

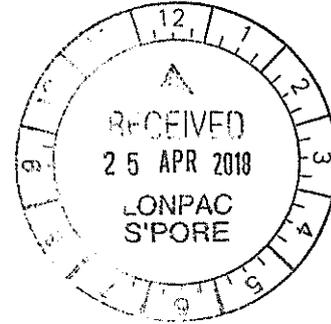
62962706

Enquire Vehicle & Owner Information (Vehicle No. SLG4123Z As At 11 Feb 2018 / 12:10:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
 Law Firm Case No.: EUROFIA **FBD 4462D**
 Current Owner Details
 Owner ID Type: Singapore NRIC
 Owner ID: S7533514H
 Owner Name: ANG BOON LAY (HONG WENLI)
 Registered Address Type: Private Residential (non-Condo Apt / non-House)
 Registered Block/House No.: 27
 Registered Street Name: CHARLTON LANE
 Registered Unit No.: -
 Registered Building Name: -
 Registered Postal Code: 539657
 Current Vehicle Details
 Vehicle No.: SLG4123Z
 Make Description/Model: TOYOTA / ESTIMA 2.4X A
 Insurance Company Name: LONPAC INSURANCE BHD

17/18/18/1005/020400.



Print OK

EROFIA MOTOR TRADING PTE LTD**1 Kaki Bukit Avenue 6 #02-62****AutoBay @ Kaki Bukit****Singapore 417883****E-Mail: erofia@singnet.com.sg / erofia2@gmail.com****Tel: 67527740 Fax: 67528669****TO ARRANGE PRE-REPAIR SURVEY****BIKE IS IN / NOT IN WORKSHOP****TEL: 90696165 – MR TEO**

MVA318053B42 / VAC - Kaki Bukit
 ENTRY DATE & TIME: 24/04/2018 11:39
 SUBMITTED BY: Norhaini Bte Abdul Majid

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 24/04/2018 11:47

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 willful 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	24/04/2018 11:39
Date Of Accident	11/02/2018 12:10
Exact Location Of Accident	SERANGOON ROAD / BOON KENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4462D
Insured/Policyholder	
Name Of Registered Owner	ZHU TIANJIE
Passport No/FIN	G2043540U
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84331769
Alternative Phone No	OTHERS-84331769

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150I
Exact Purpose for which vehicle was being used at time of accident	
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	5086711538 TP
Cover Note Number	

Driver

Name of Driver	ZHU TIANJIE
Passport No/FIN	G2043540U
Date Of Birth	18/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84331769
Fax Number	
Contact Number	OTHERS-84331769
Email Address	NOEMAIL

Address BLK 503 #02-720 HOUGANG AVENUE 8
 Postcode 530503
 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 ON COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 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
 Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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 SLG4123Z
 Vehicle Make/Model/Colour TOYOTA ESTIMA 2.4X A
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ZHU TIANJIE
Approximate Age	27
Injuries Sustain	
Injured person in which vehicle?	FBD4462D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 503 #02-720 HOUGANG AVENUE 8
Postcode	530503

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@sinonet.com.sg

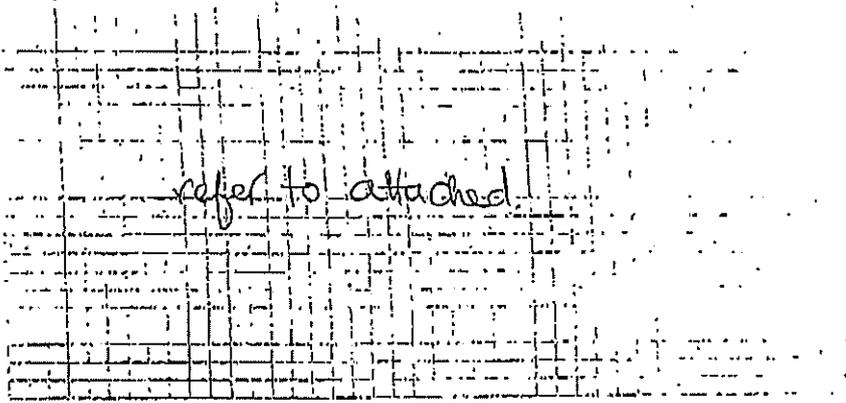
Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 24 APR 2018

