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SINGAPORE ACCIDENT STATEMENT

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 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

19/01/2021 17:52 (SGT) Date of Submission 19/01/2021 12:15 (SGT) Date of Accident Ubi Rd 2, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

FBK8047G Vehicle Registration Number

INSURED/POLICYHOLDER

No is company? YEP JUN KANG Name Of Registered Owner SXXXX556D NRIC No lallal0380@gmail.com Email Address (Phone) +65-91381756 Mobile Phone No +65-91381756 Alternative Phone No

VEHICLE PARTICULARS

Yamaha Manufacturer YZF-R15 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Motorcycle Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company ThirdParty Type of Coverage No Fleet Policy 5116580089 Policy Number Cover Note Number

DRIVER

YEP JUN KANG Name of Driver SXXXX556D NRIC No 09/09/1998 Date Of Birth Indoor Occupation



13/11/2019 Date Of Driving Pass 1 YEAR AND 2 MONTHS Driving experience Gender (Phone) +65-91381756 Mobile Number +65-91381756 Alt. Phone Number lallal0380@gmail.com Email Address BLK 116 HOUGANG AVE 1 Address #13-1210 Address complement 530116 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Yes Was any other material or property damaged? Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SHC1114M Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

Contact Number Address

Postcode

Address complement

Insurance Company Name

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

YEP JUN KANG

ABRASION
FREE
BK8047G
No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

15 08 hrs

19/01/21

Policyholder's Signature (If driver is not the policyholder) / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

FEASOUP G

SHICKLIFF

Describe Circumstances of the Accident Pato: 19/01/20 Time: 12 15pm ~ Vehicle No. FBK 804TG. Along Ub. ROZ I was moving of from a Parking lot Making aright Turn, Waited for Driver of VRH-18 of SHE1110 M to pass a then Moved off Priver & suddenly Stopped in the Yellow box to drop off a passony I didn't has enough time to react and clash to the right rear of the Nahiole

Declaration

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

1508 hrs

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time

Personnel

ACCIDENT STATEMENT

ACC	DENT DATE: 19101 21.)(D	D/MM/YYYY), TIME:(/ ; /)(HH:MM)
LOCA	ATION: UBIRD 2	
	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FBK8	0474
	b)INSURANCE COMPANY:	UC:
30	C)POLICY NUMBER: 57/6580	089
	d)POLICT TIPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: " YAMOTH	
	TITYPE:(SALOON / COUPE / MPV /	VAN LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / h) PURPOSE OF USING AT ACCIDE	
	I) ARE YOU CLAIMING UNDER YOU	
	IF NO, PLEASE STATE (THIRD PART)	
2.,	INSURED / POLICY HOLDER	
	A)NAME: YEP JUN KANG	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: 59830	CONTACT: 9/38/75
	C) ADDRESS: BCK 116 HOUGE	ANG AUE 1
	. # 13-1210 (S	30116)
•	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
the of persongs	DRIVER AS ABOUT	
(Including driver)	ajNAME:	(MALE / FEMALE)
C/\tilde{S}	b)NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	
	*d)DATE OF BIRTH: (99 / 69/	578 1(DD/MM/YYYY) ·
	e)OCCUPATION: (INDOOR / OUTD	17 T T T T T T T T T T T T T T T T T T T
	f)YEARS OF DRIVING EXPRERIENCE:	
4,		THE INSURED'S COMPANY? (YES / NO)
		RIVER WITH INSURED: OWNER
5.	a) WEATHER CONDITION: (CLEAR /	
	b)ROAD SURFACE: (DRY / WET / OT	
	WAS ANYBODY INJURED (YES / NO	
7.	a)REPORTED TO POLICE (YES / NO)	n
	IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE	
He of passenger	a) VEHICLE NUMBER: SHC ///	4M MODEL:
Later Land	b) DRIVER'S NAME:	
Including driver)	c) NRIC/FIN/PASSPORT:	CONTACT:
() 9.	THIRD PARTY VEHICLE	
	d) VEHICLE NUMBER:	MODEL:
No of passenger	AL DRIVER'S NAME.	
Induding driver)	f) NRIC/FIN/PASSPORT:	CONTACT::-
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19/10/1	21	I e
Waite	Ly .	**
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1110	10	James William Cont.
15	fax =	
*	1500	40
- Aller Street	VIDEO =	

eBaoTech

GeneralClaim

· Change Password

Log Out

Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss

Policy Query 19/01/2021 14:40 Date of Accident Policy No. Certificate Number Vehicle No.(For Motor) FBK8047G Search Vehicle No. Insured Object Commence Date Expiry Date Policyholder Name Policyholder NRIC Certificate Product Cover Type Select Policy No. Number GMC Third Party FBK8047G FBK8047G 04/03/2020 03/03/2021 YEP JUN KANG S9830556D O 5116580089

· Change Language

Continue

Microbation	ccident MT/1117999						New York	157200		
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## PART	Lcyholder Name	YEP JUN KANG						NACE		
Second Company 1931/56 Second Second Second Second Second Seco	oduct Code	MOTORCYCLE INSURANCE						Hame)		
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19-12-10 19-12-10	Address 4									
Privet Name Yeg Jun Name Drivet Place Main Drivet Name Drivet	Unit No.	13-1210		Related Policy Number	2110200000					
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