REINO MA/INC 18002808/14 Veh No FBH 4994 U D.O.A. 11/2/18 18:45	eb description SAS e-filing				
Ref No MA/INC 18002808/44 Veh No FBH 4994 U D.O.A 11/2/18 18:45	SAS e-filing		tera & Time Complaint	Dona	6
DOA: 11/2/18 18:45	Carlo La La Carlo				
D.O.A. 11/2/18 18:45	E-mail (within 46	ni AlGabri)	22		
11,12,110	i-Motor Claim	Form	MT10982048	12/2/18	18:42,
On Denomina Coly	I-Motor W/O	Within OD Ship?			
OD : (C) Reporting Only	i-Photo Uploa	ded	11)10		
75 724220	Assessment/Sur				
TP insurer:	Ass't Report by	Fax / Hand to C	Dwner/Whan		
Preferred Wksp / INC Assign Wksp / QW: (·	Te);	Fax:	7.
TP Particulars: Veh No: SK	W 1176 D	INC ()/Non-INU()		
Owner / Driver: (Tel		
Policy No. () Period	l: () (Jover Type: (<u> </u>	
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [Not	e-Est, Status (W	70): N: 0-20%	4, P. 21-79%. F: 8	0-150%]	
Year of Registration: () Was	rranty: YES ()/NO()			
Excess: (S) Loading: \$1,000	()/\$2,000	()			
General Remarks:				No.	
() Walk-In Customar : Customer's informa	ation strictly Cor	nfidential & Stric	my NO refer of repair	er.	
() Total Loss Case : to e-mail Insurer I		No. of Contract of			
Drive in ()/Towed-in (); invoice: Y	ES() / N	10 (); To	wing Co: ('	7, 7	
Remarks:- (INC horline: 6788 6616)			Date & Time Complete	L Don	t by
1) Apply for Transport Allowance (/) / Cou	TIESV CAT (')			
2) QC Check / Post Repair Inspection	()	- 12 1	a ACCL	6 557	
3) Upload Resurvey Photo [Repair Cost > \$300	001) 101 13	LL of the second		
	14/4	\$ 100	11.44 TO 11.15		
Injury:				ESTERNIC -	
Date Time Actions				Community Co.	-
Control of the second	ALERY .				
Market Committee	7 7 6		NETT BI-		
	Stories 1/2	-	1	- 11-11-11-11-11-11-11-11-11-11-11-11-11	
Er Cutt Cart Sec.					
For Court Court Court	1	1.743		T MAIL	-
	1	1 *************************************		Asect	olio ae (i)
	FIPOOPIA	Invoice Prep	aration Checklist	Acres	
<u> </u>		1) A.R.: Assident	Reporting (33.0);	30:00 S	ASSESS.
Claimant's Particulars:-	FIP0031PA	1) A.R.: Assident 2) D.A.: Damage 3) TF: Towing F	Reporting (\$3.0); Assessment (\$1.00% D	30-0 C 30-0 C \$40:143	ASSESS.
Claimant's Particulars:-	Misoogia	1) AR: Accident 2) DA: Damage 3) TF: Towing S 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); Descriptions Assessment (\$	30-0 0 30-0 0 30-0 0 540-543 5.20 530	ASSESS.
Claimant's Particulars :- Driver/Owner:		1) AR: Accident 2) DA: Damage 2) TF: Towing S 4) FT: Follow-T 5) FT: Follow-T Ear elaimine a	Reporting (\$3.0); Assessment (\$1.00% Diese through Survey through Survey (Resurvey) asiest JNC Only (wet 10 Ja	30-0 (NC (380) \$40,544 \$120 \$30 \$30 \$1,05)	ASSESS.
