32	h)PURPOSE OF USING AT ACCIDENT TIME:	41(5)
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.,	. INSURED / POLICY HOLDER	. ·
	ANAME ANTONOMIS . (MALE / FEMALE)	0.00
	bjnric/fin/passport:contact: 90727	838
	c) ADDRESS:	
d 15 15		_
M. I.	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER	30
February to OH	DRIVER DRIVER DRIVER (MALE / FEMALE)	
(Including driver)		
()	b)NRIC/FIN/PASSPORT:CONTACT:	
	C/ADDRESS.	-
	*d)DATE OF BIRTH: (/	_
- 37	e)OCCUPATION: (INPOOR / OUTDOOR)	54
17	DOATE OF DRIVING PASC	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	1/
	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
	bIROAD SURFACE (DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POUCE (YES / NO) 1	**
8.	IF YES, PLEASE STATE WHICH POUCE STATION:	100
He of passenger	a) VEHICLE NUMBER: ES 1932 Z MODEL: YOUND.	2)
Including driver)	b) DRIVER'S NAME.	
" " " " " " " " " " " " " " " " " " "	c) NRIC/FIN/PASSPORT:CONTACT:	
9. 1	THIRD PARTY VEHICLE	19
No of passanger	d) VEHICLE NUMBER: . MODEL:	<u>.</u> .,
Including driver)	e) DRIVER'S NAME:	
. Including anver	f) NRIC/FIN/PASSPORT: CONTACT::-	- ,
	9	

email = TWAN_ KERSTEN® YAHOO COM



ICOMO€O Motorcycles Pte Ltd

(Harley-Davidson of Singapore - Sole Authorised Dealy

253 Alexandra Road, #01-04 Singapore 159936 Telephone : (651-6475-0123 Facsimile : (65)-6472-8900 www.harleysingapore.com

> NERAINING DARAJAN 98247879

PREFFEREND WORK SHOP

Claim Handling

cident MT/1110986						
licy No.	5109899183-01	Vehicle No.	FBK2960J		GST Registra	ti.
rtificate No.						
licyholder Name	ANTONIUS JOHAN FRANCISCUS KERSTEN				Policyhalder	NI.
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive		Loading	
ontact No.(Mobile)	90727838	Contact No.(Office)			Contact No.(Hi
nail Address		Special Romark			eCode	
K	No Yes	TCA	No Yes		eCode Beasi	
2D Protection	No	NCD Entitlement(%)	20		Private Hine	
Accident Details						
eport Date	23/11/2020 11:16	Accident Report Within 24 hrs	Yes		Accident Typ	
ate of Accident	22/11/2020	Time of Accident hhimm	12:36		Country of A	EE
eporting Centre		Orange Force			ICM No.	
ccident Location	JUNCTION OF JALAN JURONG KECHTL AND TOP	YT ESTATE				
→ Total Excess Applicable						
xcess Type	Per Accident	Windscreen Excess				
a wastron within	1,000,00	TP Standard Excess		0.00		
D Standard Excess		YIED TP Excess		0.00	Oriver is Co	VE
IED OD Excess	0.00	TIED IF CALER		(Water)		
dditional Excess	32424-343	Total TP Excess Applicable		0,00		
ital OD Excess Applicable	1000.00	TOTAL IN EXCESS APPLICATION		. men		
→ Benefits						
 GST Registered Informati 			GST Registra	Hon Date		
ST Registered	No		GST Status V		4	es
ST Registration No.						
ledification History						
→ Policyholder Mailing Adden	ress					
Address 1	50A TOH TUCK ROAD	Address 2	#09-01 SIGNATURE	PARK	Address 3	
Address 4		Address Type	Singapore address		Post Code	
init No.	09-01	Related Policy Number	5109898183-01			
OI Driver Info						
Driver Name	ANTONIUS JOHAN FRANCISCUS KERSTEN	Driver Type	Main Driver			
Janamed driver Name		Driver NRIC	F5508624U		Driver DOI	
Register Date of Driver License	01/01/2008	Driver Age	52		Driving Ex	
Contact No. (Mobile)	90727838	Contact No.(Office)			Contact No	H
Address 1	50A TOH TUCK ROAD	Address 2	#09-01 SIGNATURE	PARK	Address 3	
Address 4		Address Type	Singapore address		Post Code	
sant No.	09-01					
Does he own a Singapore Registered cer?	Yes No	Driver Vehicle No.	FBK29603		Driver Ins	une
Declaration						
Broathalyser or Blood Test Reading?	6 mg	Any injury?	Yes 190			
Modification History						
Modification History Claim 901 New						
Claim 001 New				OD-MD	✓ Insured Name	I
West Control of Contro				1.5000000000000000000000000000000000000	Contact	
Claim 001 New				OD-HD 90727838	Name	Ī
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Claim 901 New				90727838 TWAN_KERSTEN@YAHO	Contact No. (Home) Ol ID.COM Vehicle Number	
Claim 7ype * Contact No.(Mobile)				90727838	Contact No. (Home) Ol ID.COM Vehicle Number	
Claim OO1 New Claim Type * Contact No. (Mobile) Email Address Claim Description Proferred	Insured Liability Not at Fa	uit.		90727838 TWAN_KERSTEN@YAHO	Contact No. (Home) Ol ID.COM Vehicle Number	
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop 198247879	Preferred Preferred Workshop,	GIA	ryed 🗸	90727838 TWAN_KERSTEN®YAHO FBK2960J / ES1922Z O	Contact No. (Home) OI Vehicle Number N 22 Nov 2020	
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Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Builded No. Pinalisation Yes	Preferred Preferred Workshop,	Name violences V GIA Becom	ıvıid. ✓	90727838 TWAN_KERSTEN@YAHO FBK29601 / ES1922Z O	Contact No. (Home) Ol O.COM Vehicle Number N 22 Nov 2020 Claim Close	

Save Submit

Attachment

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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 8 # 23 Nov 2020 11:47	Photos		Normal		
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6.00	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE BERVICES) o	Photos		Normal		





NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Nov 2020 11:35

NRIC/ Driving License

Normal

NRIC/ DHV

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) d n 23 Nov 2020 11:35

5AS

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THE SCHEDULF

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)

: \$5660.90

Interest Insured

Cover Type

: Comprehensive

Named Driver (1)

: ANTONIUS JOHAN FRANCISCUS KERSTEN-

Named Driver (2)

: N/A

Make/Model

: HARLEY DAVIDSON/FLSTC

Capacity

: 1690cc

Number of Seater

31 23

Registration Number

FBK29601

Registration Year

2015

Chassis Number

: 5HD1BWVC1EB026663

Insure with COE

: YES

Excess (Section 1)

: \$\$1,000

NCD Entitlement

20%

Excess (Section 2)

: N/A

Loyalty Discount

: 5%

Hire Purchase Company : N/A

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 566550020G / G5T Reg. No.: M400017735

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 :/ Vehicle Registration No: / Name(as shown in NRIC) : HW (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: **Email Address** Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: LAM8.

Policyholder / Driver's Signature Date:

Reporting Centre Per

Name: