	Centre Services	The second secon	MILLOUITO		
Date In: 29/1/18-15: 26	Jcb description		Date &Time Completed	Done	pi.
Ref No: NA INC 1800 1771 /24	SAS e-filing		İ	r.	
Veh No: FBM 38094	E-mail (within	Shrs, AIC 2hrs)			4
D.O.A : 29/1/18-14:00	i-Motor Clai	m Form	MT10979983	29/1/18 1	8:51
OD / TP / Reporting Only	i-Motor W/C	(Within: OD 2hrs	s, 7°P 4brs)		
OD : 17', Reporting Only	i-Photo Uplo	aded	1		
TP Insurer:	Assessment/Su	irvey Report	1		
Tr mouter.	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (			Fax:	
TP Particulars: Veh No	: SM 3000L	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	).	
Confirmed by: (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (V	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
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General Remarks.				Control of the contro	
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Remarks: (INC hotline: 6788 6	616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car (	)	3.		
7					
2) QC Check / Post Repair Inspection	( )		100	,	
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### 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 ability.
- 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 Report	29/01/2018 15:26	
Date Of Accident	29/01/2018 14:00	
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS UPPER BUKIT TIMAH RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM3809Y	
Insured/Policyholder		

Insured/Policyholder

YEO HONG WEI Name Of Registered Owner S9302307B NRIC No NOEMAIL Email Address

(LOCAL) +65-84186880 Mobile Phone No OFFICE-84186880 Alternative Phone No

Vehicle Particulars

BAJAJ Manufacturer

PULSAR RS 200 Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

r.

REPORTING ONLY If No. Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5095462502 Policy Number

Cover Note Number

Driver

YEO HONG WEI Name of Driver S9302307B NRIC No 20/01/1993 Date Of Birth INDOOR Occupation 17/02/2012 Date Of Driving Pass

5 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-84186880 Mobile Number

Fax Number

OFFICE-84186880 Contact Number

NOEMAIL **EMail Address** 

BLK 33 BALAM ROAD

#06-03

370033 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

1

NO

NO

#### General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### Other Information

Address

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

ON STATED DATE AND TIME, I WAS FILTERING FROM SLIP RD PIE (CHANGI) TWDS UPPER BUKIT TIMAH RD. WHEN I FILTERING TWDS UPPER BUKIT TIMAH RD, I STOPPED WITHIN THE STOPPING LINE TO ENSURE THAT THERE WAS NO VEHICLE BEFORE I MERGE ONTO UPP BUKIT TIMAH RD. WHEN I FILERING TO UPP BUKIT TIMAH RD , I DID NOT NOTICE THAT VEHICLE B WAS STATIONARY PARKED ALONG UPP BUKIT TIMAH RD. IN A RESULT, I HIT ONTO VEHICLE B REAR PORTION.

## 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

SM3000L Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category TAN CHOON YONG Name of Driver

S0189683J NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

# SKETCH PLAN

# IMPORTANT NOTICE

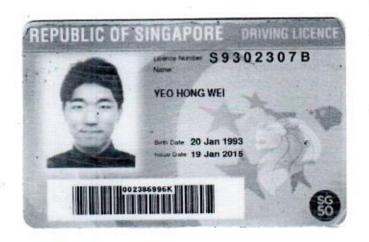
- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts 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.
- 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.
- 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 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

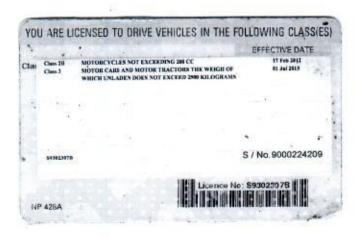
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_8006	01		The second second	.P.		9	Change Lan	guage '	Change Passwo	rd
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Ac	cident	29/01	2018 14:00	7
	Vehicle	No.(For Mator)	FBM3809Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NR1C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095462502	YEO HONG WEI	59302307B	GMC	Third Party, Fire & Theft	FBM3809Y	FBM3809Y	01/11/2017	15/10/2018
				3	-	Continue				

Policy No.	5095462502	Policyholder Name	YEO HONG WEI	Policyholder NRIC	S9302307B
Address	BLK 33 #06-03 BALAM ROAD B	ALAM GARDEN	S SINGAPORE 37003	3	
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/11/2017	Effective Date	01/11/2017 00:00	Expiry Date	15/10/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	-63823203	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	BLK 33 #06-03	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
Address 4	SINGAPORE 370033	Address Type	Singapore address	Post Code	370033
Unit No.	06-03	Related Policy Number	5095462502		
D Insure	d Object: FBM3809Y		11		
	sements			LEADING TO SERVICE THE RESERVE THE	
Sequen	ce Date of Endorsement	Endorse	ment Type	Endorsement Status	Endorsement Content

ccident MT/0979983					
olicy No.	5095462502	Vehicle No.	PBM3809Y	GST Registration No.	
Sicyholder Name	YEO HONG WET			Policyholder NRIC	S93023078
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	84186880	Contact No. (Office)	9	Contact No.(Home)	0
	0420000	Special Remark		eCode	No. V
all Address	® No ○ Yes	TEA	® No ○Yes	eCode Reason	10520
K			0	Private Hire	No
D Protection	No	NCD Entitlement(%)	u .	Private riors	100
Accident Details					
port Date	29/01/2018 18:49	Acadent Report Within 24 hrs		Accident Type	Collesion - Head to Rear
te of Accident	29/01/2018	Time of Accident thomas	56:00	Country of Accident	Singapore
porting Centre		Orange Force		DOM No.	
ident Location	SLIP RD PIE (CHANGE) TWOS UPPE	R BUKIT TIMAH RD			
Benefits.					
Excess					
n damage Excess	0.00	Additional Excess		Windscreen Excess	
named Driver Excess		Outside Singapore OO Excess			
rd Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
Registration No.	150		GST Status Verified	Yes	
dification History					
annual control of		¥			
Policyholder Hailing Ad	Sdress				ra despesado no dest
dress 1	BLK 33 #06-03	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
Idress 4	SINGAPORE 370033	Address Type	Singapore address	Post Code	370033
IS No.	06-03	Related Policy Number	5095462502		
OI Driver Info					
iver Name	Yeo Hong Wei	Driver Type	Main Driver		
named driver Name		Driver NRIC	59302307B	Driver DOB	21/01/1993
pyter Date of Driver License	17/02/2012	Driver Age	25	Driving Experience	5
ntact No.(Mobile)	84186880	Contact No.(Office)	0	Contact No.(Home)	0
press 1	BLK 33	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
			Market and Address	Acres Code	220022
	SINGAPORE 370033	Address Type	Singapore address	Post Code	370033
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nt No. ses he own a Singapore		Address Type  Driver Vehicle No.	Singapore address	Post Code  Driver Insurer Company	370033
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	Uploaded By/Date	Folder Date	16	File Name		9	Source	Action
Video List			96				200000	75070240
	NAC_PAYA_UBI_B00601( NAT)	ONAL ASSESSMENT CENTRE SERVICE n 2018 18:51	S) on 29 Ja	Photos		Normal	Photos 2018-1-29	Ed
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1	NAC_PAYA_UBI_800801( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 to a 2018 18:52		S) on 29 Ja	SAS		Normal	SAS 2018-1-29	Ed
901 FT	NAC_PAYA_UB1_800601( NATIO	nal assessment centre services n 2018 18:53	5) on 29 to NA	3C/ Driving License		Normal	NRIC/ Driving License 2018-1-29	Ed
Attachment	1	ploaded By/Date		Category	?	Urgency	Description	Sent* Activ