SN07214U0005 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 30/04/2021 11:25 (SGT) SUBMITTED BY: Suman Sukumar VERSION: 1 (30/04/2021 11:25 (SGT))

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.

- 4. The issue and acceptance 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 30/04/2021 11:25 (SGT) Date of Accident 28/04/2021 14:45 (SGT) Exact Location of Accident Singapore Additional Location Information UPPER BOON KENG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kawasaki

Vehicle Registration Number FR7889R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO KOK SEN NRIC No. S1236977H Email Address SENG12R@GMAIL.COM Mobile Phone No (Phone) +65-91291680 Alternative Phone No +65-91291680

VEHICLE PARTICULARS

Manufacturer

Model EX400R Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Manual CC 400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5111907633-01 Cover Note Number

DRIVER

Name of Driver HO JUN JIE NRIC No. S9429355C

Date Of Birth 11/08/1994 Occupation Outdoor Date Of Driving Pass 19/08/2014 Driving experience 6 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-90302400 Alt. Phone Number Email Address HOJUNJIE11@GMAIL.COM Address **BLK 142 #07-2094 MARSILING ROAD** Address complement Postcode 730142 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Collision - U-Turn Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI P7122J Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

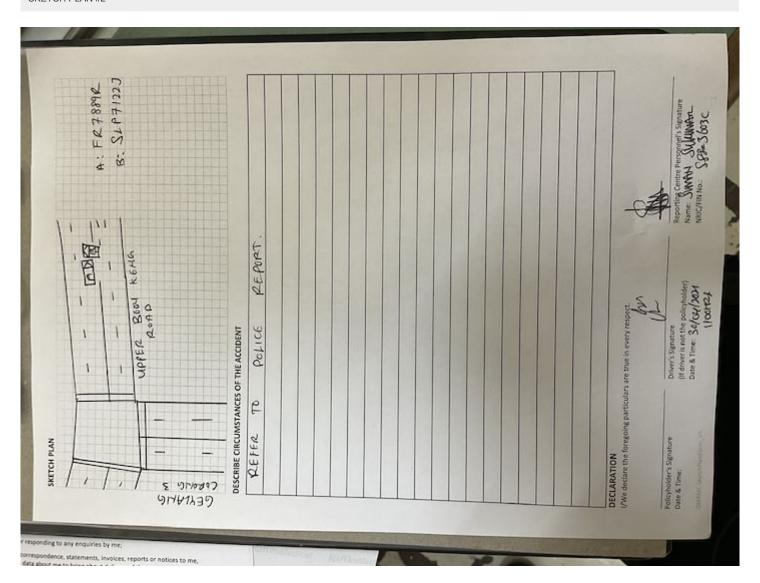
| Name of Driver | _ |
|---|---|
| Contact Number | _ |
| Address | - |
| Address complement | - |
| Postcode | _ |
| nsurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | _ |

