

1944/80/8082

[illegible]

| NA 1800777                 |  | Invoice Preparation Checklist                |             |
|----------------------------|--|--|-------------|
| Unit/Incident/Particulars: |  | 1) AR: Accident Reporting (\$20)             | INC (\$20)  |
| Driver/Owner:              |  | 2) DA: Damage Assessment (\$100)             | INC (\$100) |
| Contact No:                |  | 3) TP: Towing Fee                            | \$20 (\$40) |
| Damaged Portion:           |  | 4) FT: Follow Through Survey                 | \$120       |
|                            |  | 5) RT: Follow Through Survey (Resurvey)      | \$20        |
|                            |  | Excluding repair INC Only (w/af 10 Jan 2000) |             |
|                            |  | 6) TR: Re-inspection                         | \$25        |
|                            |  | 7) NI: New DA + SMRT Survey                  | \$140       |
|                            |  | 8) NTUC Additional Services                  |             |
|                            |  | 9) OIL                                       |             |
|                            |  | 10) NI: Courtesy Car / Tol Allowance         | \$25        |
|                            |  | 11) NI: Repairs Coordination                 | \$10        |
|                            |  | 12) NI: Post Repair Inspection               | \$25        |
|                            |  | 13) NI: DY / Collect Vehicle Coordination    | \$25        |
|                            |  | 14) IE (NI): TP (Non INC) against INC        | \$20        |
|                            |  | 15) NI: Tires Mobile                         | 10          |
|                            |  | Invoice dated                                | Not Charged |
|                            |  | Invoice dated                                | Not Charged |



## 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 withholding 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             | 05/02/2018 19:43                      |
| Date Of Accident           | 02/02/2018 18:05                      |
| Exact Location Of Accident | ALONG AYE TOWARDS CITY BEFORE EXIT 11 |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | FBD5680J               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | CHOY HOONG DAMIEN      |
| NRIC No                     | S9415675J              |
| Email Address               | DAMIENCHY2@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-90661925   |
| Alternative Phone No        | OFFICE-90661925        |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | HONDA         |
| Model  | CBR150R-150CC |
| Exact Purpose for which vehicle was being used at time of accident           | GOING HOME    |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO            |
| If No, Please state action to be taken                                       | THIRD PARTY   |
| Vehicle Category   | MOTORCYCLE    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5060766597-04                          |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | CHOY HOONG DAMIEN      |
| NRIC No              | S9415675J              |
| Date Of Birth        | 30/04/1994             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 19/06/2013             |
| Driving Experience   | 4 YEARS AND 7 MONTHS   |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-90661925   |
| Fax Number           |                        |
| Contact Number       | OFFICE-90661925        |
| Email Address        | DAMIENCHY2@HOTMAIL.COM |

|   |                                |
|---|--------------------------------|
| Address   | BLK 111B DEPOT ROAD<br>#23-107 |
| Postcode  | 102111                         |
| 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           | -                              |
|   | -                              |
|   | -                              |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | DRIZZLING                |
| Road Surface       | WET                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | QUEENSTOWN N.P.C   |
| Police Station Address                    | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-4719999 - FAX NO:                                   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLIUCE REPORT T/20180205/2117

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SJP4242P        |
| Vehicle Make/Model/Colour   | HONDA           |
| Details Of Properties       |                 |
| Vehicle Category            | PRIVATE CAR     |
| Name of Driver              | YEE GUAN CHOONG |
| NRIC/Passport Number        |                 |
| Contact Number              | 97482242        |
| Address                     |                 |
| Postcode                    |                 |
| Insurance Company Name      |                 |
| Nature Of Damage            |                 |

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

|   |                   |
|---|-------------------|
| Name  | CHOY HOONG DAMIEN |
| Approximate Age                                     |                   |
| Injuries Sustain                                    | SLIGHT INJURY     |
| Injured person in which vehicle?                    | FBD5680J          |
| Were seat belts worn?                               |                   |
| Was this injured conveyed to hospital by ambulance? | NO                |
| Address   |                   |
| Postcode  |                   |