Claimant's Particulars:- Driver/Owner: Contact No:	FIPOOSIA	1) AR: Accident 2) DA: Damage 3) TF: Towing S 4) FT: Follow-T	Reporting (\$3.0); Assessment (\$1.00); Description of hough Survey (Resurvey); select [NC Only (wef to Issue)	30-0 0 30-0 0 30-0 0 540-543 5.20 530	ASSESS
Claimant's Particulars :- Driver/Owner: Contact No:		1) AR: Accident 2) DA: Damage 2) TF: Tewing S 4) FT: Follow-T 5) FT: Follow-T Ear elsiming 8 6) TR: Re-inspe 7) N1: Idac DA 3) NTUC Additi	Reporting (\$3.0); Assessment (\$1.00); Dies arough Survey hrough Survey (Resurvey) asinst INC Only (wef 10.3s atton - \$14.75 Survey	30-0 (NC (380) \$40,545 \$120 \$30 5 20,050 \$30 5 20,050	ASSESS.
Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:		1) AR: Accident 2) DA: Damage 2) TF: Tewing S 4) FT: Follow-T 5) FT: Follow-T Ear elsiming 8 6) TR: Re-inspe 7) N1: Idac DA 3) NTUC Addition	Reporting (\$30); Assessment (\$100); Description of Survey (Resurvey) asinst [NGO Only (Wef [0])] ston - \$MART Survey (Re)	30:00 (380) \$40:545 \$.20 \$30 m(20:55) \$75 \$160	ASSESS.
Claimant's Particulars:- Driver/Owner: Contact No: Darnaged Portion:		1) AR: Accident 2) DA: Damage 3) TF: Tewing S 4) FT: Follow-T 5) FT: Follow-T Ear elaiming a 6) TR: Re-rame 7) N1: Idac DA 3) NTUC Addition ODE: *N5: Courtes;	Reporting (\$3.0); Assessment (\$1.00); Dies trough Survey (Resurvey) asinst INO Only (wef 10.2s thon - SMRT Survey that Strutes Car Tpl Allowance Car Tpl Allowance	30-P (30-P (30-P (30-P (30-24) 5-20 5-20 5-20 5-20 5-20 5-20 5-20 5-20	ASSESS.
Claimant's Particulars: Driver/Owner: Contact No: Darnaged Portion: QC Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Tewing S 4) FT: Follow-T 5) FT: Follow-T Ear elaiming a 6) TR: Re-tame 7) N1: Idae DA 8) NTUC Additi ODE: *N5: Courtes; *N5: Eaper *N1: Sast Re; *N1: Sast Re; *N1: Sast Re;	Reporting (\$3.0); Assessment (\$1.00); Dies Assessment (\$1.00); Dies Arough Survey (Resurvey); asinst INO Only (wef 10.2); tion - SMRT Survey; thel Stryless - Car (Tpl Allowanus); asir (hipperion); asir (hipperion); asir (hipperion); asir (hipperion); asir (hipperion); asir (hipperion);	30:00 (380) \$40:545 \$1:20 \$320 \$275 \$150 \$150 \$51	ASSESS.
Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:		1) AR: Accident 2) DA: Damage 3) TF: Tewing S 4) FT: Follow-T 5) FT: Follow-T Ear elaiming a 6) TR: Re-tame 7) N1: Idae DA 8) NTUC Additi ODE: *N5: Courtes; *N5: Eaper *N1: Sast Re; *N1: Sast Re; *N1: Sast Re;	Reporting (\$3.0); Assessment (\$100); Description (\$100); Description (\$100); Description (\$100); Passervey) assist [NG Only (Wef [0]); then - SMRT Survey that Structure Carl Tpl Allowance Condition (\$100); The Research Condition (\$100); The Resear	30:00 (380) \$40,043 \$120 \$300 \$75 \$160 \$160 \$21	ASSESS.

