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SN092133000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 03/03/2021 11:50 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (03/03/2021 11:50 (SGT))



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
 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 flability.

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 03/03/2021 11:50 (SGT) 17/02/2021 14:20 (SGT) Date of Accident Tanglin Rd, Singapore Exact Location of Accident Additional Location Information Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

FBR3297Y Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? GOH ZHENG FANG CASSELYN Name Of Registered Owner SXXXX096E NRIC No. CASSELYNGOH@GMAIL.COM Email Address

(Phone) +65-92988324 Mobile Phone No

+65-92988324

Alternative Phone No

VEHICLE PARTICULARS

Yamaha Manufacturer

CZD300A / XMAX300 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

ThirdPartyFireTheft Type of Coverage No Fleet Policy

5117247565 Policy Number

Cover Note Number

DRIVER

GOH ZHENG FANG CASSELYN Name of Driver SXXXX096E NRIC No 04/05/1989 Date Of Birth Indoor

Occupation

07/02/2014 Date Of Driving Pass 7 YEARS Driving experience Female

Gender (Phone) +65-92988324 Mobile Number Alt, Phone Number +65-92988324

CASSELYNGOH@GMAIL.COM Email Address

BLK 28 JALAN KLINIK Address

#09-71 Address complement Postcode 160028 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

Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Yes

Was any other material or property damaged? Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

CHOON WENLING Name

Female Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes

Tanglin Division Headquaters Police Station Name Police Station Phone No. (Phone) +65-18003910000 Alt. Police Station Phone No. (Fax) +65-63964900

21 Kampong Java Road Singapore 228892 Police Station Address

Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:E/20210218/7013

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

No

SKE1228Y Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 RAYMOND

 Contact Number
 (Phone) +65-96315951

 Address

 Address complement

 Postcode

 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?

GOH ZHENG FANG CASSELYN

CASSELYN

SUBJECT

SUBJECT

FRA3297Y

No
Yes

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.
- 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 (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

0)/03/21

Sketch Plan

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Declaration

We declare the foregoing particulars are true in every respect,

Pelicyholder's Signature / Date &

Time

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

& Time

Witnessed by Reporting Centre

03/03/21

Personnel





1 of

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Report No. E/20210218/7013

Date/Time Report Made 18/02/2021 13:22	Vide Rep	ort No.		Station Diary No	
Name Of Informant GOH ZHENG FANG, CASSELYN	Address 28 JALAN	I KLINIK #	09-71 SINGAPOF	RE 160028	
ID Type / ID No. NRIC NO / S8915096E	Contact No. Home/Office: Mobile: 92988324				
Nationality SINGAPORE CITIZEN	Email Address casselyngoh@gmail.com				
Occupation Self employed	Sex Female	Age 31	Date of Birth 04/05/1989	Race Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 17/02/2021 14:20	Location Of Incident TANGLIN ROAD				
D. (6) - (- 1) -					

Brief details.

On the above mentioned date and time, I was riding my bike FBR3297y along Tanglin road, keeping to the left of the lane.

Suddenly, SKE1228Y, which was slightly behind me on my right, suddenly made an abrupt left turn as it was passing the junction of Chatsworth Ave and collided into my bike's right portion.

My pillion, Choong Wenling, and I fell off the bike to our right and landed onto the ground.

Signature Of Informant: The identity of the person making this
report has been authenticated by SingPass. No signature is required.
Date/Time: 18/02/2021 13:22
Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210218/7013

Ambulance arrived and conveyed me to Singapore General Hospital for treatment.

I was given 4 days MC for injuries sustained due to the accident.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2021 13:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