## SKETCH PLAN

### 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 withholding 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. 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 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:
  - (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' 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:
  - (i) 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:

05/01/2018

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

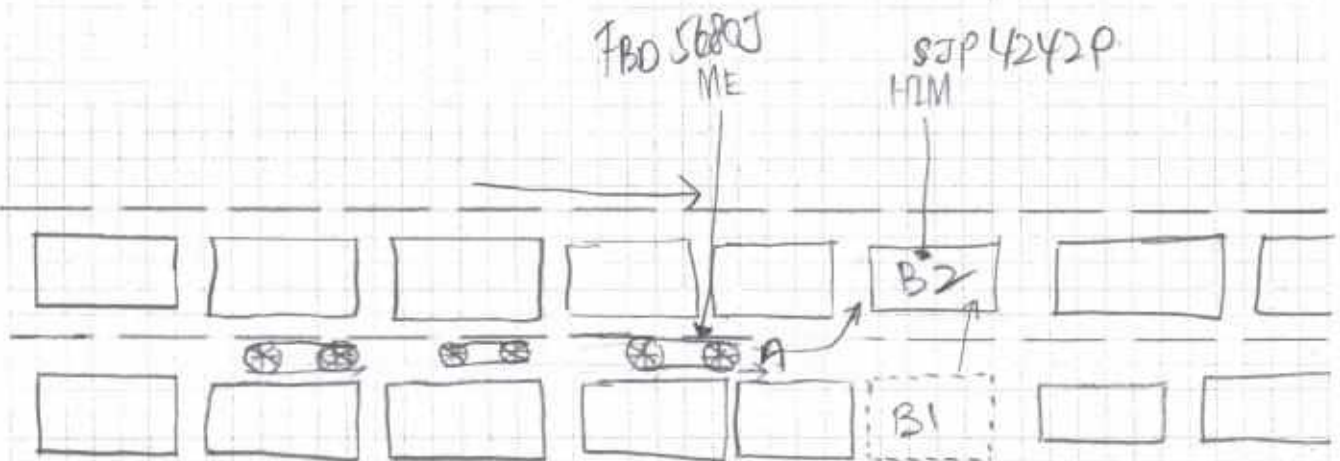
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

05/01/2018  
Roshni Wathani

SKETCH PLAN

ALONG AYE towards City B/F FWH 11

EP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report  
1/20180205/2117

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 050218

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

Reporting Centre Personnel's Signature  
Name: Rosli woffas  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180205/2117

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20180205/2117

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
05/02/2018 16:16

Vide Report No.:

Station Diary No.:  
69

### Informant's Particulars

|  |            |                              |  |  |                                   |
|--|------------|------------------------------|--|--|-----------------------------------|
| Name of Informant:<br>CHOY HOONG DAMIEN  |            |                              | Address:<br>APT BLK 111B DEPOT ROAD #23-107 SINGAPORE 102111 |  |                                   |
| ID Type / ID No.:<br>NRIC NO / S9415675J |            |                              | Contact No.:<br>Home/Office: Mobile: 90661925                |  |                                   |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                                   |
| Sex:<br>Male                             | Age:<br>23 | Date of Birth:<br>30/04/1994 | Type of Informant:<br>Rider                                  |  |                                   |
| Race:<br>Chinese                         |            |                              | Language:  |  | Institution / School Name:<br>SMU |
| Occupation:<br>STUDENT                   |            |                              | Driving Licence Information:<br>Class: 2B                    |  | Date of Expiry:                   |

### General Information of the Accident

|   |                  |                                    |   |                                    |
|---|------------------|------------------------------------|---|------------------------------------|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>02/02/2018 18:05 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>AYER RAJAH EXPRESSWAY<br>Along AYE Towards City, before exit 11. |                  |                                    |   |                                    |
| Weather:<br>Drizzling   |                  | Road Surface:<br>Wet               | Road Speed Limit:                             |                                    |
| Traffic Flow:<br>Dual Carriage Way  |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                      |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                                  |                  |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                    |