INJURED PERSONS DETAILS

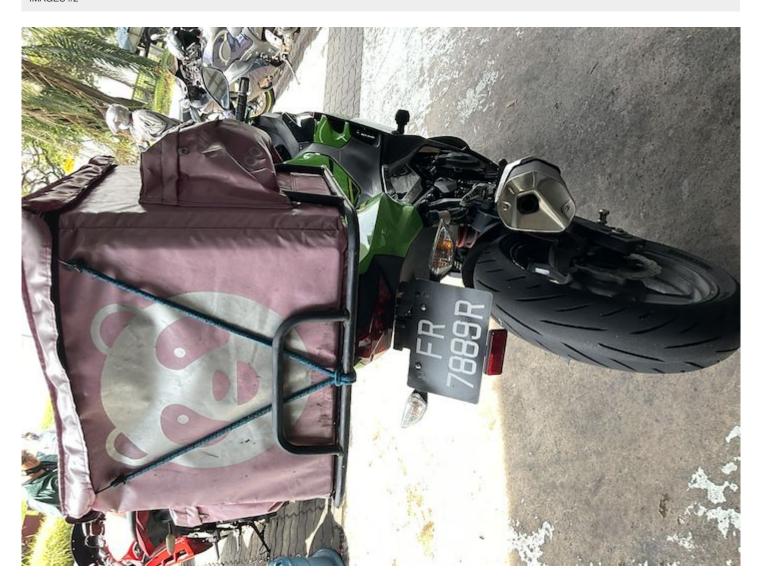
INJURED 1

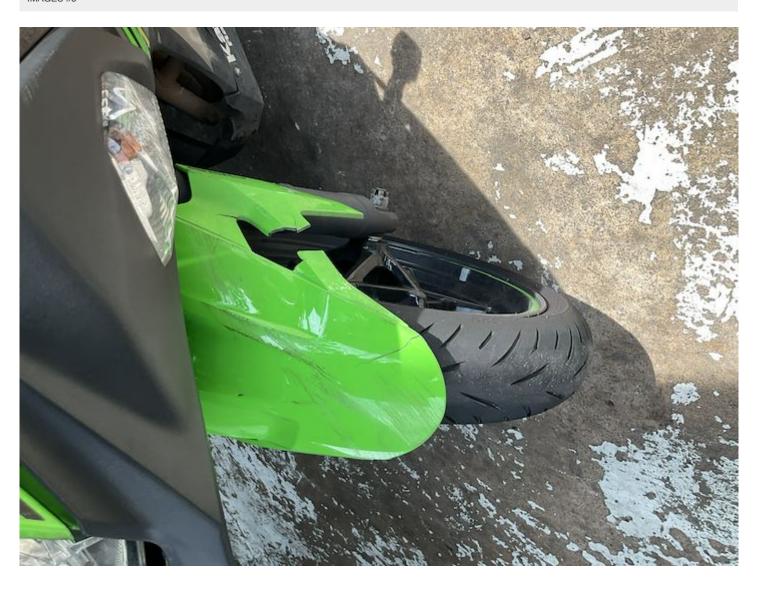
| Name of injured person | HO JUN JIE |
|---|--|
| Address | BLK 142 #07-2094 MARSILING ROAD |
| Address Complement | - |
| Post Code | 730142 |
| Approximate Age Years Old | 26 |
| Injuries Sustained | MULTIPLE INJURIES TO HANDS, LOWER BACK AND GROIN |
| | AREAS. |
| Injured person in which vehicle? | FR7889R |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

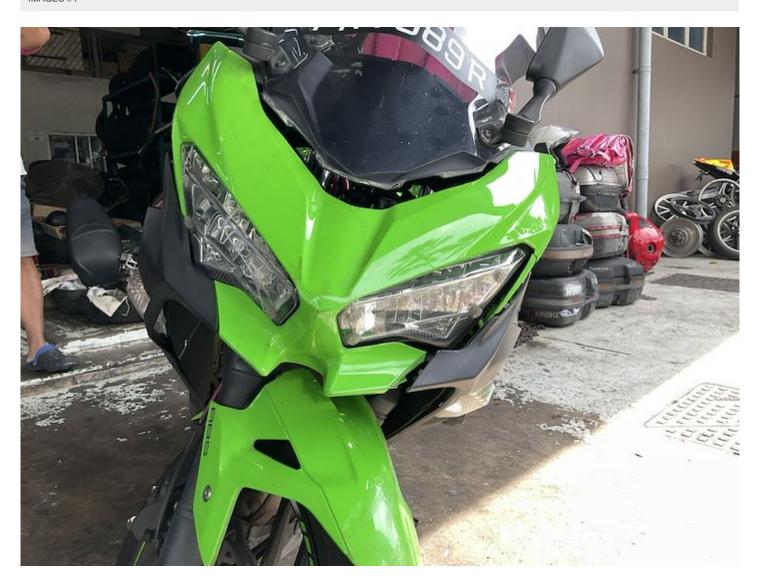
agents including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes all insurer(s) who have insured vehicle(s) involved in this accident and the insurer's lawyers/law firms, may/are permitted Personal Information to all insurer(s) who have insured 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 which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance 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 disclose and/or process my personal data/personal information set out in this (form) and any other personal information Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, 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 (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud. (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, information provided must be as truthful and accurate as possible. Any will in increpresentation or withholding of material my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection. provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary regulators, law enforcement and government agencies as reasonably required for the purposes stated, or to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me; (ii) for complying with requirements under any regulations, laws or court orders 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 for the Authorised Driver the information so collected under (d) above may be shared / disclosed: SKETCH PLAN Any false reporting may be referred to the Police for Investigation. investigation and management in present and all future claims facts may allow insurance companies to repudiate policy liability. (If driver is not the policyholder Date & Time: 34/64 (2021) external cover of envelopes/mail packages]; and/or Consent under the Personal Data Protection Act (PDPA) (ii) investigating the accident and/or my claims; I understand, acknowledge, agree and consent that: investigations relating to the claims; the report being made available aforesaid. IMPORTANT NOTICE interested parties. companies. (3) 9 0 9 (e)

