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SN08212I0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 18/02/2021 16:55 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (18/02/2021 16:55 (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
- 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 Submission 18/02/2021 16:55 (SGT) 26/12/2020 20:30 (SGT) Date of Accident Exact Location of Accident Lor 7 Toa Payoh, Singapore Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD1002T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALORIDE PTE. LTD. Company Reg No 2XXXXX994W desmondtan380@gmail.com **Email Address** (Phone) +65-96288662 Mobile Phone No +65-96288662 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Model Wave 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 - Reporting only your vehicle? Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5113531735-01 Cover Note Number

DRIVER

TAN TAI SENG (CHEN DACHENG) Name of Driver SXXXX913E NRIC No

Date Of Driving Pass	27/02/2003
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96288662
Alt. Phone Number	
Email Address	desmondtan380@gmail.com
Address	BLK 229 LORONG 8 TOA PAYOH #22-170
Address complement	•
Postcode	310229
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
vehicle registration realistics of outlet vehicle of mice by other	¥
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	No Collision
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured in the Accident? Was any injured conveyed to hospital by ambulance?	NO -
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
Soliciting/offering accident claims assistance:	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	.10
ii yes, against whom:	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Consideration of the Constant	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
<u> </u>	
Vehicle Registration Number	SHD3222R
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
	- Tovi
Vehicle Category Name of Driver	Taxi
	-
Contact Number Address	-
Address complement	-

Address complement

Dostanda

	Nature Of Damage
*	Details of property damaged in accident
	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 Formmust 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.
- 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)

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' 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 driver is not the policyholder) / Date & Time

Sketch Plan

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

Personnel

Na Pryod OR 7

Describe Circumstances of the Accident
On 260BC 2020 at about 2030hr I was riding at Toa Payon
Lor. I wanted to turn into Lor. & due to rain the floor was
wet while wonted to turn count I skilded and foll the live
drop to the right and did not have any clamage. A taxi driver (SUD32ZZR) came to help me and wanted to assist me, I declined his offer, picked and lift up the bike and nide
(SUD3222R) came to help me and wanted to assist me, I
declined his offer, picked and lift up the bike and nide
home.
2 weeks later I was informed by Aloride pte Eld a claim from
INCOME insurance has made against me from SUD3222R with
the amount of \$4031.84 Horide pte Ltd instructed me
INCOME insurance has made against me from SUD3222R with the amount of \$4031.84 Aloride pte Ltd instructed me to send in my bille for assessment which I do there was
no damage.
I dispute this claim and look forward to a Bavourable outcomp.

Declaration

We declare the foregoing particulars are true in every respect.

ONORIO TO THE PROPERTY OF THE

C363.

090220

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

YW J. Hor.

ACCIDENT STATEMENT

ACCIDENT DATE: (20) (2) 2020) (DD/MM/YYY), TIME: (20: 30) (HH:MM)
LOCATION: TOA PAYOU LOR:7
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: (30027)
7
DINSURANCE COMPANY: ALORIDE PIE LTD.
C)POLICY NUMBER:
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
DIPURPOSE OF USING AT A COIDER TAILE
h)PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (\$150)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
A) NAME: THE CALL SENG ALORIDE (MALE FEMALE)
IMACC TEMACO
A THE PARTY OF THE
c)ADDRESS: B
* CONTINUE YOR A LIFE DROUGH LAND DOLLAR OF THE PARTY OF
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
HO of passanger DRIVER (Individual -) GINAME: TAN TAI SENG.
(Including driver) DINRIC/FIN/PASSPORT: \$7224936 CONTACT: 90266682
STARICTHAT ASSPORT
CIADDRESS: BLK 229 TOA PAYON LOR.8.
e)OCCUPATION: (INDOOR / OUTDOOR) FIDATE: DEPRIVING PACE 27 FEB 2003
WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IND)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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 / NOT 4
IF YES, PLEASE STATE WHICH POLICE STATION:
8 THIRD PARTY VEHICLE
He of passenger a) VEHICLE NUMBER: SHO 3772R MODEL:
(Including driver) B) DRIVER'S NAME
() NRIC/FIN/PASSPORT: CONTACT:
9. THIRD, PARTY VEHICLE
Mo of passanger d) VEHICLE NUMBER: MODEL: "
I I'M ALL IV A LAT
(Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
(Induding diviver) f) NRIC/FIN/PASSPORT: CONTACT:
() NRIC/FIN/PASSPORT: CONTACT:

