NATIONAL Assessment Centre	Services in	11 1 1217001	4 0		7
Dute 111: 28/3/2018 14:44	Job description		Date &Time Com	plated .	Done pi.
ROINO: NBA/INC18005746/K4.	SAS e-illing	9 1 4			
VeliNo: FB5321J	B-moll (wilden stu	i Vicalia)			
D.O.A: 28/3/2018 07:30	f-Motor Claim		m+109881	72 8	19/3/18 102
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TP Insureh:	Assessment/Sury	-	NAME OF STREET		
	Ass'l Report by 1	Pax/Hond to	Owner/Wkso		
Bioletisq Mkb INC Vasidu Mrab / OM! (Toli	Fax:	
	\$ 5886C	, INC () 4 ,	1
Owner/Driver: (Policy No: (,) Perlo	4.7		Teli		
Policy No: () Perlo			Cover Types (
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Remotics: #1.0000 poline 6788 000469		0.083149639894	<u> </u>	20220 128	1,000,000,000
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo (Repair Cost > \$300	00) ()				
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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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	28/03/2018 14:44
Date Of Accident	28/03/2018 07:30
Exact Location Of Accident	COMMONWEALTH AVENUE TWDS COMMONWEALTH DRIVE
Country/State of Loss	SINGAPORE
District Control of the Control of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FB5321J
Insured/Policyholder	
Name Of Registered Owner	WONG WENG MUN
NRIC No	S0122474C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98312079
Alternative Phone No	OTHERS-98312079
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXK
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	REPORTING ONLY
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	0082572378-13
Cover Note Number	
Driver	
Name of Driver	WONG WENG MUN
NRIC No	S0122474C
Date Of Birth	01/01/1954
Occupation	INDOOR
Date Of Driving Pass	12/10/1976
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98312079
Fax Number	
Contact Number	OTHERS-98312079
EMail Address	NOEMAIL

Address

BLK 166 STIRLING ROAD

#09-1227

Postcode

140166

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

100

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180328/2071

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

SCQ5886C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DENIS KONG

NRIC/Passport Number

Contact Number

96232107

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG WENG MUN

Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address

Postcode

RIGHT LEG INJURED

FB5321J

Page 3 of 16

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.
- 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)

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:
 - (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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

COMMONWEALTH AVENUE/ COMMON NEALTH DRIVE SKETCH PLAN -FB5321J - SCQ 5886C DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Parsonnel's Signature Driver's Signature Policyholder's Signature Name: (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

enterett CarteliffasForm VI

Date & Time:





1 of 3

Report No. T/20180328/2071

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

28/03/2018 12:39		/lade:	Vide Report No.:	Station Diary No.: 40		
Informa	nt's Partic	ulars				
Name of Informant: WONG WENG MUN			Address: APT BLK 166 STIRLING ROAD #09-1227 SINGAPORE 140166			
ID Type / ID No.: NRIC NO / S0122474C		74C	Contact No.: Home/Office:	Mobile: 98312079		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 64	Date of Birth: 01/01/1954	Type of Informant: Rider			
Race: Chinese			Language: English	Institution / School Name:		
Occupat SUPPOR	ion: RT OFFICE	R	Driving Licence Information: Class: 2B,2A,2	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2018 07:30	Type of Location: Straight Road	
	ALTH AVENUE ALTH DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:	rking	Traffic Volume: Moderate	
		Traffic Light - Wo	ikiig	Moderate	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FB5321J	Motorcycle	YAMAHA	RXK	Blue	No Damage	0
SCQ5886C	Car	VOLKSWAGO N		Black	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FB5321J	NTUC Income Insurance Co-Operative Limited	0082572378-13	01/04/2017	31/03/2018		





2 of 3

Police Station Of Origin: Report No. T/20180328/2071 Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 CONTINUATION OF REPORT

Any Pedestrian In	n Involved volved: No					
No. of Pedestrian	s Injured: NIL	Use of Ped	estrian	Cross	ing: NA	
Rider	Market and the second second		15.11		S0122474C	
Name	WONG WENG MUN FB5321J (Motorcycle) NIL		ID No.		501224740	
Related Vehicle			Contact No.		98312079	
Hospital/Clinic			Class Driving Licent Expiry	g ce &	Class: 2B,2A,2 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
Na of Dave gran	ted Medical Leave NIL	Degree of	Injury	NIL		

Brief Details.