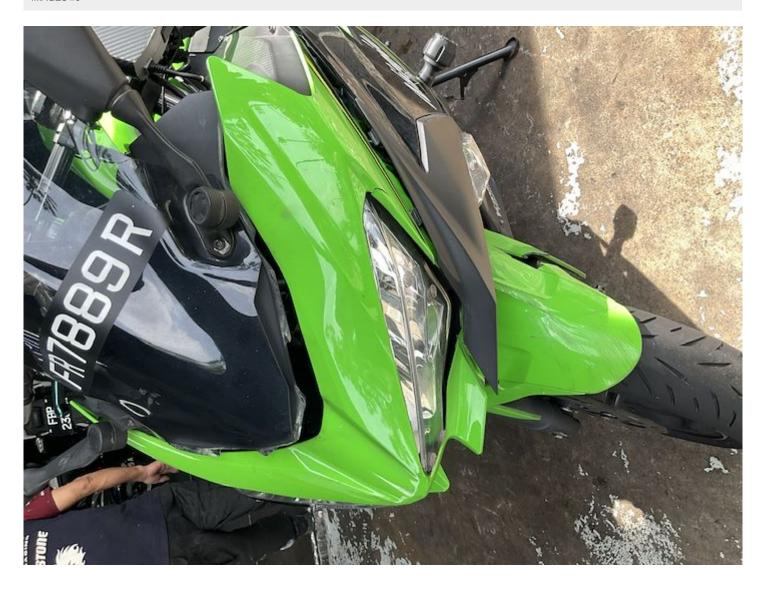














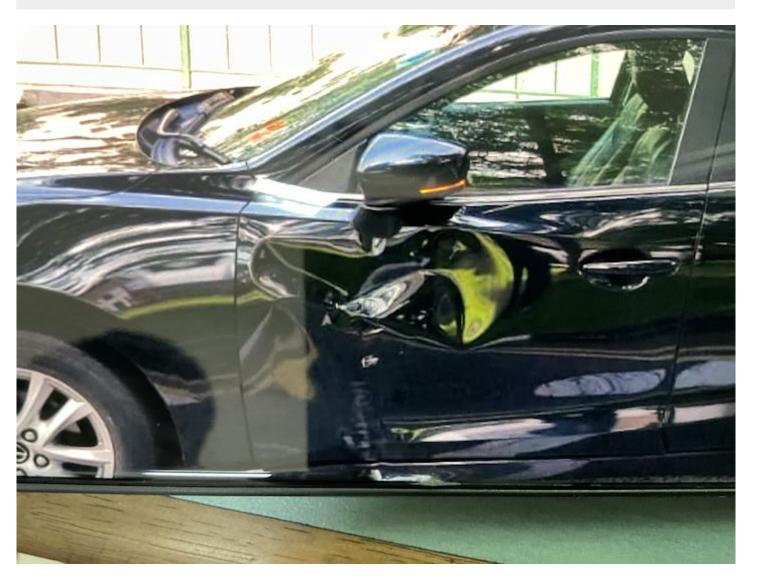


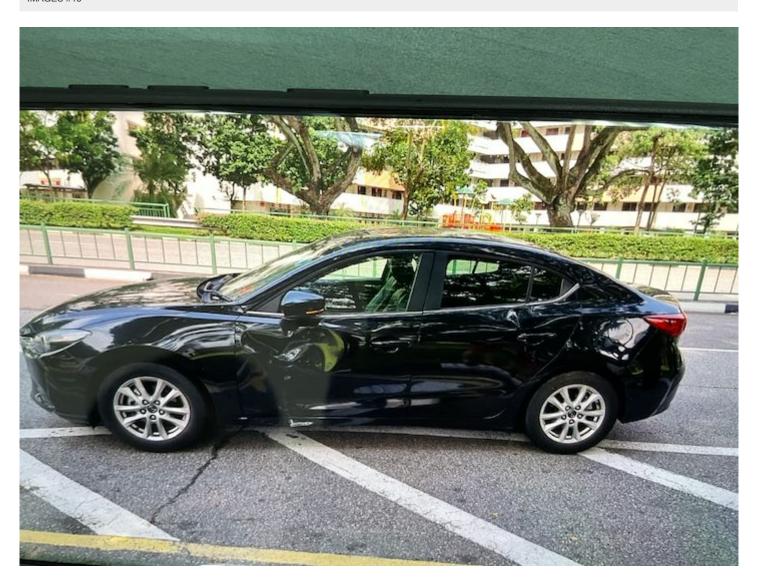




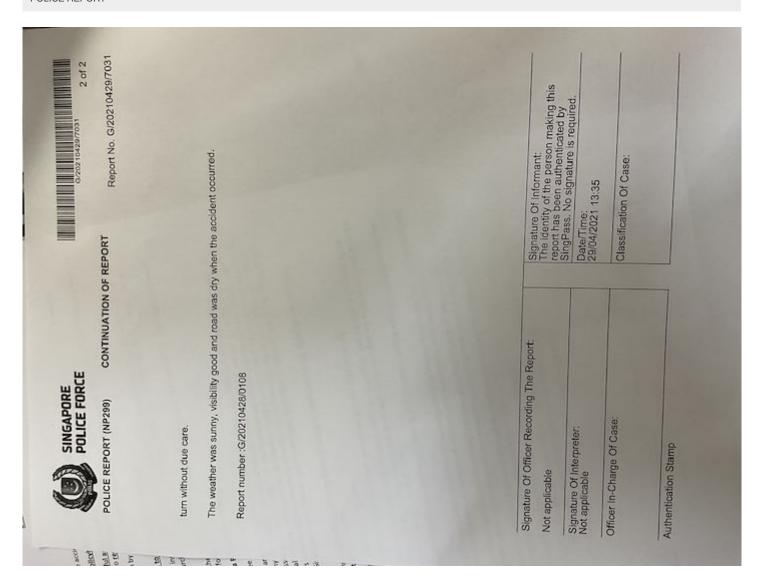












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