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 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

	ACCIDENT STATEMENT
Date Of Report	12/02/2018 16:47
Date Of Accident	11/02/2018 18:45
Exact Location Of Accident	PIE SLIP RD INTO JLN ANAK BUKIT(FROM PIE EXIT 26A)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH7994U
Insured/Policyholder	
Name Of Registered Owner	NG TIAN RONG
NRIC No	S9417645Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92210971
Alternative Phone No	OFFICE-92210971
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5097870182
Cover Note Number	<u>v</u>
Driver	

Driver

NG TIAN RONG Name of Driver S9417645Z NRIC No Date Of Birth 13/05/1994 INDOOR Occupation Date Of Driving Pass 03/01/2018 0 YEAR AND 1 MONTH **Driving Experience**

Gender MALE

(LOCAL) +65-92210971 Mobile Number

Fax Number

OFFICE-92210971 Contact Number

NOEMAIL **EMail Address**

Address

BLK 708 HOUGANG AVE 2 #02-77

Postcode

530708

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

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

HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:

SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

SKU1176D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

PRIVATE CAR

DETAILS OF INJURED PERSON 1

NG TIAN RONG Name

Approximate Age

Injuries Sustain FBH7994U Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode BODY

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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>.
- 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)

Lunderstand, 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.

R

2

Reporting Centre Personnel's Signature

NRIC/FIN No .:

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

SKETCH PLAN			106	4-1-1
VAMICLE A-	F3H 7994 M		A CALLON	
VEHICLE B -	- SKU 11760			9
		2 2 2 3 4 4 10 10	TE ZEZZE	22
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		\rightarrow -		
	1000	- JOLAN AN	igk Bureit	>
			1 4. 11 1.	
		**		
DESCRIPT CIDCULARTAN	CES OF THE ACCIDENT			

AS PER POLICY REPORT	REPORT NUMBER
	: T/2018 0212/2061
	HOUGALL NPC
ACCIDENT INJOURNE	
- vancue o (FBH 7994 W)	
- VIOHICUE 13 C SKU (1769)	
	1

DECLARATION

Date & Time:

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

Policyholder's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

/ehicle No.	FBH 79944 Model/Make JAMAHA JZF-RIS
ate of Accident	11/02/2018
ime of Accident	1845 HRS
ocation of Accident	PIE SLIP ROAD INTO JALAN ANAK BUKIT (FROM PIE EXIT 26#
xact purpose use during accid	dent Pewore USE
Name of Owner	NG TIAN RONG
elephone No.	H/P: 92210971 Home: Office:
NRIC	594176452
Address	BLK 708 1-104 CAM AVE 2 #02-77 6(530708)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5097470182
Oney ivo.	
Name of Driver	As Above If No,
NRIC	Any Passengers : NCL
Date of birth	13/05/1994
Occupation	Outdoor / Indoor
Driving License Pass Date	03 JAN 2018
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	NG TIAN EONL 92210971
Name And Contact No.	
Police Report	No, If Yes, Where? HOME AND NAC
Vehicle B No.	Sku 11760 Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact :
Accident Portion	REGR FALL ON THE RIGHT
Camera Recorder	Yes / No
Email Address	damian-transtmailisa
PARTICULAR WORKSHOP	MOTORI PIE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	JACKY
FAX NO	6741 0510
MADDE IND FAMIL ADDRESS	





1 of 4

Report No. T/20180212/2061

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:		
Date/Time Report Made: 12/02/2018 12:02		ade:	Vide Report No.:	81		
Informa	nt's Particu	ilars				
	Informant:		Address: APT BLK 708 HOUGANG AVE 530708	ENUE 2 #02-77 SINGAPORE		
ID Type / ID No.: NRIC NO / S9417645Z		45Z	Contact No.: Home/Office: Mobile: 92210971			
Nationality: SINGAPORE CITIZEN		The second	Email:			
Sex: Male	Sex: Age: Date of Birth:		Type of Informant: Rider			
Race: Chinese			Language: Institution / School Na English			
Occupation: Regular (Procom)			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Injury Others	Drin Driv No		Date/Time of Accident: 11/02/2018 18:45		Type of Location Straight Road	
	EXPRESSWAY t before Jalan Anak	Bukit Road Surfa	ice:		Roa	d Speed Limit:	
Clear Dry Traffic Flow: Tra		Dry	Dry			T tf: - \ / e lump o :	
		505000000000000000000000000000000000000	raffic Control: raffic Light - Working		Traffic Volume: Light		
Type of Colli	sion: ving Vehicles - Hea					one conveyed by oulance:	

Vehicle No.	ehicle Involve	Make	Model	Color	Condition	No of Passenge
FBH7994U	Motorcycle	YAMAHA	YZF-R15 MANUAL	Red	Seriously Damaged	0
SKU1176D	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Grey	Slightly Damaged	1