### Details of Vehicle Involved

| Vehicle No. | Type       | Make  | Model     | Color | Condition            | No of Passenger |
|-------------|------------|-------|-----------|-------|----------------------|-----------------|
| FBD5680J    | Motorcycle | HONDA | CBR150R M | Black | Seriously<br>Damaged | 0               |
| SJP4242P    | Car        | HONDA |           | Grey  | Slightly<br>Damaged  | 0               |

### Details of Vehicle Insurance

| Vehicle No. | Insurance Company                             | Insurance No  | Effective  | Expiry Date |
|-------------|---|---------------|------------|-------------|
| FBD5680J    | NTUC Income Insurance Co-Operative<br>Limited | 5060766597-04 | 29/04/2017 | 28/04/2018  |



**SINGAPORE  
POLICE FORCE**



T/20180205/2117

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20180205/2117

**CONTINUATION OF REPORT**

|                                   |                         |  |   |
|-----------------------------------|-------------------------|--|---|
| <b>Details of Person Involved</b> |                         |  |   |
| Any Pedestrian Involved: No       |                         |  |   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |   |
| <b>Rider</b>                      |                         |  |   |
| Name                              | CHOY HOONG DAMIEN       | ID No.                                 | S9415675J                               |
| Related Vehicle                   | FBD5680J (Motorcycle)   | Contact No.                            | 90661925                                |
| Hospital/Clinic                   | SHALOM CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: 05/02/2018 |
| Date Treatment                    | 05/02/2018              | Date Discharge                         | 05/02/2018                              |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | NIL                                     |
| <b>Driver</b>                     |                         |  |   |
| Name                              | YEE GUAN CHOONG         | ID No.                                 | NIL                                     |
| Related Vehicle                   | SJP4242P (Car)          | Contact No.                            | 97482242                                |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL       |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                                     |

**Brief Details.**

On 02/02/2018 at about 1805hrs, I was riding my bike, registration number FBD5680J, along AYE towards City, near to exit 11B, travelling at the extreme right lane. During that point of time, the weather was drizzling, road surface was wet and the traffic volume was heavy. There was a grey car which was in front of me about two car length. Suddenly, the said car signaled left and switched lane at the same time. I tried avoiding by swerving a bit to the left. However, I could not avoid completely and hit on to the rear left of the said car. I fell to my right and my right leg was pinned by the bike and it causes me to skid forward few metres.

The driver stopped but did not assisted me. We managed to exchanged particulars. I suffered abrasions on my right elbow, right hip and right knee due to the accident. I was given MC for 3days.





**SINGAPORE  
POLICE FORCE**



T/20180205/2117

3 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No: T/20180205/2117

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Staff Sgt NOORHIDAYAT BIN WAHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/02/2018 16:16

Officer In Charge Of Case:

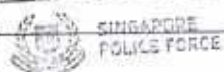
TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp  
NP168



SN 46

SIGNATURE

## Claim Handling

Accident MT/0981080

|                     |   |                     |   |                      |    |
|---------------------|---|---------------------|---|----------------------|----|
| Policy No.          | 5060766597-04   | Vehicle No.         | FBD56803  | GST Registration No. |    |
| Policyholder Name   | CHOY HOONG DAMEN  |                     |   | Policyholder NRIC    |    |
| Product Code        | MOTORCYCLE INSURANCE  | Cover Type          | Third Party   | Loading              |    |
| Contact No.(Mobile) | 90661925  | Contact No.(Office) |   | Contact No.(Home)    |    |
| Email Address       |   | Special Remark      |   | eCode                |    |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |    |
| NCD Protection      | No  | NCD Entitlement(%)  | 20  | Private Hire         | No |