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police Report T/20180221 / 2118

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

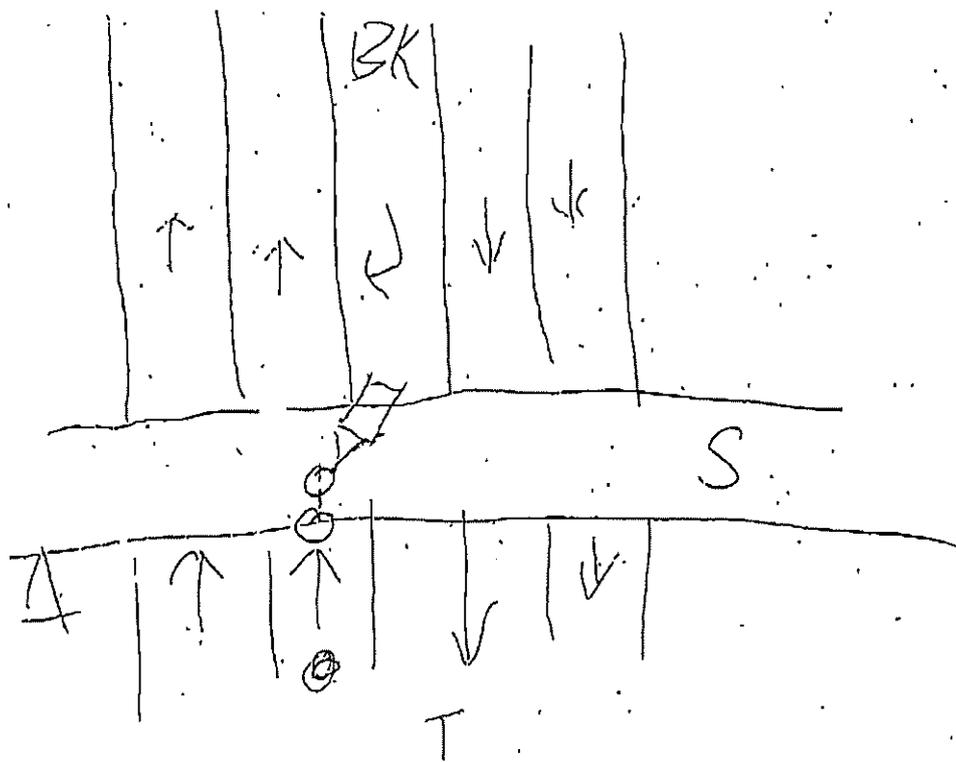
[Signature]
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 24 APR 2018

IDAG KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: yackb@singnet.com.sg

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

Individual Statement Pg. 1





**SINGAPORE
POLICE FORCE**



T/20180221/2118

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

2 of 3

Report No. T/20180221/2118

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider:			
Name	ZHU TIANJIE	ID No.	G2043540U
Related Vehicle	FBD4462D (Motorcycle)	Contact No.	84331769
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/02/2018	Date Discharge	21/02/2018
No. of Days granted Medical Leave	43	Degree of injury	Serious

Brief Details.

On 11/02/2018 at about 1210hrs, I was on duty performing delivery services around Boon Keng MRT Station. I was travelling on my motorcycle FBD4462D along Serangoon Road and everything was intact. I then came to a traffic light junction between Serangoon Road and Boon Keng Road. At that moment, the traffic light was green as such I continued to proceed straight.