		WILLIAM DE DE PROPE	
Details of Vehicle Insurance	1.	T-Hanting.	Expiry Date
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





2 of 4 Report No. T/20180212/2061

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7994U	NTUC Income Insurance Co-Operative	5097870182	03/02/2018	02/02/2019

Details of Person	n Involved				2 000	
Any Pedestrian In	volved: No					No.
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian	Cross	ing: NA
Rider						
Name	NG TIAN RONG			ID No.		S9417645Z
Related Vehicle	FBH7994U (Motorcy	ycle)		Conta	ct No.	92210971
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/02/2018	THE RESERVE THE PARTY OF THE PA	Date Disc	harge	11/02	/2018
	ted Medical Leave	04	Degree of	Injury	Slight	Carrier of Control of the Control of
Witness				BEIDE .		
Name	Azmi			ID No		NIL
Related Vehicle	NIL			Contact No.		85002846
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	(Alto activity) and a second s
	ted Medical Leave	NIL	Degree of			
Driver						
Name	TAN SAI YOON			ID No.		S0091110J
Related Vehicle	NIL			Contact No.		98267622
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	_	NIL	
the section of the se	ted Medical Leave	NIL	Degree o	the second second second	NIL	





3 of 4

Report No. T/20180212/2061

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT

Brief Details.

On the 11/02/2018 at about 1845 hrs, I was riding along PIE towards Tuas Exit 26A just before Jalan Anak Bukit. I stopped at the left turn towards the main road and about 2 seconds later I was hit at the back by another vehicle, I propelled forward and landed on my right side with my motorcycle. The driver came out and apologized to me and there was a lorry who stopped and assisted me with my Bike and I exchanged particulars with the driver of said vehicle and took photos of the said accident. I refused their intention of calling for the ambulance then I called for a tow truck to retrieve my bike and then I made my way to the hospital. I have no CCTV installed on my helmet or my bike, that is all.





T/20180212/2061

4 of 4

Report No. T/20180212/2061

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

NP168

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: F / Sgt 1 KANG YONG LER, JAMESON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2018 12:02
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9417645Z