On 28/3/18 at about 0730hrs, I was riding a motorcycle, FB5321J, along Commonwealth Avenue towards Commonwealth Drive and before Commonwealth MRT. The traffic light turned amber. A car, SCQ5886C, in front of me suddenly stopped. I then rode on the middle line by filtering to the left. However, the handler of my motorcycle scratched the left side of the car. My right leg was injured too. I then went to Alexandra Hospital to see doctor and got a 7 days of MCs. The car owner name was Denis Kong and HP: 96232107.





3 of 3

Report No. T/20180328/2071

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

CONTINUATION OF REPORT

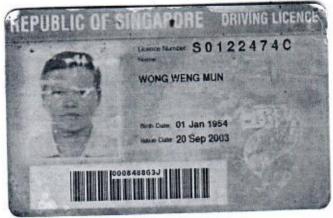
Sketch Plan

Informant is not able to provide sketch plan

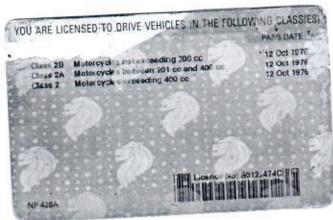
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 2 LI SHI HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2018 12:39
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case:
Authentication Stamp NP168	
5.4ATU:	Kt











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : Third Party Certificate Number : 0082572378-14

1. Index mark and Registration Number of Vehicle FB5321J

NOT KNOW Chassis Number

WONG WENG MUN 2. Name of Policyholder

: 01 Apr 2018 3. Effective Date of Insurance 31 Mar 2019 4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This 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 goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

N/A EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) N/A INSURE WITH COE WONG WENG MUN NAMED DRIVER (1) N/A NAMED DRIVER (2) N/A HIRE PURCHASE COMPANY

NIA SUM INSURED I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 [Malaysia]

Agency

: VICOM LTD (00000614629)

Date of Issue

: 21 Mar 2018 10:20 hrs

Countersigned By:

Authorised Officer

FOR NITUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBaoTech								GeneralClaim		
Hello, NAC_BUKIT_MERAH	800676				NAME OF TAXABLE PARTY.		Change La	nguage	· Change Passwo	rd Log Out
Notice of Loss Palic Vehi	Poli	icy Query								,
	Policy	No.				Date of Ac	cident	28/03	3/2018 07:30	
	Vehicle	Na.(Far Motor)	FB53213							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	0082572378-13	WONG WENG MUN	S0122474C	GMC	Third Party	FB53213	FB5321J	01/04/2017	31/03/2018
						Continue				

Sequenc	Date of Endorsement	Endorser	ment Type	Endorsement Status	Endorsement Content
Endors	ements				
1 Insured	Object: FB5321J				
Unit No.		Related Policy Number	0082572378-14		
Address 4		Address Type	Singapore address	Post Code	140166
Address 1	BLK 166 #09-1227	Address 2	STIRLING ROAD	Address 3	SINGAPORE 140166
Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	VICOM LTD	Agent Tel.	64502221	GST Flag	Υ
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Policy ssue Date	21/03/2017	Effective Date	01/04/2017 00:00	Expiry Date	31/03/2018 23:59
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Address	BLK 166 #09-1227 STIRLING F	OAD SINGAPO	RE 140166		
Policy No.	0082572378-13	Policyholder Name	WONG WENG MUN	Policyholder NRIC	50122474C