email = desmandtan380 @gmail.com

Claim Handling

Accident MT/1117127					
Policy No.	5113531735-01	Vehicle No.	FBD1002T		CST Projetention No.
Certificate No.	5113531735-01-000026		10010021		GST Registration No.
Policyholder Name	ALORIDE PTE. LTD.				K. F. T.
Product Code	FLEET MASTER INSURANCE	Cover Type	Third D. A.		Policyholder NRIC
Contact No.(Mobile)	NA .	Contact No.(Office)	Third Party		Loading
Email Address	110	18 189			Contact No.(Home)
KFK	⊚ No ⊜ Yes	Special Remark	- W		eCode
NCD Protection		TCA	No Yes		eCode Reason
▽ Accident Details	No	NCD Entitlement(%)	0		Private Hire
Report Date	12/01/2021 17:34	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	26/12/2020	Time of Accident hh:mm	20:30		Country of Accident
Reporting Centre	administrator	Orange Force	No		ICM No.
Accident Location	UNKNOWN	•			ich no.
▽ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess		1 500 00	
YIED OD Excess		YIED TP Excess		1,500.00	Delver le Course
Additional Excess		· · · · · · · · · · · · · · · · · · ·			Driver is Covered?
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
▽ Benefits	0.00	Total TP Excess Applicable		1,500.00	
	tion				
GST Registered	No		CST Deplet	waller Date	
GST Registration No.	No		GST Status	ration Date	
Modification History			GST Status	vernied	Yes
▽ Policyholder Mailing Add	ress				
Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSAND	REA	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	04-08	Related Policy Number	5113531735-01		
OI Driver Info					
Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC			Driver DOB
Register Date of Driver License		Driver Age			Driving Experience
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home)
Address 1		Address 2			Address 3
Address 4		Address Type	Foreign address		Post Code
Unit No.					7 000 0000
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer Comp.
Modification History					
Claim 002 New					
Claim Type *				OD-MX	Insured ALORIDE
Contact No.(Mobile)					Contact No.
Email Address					(Home)
Email Address					Vehicle FBD1002 Number
Claim Description				FBD1002T / SHD3222R O	
Preferred	Insured Liability				
Workshop Bentikt No. Finalisation	Preferered Preferred Workshop,	Name unknown GIA Received		I .	
Finalisation Lifes Date Registered	Option Preferred Workshop,	Name unknown report Received	•	 	Claim
				18/02/2021 17:21	Close Date
Report Taken By				ROSLI WAHAB	
Print AK letter					

Save Submit Attachment Accident No. MT/1117127 Claim No. 002 Last Doc. Received ● Yes ○ No Upload Date 18/02/2021 17:22 Path * Category * Confidential Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Attachment Uploaded By/Date Category Urgency Descr NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:22 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:22 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:22 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:22 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:22 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:21 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:21 Photos Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:21 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:21 Photos Normal Photos 2 2.5° - (\$289) NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:21

Uploaded By/Date

Folder Date

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 17:21

File Name

NRIC/ Driving License

SAS

Display in New Window Scan and uploading

Normal

NRIC/ Driving Li

SAS 20

eBaoTech

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

) Log Out

My Desktop Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

FBD1002T

Date of Accident

Date of Accident

Certificate Number

26/12/2020 17:25

Search

Select Policy No. 5113531735-

Certificate Number 5113531735-01-000026 Policyholder Name ALORIDE PTE, LTD, Policyholder NRIC 201629994W

Product Cover Type Vehicle No.

GFM Third Party FBD1002T FBD1002T

Insured Object Commence Expiry Date

GeneralClaim

02/11/2020 01/11/2021

Continue