Name

NG TIAN RONG

甜

CHINESE Date of birth

13-05-1994

SINGAPORE

594176452

4376176

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

EFFECTIVE DATE

Class 2B Moisrcycles =< 200 CC

Moisr cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/solicles == 2500 kg

03 Jan 2018 26 Dec 2014

S / No.9000304818

S9417645Z

NP 428A

17-03-2009

HRIC No. S9417645Z

APT BLK 708 HOUGANG AVENUE 2 #02-77 SINGAPORE 530708



Certificate of Insurance

OTOR VEHICLES (THIRD PARTY RISKS	S AND COMPENSATION) S AND COMPENSATION)	RULES, 1960				
OAD TRANSPORT ACT, 1987 (MALAY	SIA)					
OTOR VEHICLES (THIRD PARTY RISK	s) RULES, 1959 (MALAY!	SIA)				
ertificate Number : 5097870182		Cover : Third Party				
Index mark and Registration Num	ber of Vehicle	: FBH7994U				
Chassis Number		ME12CK845DR000503				
Name of Policyholder		: NG TIAN RONG				
Effective Date of Insurance		: 03 Feb 2018				
Expire Date of Insurance		1 02 Feb 2019				
Persons or Classes of Persons ent	itied to drive#					
	ving is permitted in acco	ordance with the licensing or other laws or regulations to drive				
the Motor Vehicle or has her	in an narmitted and is n	of manualmen by onlier of a strong				
enactment or regulation in the	hat behalf from driving t	the Motor Venicle.				
Limitations as to Use#		and a serior with the veliculation is missings or profession.				
	pleasure purposes and I	n connection with the Policyholder's business or profession.				
his Policy does not cover						
(a) Use for hire or reward.						
(b) Use for racing, pace making.	, reliability trial or speed	testing.				
(c) Use for the carriage of good	s (other than samples) II	n connection with any trade or business.				
(d) Use for any purpose in conn	ection with the Motor T	rade.				
20.4	and the Section 8 of the	e Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these				
# Limitations rendered inoper (Chapter 189) and Section 9 headings.	ative by Section 8 of the 5 of the Road Transport	Motor Vehicle (Third Party Risks and Compensation) Act				
# Limitations rendered inoper (Chapter 189) and Section 9 headings. EXCESS (SECTION 1)	ative by Section 8 of the 5 of the Road Transport ; N/A	Motor Vehicle (Third Party Risks and Compensation) Act				
# Limitations rendered inoper (Chapter 189) and Section 9 headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	ative by Section 8 of the 5 of the Road Transport	Motor Vehicle (Third Party Risks and Compensation) Act				
# Limitations rendered inoper (Chapter 189) and Section 9 headings. EXCESS (SECTION 1) EXCESS (SECTION 2) Nauke WITH CUE	ative by Section 8 of the 5 of the Road Transport ; N/A ; N/A	e Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these				
# Limitations rendered inoper (Chapter 189) and Section 9 headings. EXCESS (SECTION 1) EXCESS (SECTION 2) NAUKE WITH CUE NAMED DRIVER (1)	ative by Section 8 of the 5 of the Road Transport ; N/A ; N/A ; N/A	e Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these				
# Limitations rendered inoper (Chapter 189) and Section 9 headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INDUKE WITH CUE NAMED DRIVER (1) NAMED DRIVER (2)	; N/A ; N/A ; N/A ; N/A ; N/A ; N/A ; N/A	e Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these				
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# Limitations rendered inoper (Chapter 189) and Section 9 headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH CUE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED	; N/A	NG				
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Claim Handling Accident MT/0982048 GST Registration No. FBH7994U Vehicle No. 5097870182 5941 Policy No. Policyholder NRIC NG TIAN RONG 0 Policyholder Name Loading Third Party Cover Type MOTORCYCLE INSURANCE Product Code Contact No.(Home) Contact No.(Office) 92210971 Contact No. (Mobile) eCode Special Remark Email Address eCode Reason ® No O Yes TCA No ○ Yes Private Hire NCD Entitlement(%) NCD Protection Accident Details Accident Type Collisi Accident Report Within 24 hrs 12/02/2018 18:40 Singar Report Date Country of Accident 18:45 Time of Accident hh:mm 11/02/2018 Date of Accident ICM No. Orange Force Reporting Centre PIE SLIP RD INTO JLN ANAK BUKIT(FROM PIE EXIT 26A) Accident Location **▽** Benefits ₩ Excess Additional Excess 0.00 Outside Singapore OD Excess Unnamed Driver Excess Outside Singapore TP Excess 0.00 GST Registered Information GST Registration Date GST Registered Yes GST Status Verified GST Registration No. Modification History Policyholder Mailing Address SING Address 3 HOUGANG AVENUE 2 Address 2 BLK 708 #02-77 53070 Post Code Singapore address Address 4 5097870182 Related Policy Number #02-77 OI Driver Info Main Driver NG TIAN RONG 13/05 Driver Name Driver DOB 59417645Z Driver NRIC Unnamed driver Name Driving Experience Driver Age Register Date of Driver License 01/01/2018 Contact No.(Home) Contact No.(Office) 92210971 Contact No.(Mobile) SING HOUGANG AVENUE 2 Address 2 BLK 708 #02-77 Address 1 53070 Post Code Singapore address Address Type Address 4 #02-77 Unit No. Driver Insurer Company Does he own a Singapore Registered car? Driver Vehicle No. O Yes @ No ⊕ Yes ○ No Any injury? Breathalyser or Blood Test Reading? Modification History Claim 001 New S941 Insured NRIC NG TIAN RONG Insured Name V DD-MX Claim Type * Contact No.(Office) Contact No. (Home) Contact No.(Mobile) SKU1 TP Vehicle Number FBH7994U Of Vehicle Number Name of Preferred Workshop Email Address 0 FBH7994U / SKU1176D ON 11 Feb 2018 Claim Description V Not at Fault Insured Liability * Preferred Workshop Contact Recei GIA report Preferred Workshop, Name unknown Preferend Repair Option V Require Finalisation Yes 12/02 Date Received 12/02/2018 18:41 Date Registered LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment

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