Suddenly, I saw a vehicle SLG4123Z turning right onto Serangoon Road from Boon Keng Road. The said vehicle then came on-head and collided into the front portion of my motorcycle. The impact caused me to land onto the windscreen of SLG4123Z. I was still conscious and subsequently, police and ambulance came to scene. I was then conveyed to Tan Tock Seng Hospital for medical treatment. I received treatment and I was in hospital from 11/02/2018 to 21/02/2018. I also received MC for a total of 43 days from 11/02/2018 to 25/03/2018. I suffered a fracture on my right wrist, a burst fracture on my standing lumbar spine and ligamentous injury on my left knee. I wish to state that my lower back landed onto the windscreen which caused the back injury. I am unsure if there was any CCTV at the scene which could have captured the accident.



**SINGAPORE
POLICE FORCE**



T/20180221/2118

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

3 of 3
Report No. T/20180221/2118

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: F / Sgt 2 ASHLEY TOH
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORASHIKIN BINTE DAUD Contact No.: 65476439

Signature Of Informant:
Date/Time: 21/02/2018 15:59
Classification Of Case:

Authentication Stamp
NP168



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)

Certificate Number : 5086711538

Cover : Third Party

1. Index mark and Registration Number of Vehicle : FBD4462D
 Chassis Number : PMYKG025090004869
 2. Name of Policyholder : ZHU TIANJIE
 3. Effective Date of Insurance : 08 Dec 2016
 4. Expiry Date of Insurance : 10 Mar 2018
 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.

6. 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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ZHU TIANJIE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : KIMBERLEY INSURANCE AGENCY (00000571380)

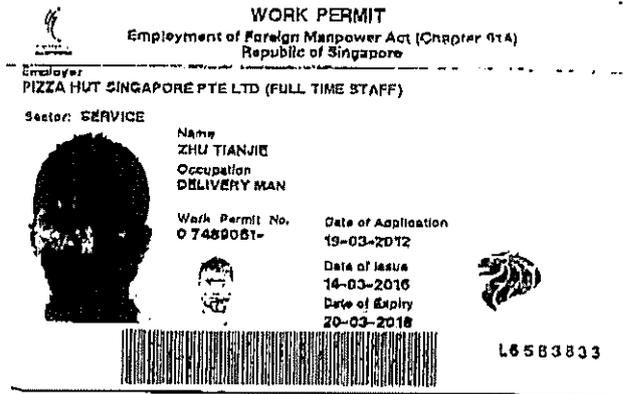
Date of Issue : 12 Dec 2016 17:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

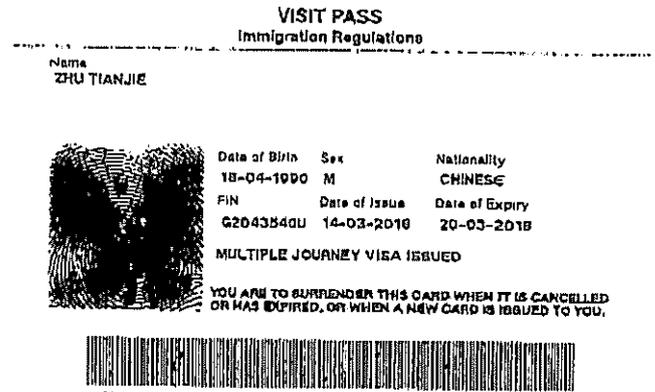
Chief Executive



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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE
07 Aug 2012



Enquire Transfer Fee

Vehicle Details	
Vehicle No.:	FBD4462D
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	YAMAHA
Vehicle Model:	FZ150I
Chassis No.:	PMYKGO25090004869
Propellant:	Petrol
Engine No.:	G372EE004869
Engine Capacity:	150 cc
Maximum Power Output:	-
Maximum Laden Weight:	319 kg
Unladen Weight:	114 kg
Year Of Manufacture:	2009
Original Registration Date:	11 Mar 2009
Lifespan Expiry Date:	-
COE Category:	D - Motorcycle
Quota Premium:	\$701.00
COE Expiry Date:	10 Mar 2019
Road Tax Expiry Date:	10 Mar 2019
Inspection Due Date:	10 Mar 2019
Intended Transfer Date:	26 Apr 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.	
Road tax, including Over Payment (If any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.	
Amount Payable	

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print