**Accident Details**

|                   |                                       |                               |       |                     |                  |
|-------------------|---------------------------------------|-------------------------------|-------|---------------------|------------------|
| Report Date       | 05/02/2018 20:02                      | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head |
| Date of Accident  | 02/02/2018                            | Time of Accident hh:mm        | 18:05 | Country of Accident | Singapore        |
| Reporting Centre  |                                       | Orange Force                  |       | ICM No.             |                  |
| Accident Location | ALONG AVE TOWARDS CITY BEFORE EXIT 11 |                               |       |                     |                  |

**Benefits**

**Excess**

|                       |      |                             |  |                   |  |
|-----------------------|------|-----------------------------|--|-------------------|--|
| Own damage Excess     | 0.00 | Additional Excess           |  | Windscreen Excess |  |
| Unnamed Driver Excess |      | Outside Singapore OD Excess |  |                   |  |
| Third Party Excess    | 0.00 | Outside Singapore TP Excess |  |                   |  |

**GST Registered Information**

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

**Policyholder Mailing Address**

|           |                  |                       |                   |           |  |
|-----------|------------------|-----------------------|-------------------|-----------|--|
| Address 1 | BUK 111B #23-107 | Address 2             | DEPOT ROAD        | Address 3 |  |
| Address 4 | SINGAPORE 102111 | Address Type          | Singapore address | Post Code |  |
| Unit No.  | 23-107           | Related Policy Number | 5060766597-04     |           |  |

**OI Driver Info**

|   |   |                     |                   |                        |  |
|---|---|---------------------|-------------------|------------------------|--|
| Driver Name                             | CHOY HOONG DAMEN  | Driver Type         | Main Driver       |                        |  |
| Unnamed driver Name                     |   | Driver NRIC         | S94156733         | Driver DOB             |  |
| Register Date of Driver License         | 19/06/2013  | Driver Age          | 23                | Driving Experience     |  |
| Contact No.(Mobile)                     | 90661925  | Contact No.(Office) |                   | Contact No.(Home)      |  |
| Address 1                               | BUK 111B #23-107  | Address 2           | DEPOT ROAD        | Address 3              |  |
| Address 4                               | SINGAPORE 102111  | Address Type        | Singapore address | Post Code              |  |
| Unit No.                                | 23-107  |                     |                   |                        |  |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.  | FBD56803          | Driver Insurer Company |  |

**Declaration**

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

|                                |                                   |                         |                                  |                            |  |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type *                   | OD-MX                             | Insured Name            | CHOY HOONG DAMEN                 | Insured NRIC               |  |
| Contact No.(Mobile)            | 90634034                          | Contact No.(Home)       | 62718062                         | Contact No.(Office)        |  |
| Email Address                  |                                   | OT Vehicle Number       | FBD56803                         | TF Vehicle Number          |  |
| Claim Description              | FBD56803 / 5JP4242P ON 2 Feb 2018 |                         |                                  | Name of Preferred Workshop |  |
| Preferred Workshop Contact No. |                                   | Insured Liability *     | Not at Fault                     |                            |  |
| Require Finalisation           | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 |  |
| Date Registered                | 05/02/2018 20:04                  | Claim Close Date        |                                  | Date Received              |  |
| Report Taken By                | ROSLI WAHAB                       |                         |                                  |                            |  |

☐ Print AK letter

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0981080  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 05/02/2018 20:05 |

Path \*

Browse... Clear Please Select

Category \*

Confidential ☐ Urgency ☐ Normal



|  |                                      |               |   |     |   |        |
|--|--------------------------------------|---------------|---|-----|---|--------|
| <input type="button" value="Browse"/>    | <input type="button" value="Clear"/> | Please Select | ▼ | 50% | ~ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | 50% | ~ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | 50% | ~ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | 50% | ~ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | 50% | ~ | Normal |

✦ Attachment List

[illegible]

 Video List

| Uploaded By/Date | Folder Date | File Name             | ?                  | Sort |
|------------------|-------------|-----------------------|--------------------|------|
|                  |             | Display in New Window | Scan and uploading |      |