Claim Handling

Accident	MT/0988172
----------	------------

Accident M1/09881/2						
Policy No.	0082572378-13		Vehicle No.	FB5321J	GST Registration No.	
Policyholder Name	WONG WENG MUN				Policyholder NRIC	50
Product Code	MOTORCYCLE INSURANCE		Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98312079		Contact No.(Office)	0	Contact No.(Home)	0
Email Address			Special Remark		eCode	N
KFK	* No Yes		TCA	No Yes	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details	27.5					
Report Date	29/03/2018 10:35		Accident Report Within 24 hrs	Yes	Accident Type	Sid
TO STATE OF THE ST			500 VOLENC O SSI-C-O SSI CO - 2 (500 VOLENC)		Country of Accident	Sin
Date of Accident	28/03/2018		Time of Accident hh:mm	07:30	ICM No.	an
Reporting Centre	******************************		Orange Force		ICH NO.	
Accident Location	COMMONWEALTH AVENUE	TWDS COMMONWER	ELTH DRIVE			
▽ Benefits						-
♥ Excess		707050	THE POST OF THE PO		Managari We Willes	
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			
	ation					
SST Registered	No			GST Registration Date		
GST Registration No.				GST Status Verified	Yes	
Modification History						
▼ Policyholder Mailing Ad	ldress					
Address 1	BLK 166 #09-1227		Address 2	STIRLING ROAD	Address 3	51
Address 4			Address Type	Singapore address	Post Code	14
Unit No.			Related Policy Number	0082572378-14		
♥ OI Driver Info						
Driver Name	WONG WENG MUN		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	S0122474C	Driver DOB	01
	42)40/4075		Driver Age	64	Driving Experience	41
Register Date of Driver License					Contact No.(Home)	0
Contact No.(Mobile)	98312079		Contact No.(Office)	0	To the second se	9
Address 1	BLK 166		Address 2	STIRLING ROAD	Address 3	
Address 4			Address Type	Singapore address	Post Code	14
Unit No.	#09-1227					
Does he own a Singapore Registered car?	Yes + No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
Addification History						
Claim 001 OD-MX Nex	w					
Claim Type *	OD-MX	7	Insured Name	WONG WENG MUN	Insured NRIC	SO
	98312079		Contact No.(Home)	64722590	Contact No.(Office)	NII
Contact No.(Mobile)	20312079		OI Vehicle Number	FB53213	TP Vehicle Number	SC
Email Address	EDESTITATION OF THE PROPERTY O	D May 2010	o. venicle number	Lageri	Name of Preferred Workshop	20
Claim Description	FB5321J / SCQ5886C ON 2	o Mar 2018	Constitution Constitution			_
Preferred Workshop Contact No.			Insured Liability *	Partially at Fault		
Require Finalisation	Yes	*	Preferered Repair Option	Preferred Workshop, Name unknown ▼	GIA report	R
	29/03/2018 10:41		Claim Close Date		Date Received	29
Date Registered			Moduchan Panalisas	74	Total Loss but Repaired	107
Date Registered	KRISHNASAMY		Workshop Repairer		tores pour net technique	
	KRISHNASAMY		Workshop Repairer		10101 2010 3011 1112	

Accident No.

MT/0988172

Claim No.

Last Doc. Received

Yes O No

Upload Date

29/03/2018 10:40

	Path *		Category *		Confidentia	1	Urgéncy	
Choose File	No file chosen	Clear	Please Select	•	NO	•	Normal	•
Choose File	No file chosen	Clear	Please Select	•	NO	٠	Normal	- 4
Choose File	No file chosen	Clear	Please Select	*	NO	•	Normal	•
Choose File	No file chosen	Clear	Please Select	•	NO	•	Normal	•
Choose File	No file chosen	Clear	Please Select	*	NO	*	Normal	*
Choose File	No file chosen	Clear	Please Select	*	NO	٠	Normal	
Message Read								

4	At	tacı	hme	nt	List

	Uploaded By/Date	Folder Date	File Name	9	Source
Video List					
×	NAC_PAYA_UB1_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:38	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:38	Photos	Normal	Photos 2
30	NAC_PAYA_UB1_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:38	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:38	Photos	Normal	Photos 2
The same	NAC_PAYA_UBI_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:38	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:38	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:38	Photos	Normal	Photos 2
1	NAC_PAYA_UBI_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:40	SAS	Normal	SAS 20
Ma (0)	NAC_PAYA_UBI_800601(N	NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:41	NRIC/ Driving License	Normal	NRIC/ Driving Lic
Attachment		Uploaded By/Date	Category	Urgency	Descr

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