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IP Insurer:	Ass't Report by Fa	x/Hnndle	Owner/Wkan		
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referred Wksp / INC Assign Wksp / QW: (	6.1.408 + G	NC(	)/Non-INC(	·)	
P Particulars: Veh No:	GW 6001 -1	•	Tel:	)	
Owner / Driver: (	-111	)	Cover Type: (		)
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SN09211S000A / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 28/01/2021 14:51 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (28/01/2021 14:51 (SGT))



## 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 report will for a fee, he made available upon application by interested section. 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

28/01/2021 14:51 (SGT) Date of Submission 27/01/2021 16:55 (SGT) Date of Accident 32 Onan Rd, Singapore 424484 Exact Location of Accident Additional Location Information Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Motorcycle

FBD2292R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LAI WEN WEI Name Of Registered Owner SXXXX770F NRIC No LAIWENWEI@HOTMAIL.COM **Email Address** (Phone) +65-93209168 Mobile Phone No

+65-93209168 Alternative Phone No

VEHICLE PARTICULARS

Yamaha Manufacturer T135 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?

INSURANCE COMPANY

Vehicle Category

NTUC Name of Insurance Company ThirdParty Type of Coverage Fleet Policy No 5119583555 Policy Number

Cover Note Number

DRIVER

LAI WEN WEI Name of Driver SXXXX770F NRIC No 19/03/1997 Date Of Birth Outdoor Occupation

Accident report SN09211S000A

05/11/2020 Date Of Driving Pass 2 MONTHS Driving experience Male Gender (Phone) +65-93209168 Mobile Number +65-93209168 Alt. Phone Number LAIWENWEI@HOTMAIL.COM Email Address BLK 839 TAMPINES STREET 83 #05-100 Address Address complement 520839 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Raining Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 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? 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 DASON LEONG Name Male Gender 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 REFER TO STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes No Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

Contact Number	(Phone) +65-87805910
Address	110 N
Address complement	(4)
Postcode	Alliania .
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	Lillian en

# INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LAI WEN WEI
Address	+
Address Complement	63
Post Code	-
Approximate Age Years Old	<b>4</b>
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	FBD2292R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	DASON LEONG

Name of injured person	DASON LEONG
Address	2
Address Complement	
Post Code	<u> </u>
Approximate Age Years Old	English of the Market Control
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	FBD2292R
Were seat belts worn?	<del>.</del>
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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.
- 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 & Driver's Signature (If priver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

A: FBD2292R B: 3GW6087G

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ìn	front	of	me	stoj	ped	, 1	f	ollo we	ed	to	stop	my	bike.	when	1 1	wa:
stat	ionary	,	vehic	le B	sta	rted	to	reve	erse	and	hit	onto	ту	bike.		
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### Declaration

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

Witnessed by Reporting Centre

Personnel

**eBao**Tech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

· Change Language

· Change Password

· Log Out

My Desktop Notice of Loss

**Policy Query** 27/01/2021 14:24 Date of Accident Policy No. Certificate Number FBD2292R Vehicle No.(For Motor) Search Policyholder NRIC Vehicle No. Insured Object Commence Policyholder Name Certificate Number Expiry Date Product Cover Type Select Policy No. Date GMC Third Party FBD2292R FBD2292R 23/10/2020 22/10/2021 O 5119583555 LAI WEN WEI S9790770F

Continue

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

	ACCIDENT DETAILS	The state of the s
Date of accident	28/01/2021	(DD/MM/YY)
		(HH:MM)
Time of accident	1655	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Exact location of accident	32 Onan Road	

	DETAILS OF VEHICLE
Vehicle registration number	FBD2292R
Vehicle make and model	
Type of vehicle	Saloon   MPV   CRV   Van   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select:  Third part claim □ Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number		V2007 V2007 V2007 V2007	TO 1
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER	
Name	Lai Wen Wei Male Fen	nale 🗆
NRIC / Fin / Passport number	S 97 90770F	
Contact	9320 9168	
Address	BIK 839 Tampines Street 83 #05-100 S(520 839)	)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	<b>F B E B</b>
Name	/ Male □ F	emale 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address	laiwenwei @ hotmail.com	
Date of birth	19/03/1997	
Occupation	Indoor  Outdoor	
Driving date pass	05/11/2020	11.50

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗸
the insured's company?	If no, relationship of the driver and insured: Owner
Accident captured by camera?	Yes 🗆 No 🗸
Weather condition	Clear D Raining Others:
Road surface	Dry  Wet
No of passenger	02 (Inclusive of driver)
	PASSENGER 1
Name	Dason Leong
Gender	Male   Female □
Gender	
	PASSENGER 2
Name	
Name Gender	Male  Female
WEILVE!	Time a Termina
	PASSENGER 3
Name	PASSENGENS
Name	Male   Female
Gender	Male   Female
	PASSENGER 4
Name	
Gender	Male  Female
	PASSENGER 5
Name	
Gender	Male   Female
STORY STATE OF STATE	PASSENGER 6
Name	
Gender	Male  Female
NOTE VENEZUA MARCO	OTHER INFORMATION
Was anybody injured?	Yes No No No
Was other vehicle damaged?	Yes No D
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
. once station manne	
	WITNESS 1
Name	
Hame	
	WITNESS 2
Name	WIINLESSE
Name	

	THER PARTY VEHICLE 4
CONTRACTOR OF STREET	THIRD PARTY VEHICLE 1
Vehicle registration number	SGW 6087 G
Vehicle make model	
Name	Mohamad Yusof Bin Kama Rudin
NRIC / Fin / Passport number	80059273J
Contact	8780 5910
<b>1</b>	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
· 医克里克斯氏 · 医克里克斯氏	THIRD PARTY WEHICLE 3
Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
CALLS THE TAX THE PARTY OF	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vahiala registration number	THIRD PARTY VEHICLES
Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	/
NRIC / Fin / Passport number	A
Contact	
<b>被告求告的时间分别。</b>	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model /	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1
Name	Lai we	
Injuries sustained	Back	2 neck
Which vehicle person in?	FBD 220	92 R
Were seat belts worn?	Yes □	No □
Was injured conveyed to	Yes □	No Ø
hospital by ambulance?		
		INJURED PERSON 2
Name	Dason	Leong
Injuries sustained		% nečk
Which vehicle person in?	FBD22	to the state of th
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to	Yes 🗆	No Ø
hospital by ambulance?		
Marie Marie Committee Comm	TOTAL STREET	INITIDED DEDCON 2
Name	AND DESCRIPTION OF THE PERSON	INJURED PERSON 3
Name Injuries sustained		
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	163 [	NOD
mospital by ambalance.		
	50°57059604	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
200 200 200 200 200 200 200 200 200 200		
<b>公司,即是基本的</b> ,就是在1000		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?	Ves -	No =
Were seat belts worn?	Yes 🗆	No :
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		