# ACCIDENT STATEMENT

ACCIDENT DATE: 02 / Feb / 2018 (DD/MM/YYYY), TIME: 18:05 (HH:MM)

LOCATION: Along AYE Towards City, before exit 11

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD5680J  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: CBR 150R  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going home  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Damien Chay Hoang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9415675J CONTACT: 90661925  
 c) ADDRESS: 111B Depot Road #23-107  
Singapore 102111

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
(Including driver)  
( )

- DRIVER  
 a) NAME: Damien Chay Hoang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9415675J CONTACT: 90661925  
 c) ADDRESS: 111B Depot Road #23-107  
Singapore 102111

\* d) DATE OF BIRTH: 30 / 04 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 Jun 2013

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: Drizzling)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES) / NO  
 7. a) REPORTED TO POLICE (YES) / NO  
 IF YES, PLEASE STATE WHICH POLICE STATION: Queenstown N.P.C

## 8. THIRD PARTY VEHICLE

# No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: SJP4242P MODEL: Honda Airwave  
 b) DRIVER'S NAME: Yee Guan Chong  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97482242

## 9. THIRD PARTY VEHICLE

# No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = damienchy2@hotmail.com

fax =

✓ 1000



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9415675J



Name

CHOY HOONG DAMIEN

蔡鴻

Race

CHINESE

Date of birth

30-04-1994

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9415675J

CHOY HOONG DAMIEN

Birth Date 30 Apr 1994

Issue Date 19 Jun 2013



002193225C



4423562

NRIC No. S9415675J



Date of issue

30-06-2009

Address

APT BLK 111B DEPOT ROAD  
#23-107  
SINGAPORE 102111

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

19 Jun 2013

Class 2B Motorcycles < 200 cc



Licence No: S9415675J

NP 428A

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

|   |                                       |                   |   |         |             |             |                |               |             |
|---|---------------------------------------|-------------------|---|---------|-------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text"/>                  | Date of Accident  | <input type="text" value="02/02/2018 16:57"/> |         |             |             |                |               |             |
| Vehicle No. (For Motor)                 | <input type="text" value="FB056803"/> |                   |   |         |             |             |                |               |             |
| <input type="button" value="Search"/>   |                                       |                   |   |         |             |             |                |               |             |
| Select                                  | Policy No.                            | Policyholder Name | Policyholder NRIC                             | Product | Cover Type  | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input checked="" type="radio"/>        | 5060766597-04                         | CHOY HOONG DAMIEN | 59415675J                                     | GMC     | Third Party | FB056803    | FB056803       | 29/04/2017    | 28/04/2018  |
| <input type="button" value="Continue"/> |                                       |                   |   |         |             |             |                |               |             |



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MMA46018082 Vehicle Registration No: FBD 5680J  
Name (as shown in NRIC) : Choy Hoon Nam NRIC/FIN/Passport No : S9415675J  
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90661925  
Email Address : \_\_\_\_\_  
Date of Accident : 02/02/2018 Time of Accident : 18:05  
Place of Accident : Along Dyke towards CNY Before Exit 11  
Insurance Company : NMC

**(B) ~~ADDITIONAL INFORMATION~~ AMENDMENTS:**

I have ~~made a report on the~~ above mentioned accident and would like to include additional information or make the following amendments:

Insert 7 injury personal (injured)

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Rosli Winton  
NRIC/FIN No.: \_\_\_\_\_  
Date: 05/02/2018

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No: MUAVID018082-01 Vehicle Registration No: FB05680J  
Name (as shown in NRIC): Choy Heng DAMIAN NRIC/FIN/Passport No: S9415675J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96661925  
Email Address: \_\_\_\_\_  
Date of Accident: 02/01/2018 Time of Accident: 18:05  
Place of Accident: Along Ayer Keroh Road CITY BEFORE EXIT 11  
Insurance Company: NRMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED ADDRESS TO DEPOT ROAD

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Koh Li Weng  
NRIC/FIN No.:  
Date: 06/01/2018