ACCIDENT STATEMENT

ACC	IDENT DATE: (17 / 02	13021)(DD/MM/M	(YY), TIME:(14 :	(MM:HH)
. Loca	ATION: CHATCH CHAT		MANGLIN RD	
1.	. DETAILS OF VEHICLE			
	a) VEHICLE NUMBER:	FBR 3197Y	**	
	b)INSURANCE COMP	ANY: NTUC.		
6.50	c)POLICY NUMBER:	373.1		
		APREHENSIVE / THIRD P	APTV / TUÏPO PAPI	V EIDE STUEET
	e)MAKE & MODEL:	" KELIENSIVE / MIKD F	AKIT / INIKU PAKI	T FIRE & I HEFT
		UPE / MPV /VAN / LOP	PRY / MOTOPCYCI	E / OTHERS
	gIVEHICLE CATEGOR	Y: (PRIVATE / COMMER	CIAL / MOTORCY	CI OTHERS)
	h)PURPOSE OF USING	AT ACCIDENT TIME:	iome / moroker	,
	I) ARE YOU CLAIMING	UNDER YOUR OWN IN	SURANCE (YES/NO	में
	IF NO, PLEASE STATE	THIRD PARTY CLAIM)/	REPORTING ONLY	ĺ
2.,	INSURED / POLICY HO		. VI	
	A)NAME: GOH ZH	The state of the s	MALE (MALE	E / FEMALE)
	b) NRIC/FIN/PASSPORT		CONTACT:_	198 8824
	c) ADDRESS: BUK DS	3 JAVAN KUNK	#01-11 8 1800	28)
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the of personger	aJNAME: GOH 2HEN	IG FANG CAREL	YN MANE	/ FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT		CONTACT:	/ FEMALE)
(≥)	CLADDRESS: BUK 18	JALAN KUNK #	09-71 8/1600	LB)
HONG WEHUNG	,			0-20110020 2011 21110
isoliol itolia.	*d)DATE OF BIRTH: (105/1989 (DD	/MM/YYYY)	4
	e)OCCUPATION: (INDO			
	f)YEARS OF DRIVING EX			
	WAS DRIVER AN EMP			
	IF NO, RELATIONSHIP			UNER
5.	a)WEATHER CONDITION b)ROAD SURFACE: (DR	N: (CLEAR / RAINING /	OTHERS	
6.	WAS ANYBODY INJURED	O IYES I NO! Cont a	4 RIDER.	
7.	a)REPORTED TO POLICE	(YESY NO)	- perior c	
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the of passanger	a) VEHICLE NUMBER:_	7 KE 1978 A	MODEL:	
(Including driver)	b) DRIVER'S NAME:	RAYMOND		2/2/5/5
	 C) NRIC/FIN/PASSPOR HIRD PARTY VEHICLE 	Т:	CONTACT:	96215951
7. 1	d) VEHICLE NUMBER:_		HODEL:	Real
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(Induding driver)	f) NRIC/FIN/PASSPORT	[•	CONTACT:	
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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 17/02/2021 13:50 Vehicle No.(For Motor) FBR3297Y Certificate Number Search Certificate Policyholder Name Policyholder NRIC Insured Object Vehicle Commence Date Select Policy No. Product Cover Type Expiry Date Number GOH ZHENG FANG Third Party, FBR3297Y FBR3297Y 0 5117247565 S8915096E GMC 20/04/2020 19/04/2021 CASSELYN Continue

Claim Handling

cident MT/1123084								
	5117247565		Vehicle Na.	FBR3297Y		GST Registra	ation No.	
licy No.	3117247363							
ertificate No.		- Franki				Policyholder	NRIC	\$8915096
olicyholder Name	GOH ZHENG FANG CASS		0.0200		-6	Loading		0
oduct Code	MOTORCYCLE INSURANI	CE	Cover Type	Third Party, Fire & Th	en	Contact No.	(Home)	0
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FK	No Yes		TCA	No Yes		eCode Reas	on	
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CD Protection	No							
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eport Date	03/03/2021 16:56		Accident Report Within 24 hrs	Yes		Accident Ty		
ate of Accident	17/02/2021		Time of Accident hh:mm	14:20		Country of A	Accident	Singapore
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	TANCULE DOAD							
ccident Location	TANGLIN ROAD							
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ddress 1	BLK 28 #09-71		Address 2	JALAN KLINIK				
ddress 4	SINGAPORE 160028		Address Type	Singapore address		Post Code		160028
Init No.	09-71		Related Policy Number	5117247565				
⇒ OI Driver Info								
	CONTRICTOR CAS	ecci viii	Driver Type	Main Driver				
rriver Name	GOH ZHENG FANG, CAS	SSCEIN				Driver DOE	i	04/05/1
Innamed driver Name			Driver NRIC	S8915096E				8
legister Date of Driver License	31/08/2012		Driver Age	31		Driving Exp		
Contact No (Mobile)	92988324		Contact No.(Office)	0		Contact No	(Home)	0
	BLK 28		Address 2	JALAN KLINIK		Address 3		BUKIT
Address 1				Singapore address		Post Code		160028
Address 4	SINGAPORE 160028		Address Type	Singapore address		101740 DICK		
Unit No.	#09-71							
Does he own a Singapore	#09-71 Yes No		Driver Vehicle No.			Driver Insc	urer Company	
			Driver Vehicle No.			Driver Insc	urer Company	
Does he own a Singapore Registered car?			Driver Vehicle No.			Driver Insu	urer Company	
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Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX New Claim Type *	Yes No			« Yes : No		Insured Name Contact No. (Home)	GOH ZHENG FA	NG CASSELYN
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