

NATIONAL Assessment Centre Services (wef 1 Jan 05) MNA 118060496

Date In: 9/15/18 15:18	Job description	Date & Time Completed	Done by
Ref No: NA/118060496/164	SAS e-filing		
Veh No: FBM 3089H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/12/17 18:15	i-Motor Claim Form		
OD / TP / Repairing Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SOY 1516T INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

MA180 2949	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Pat 1:	9) N12: Idac Mobile 30		
Pat 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee 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	09/05/2018 15:18
Date Of Accident	19/12/2017 18:15
Exact Location Of Accident	TAI SENG STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3089H
Insured/Policyholder	
Name Of Registered Owner	ERIC AUGUSTE GREGOIRE
NRIC No	G3385084R
Email Address	ERIC.GREGOIRE@GOODPACK.COM
Mobile Phone No	(LOCAL) +65-81820080
Alternative Phone No	OFFICE-81820080

Vehicle Particulars

Manufacturer	BMW
Model	R1200GSA
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V11264/VMS/R00
Cover Note Number	-

Driver

Name of Driver	ERIC AUGUSTE GREGOIRE
NRIC No	G3385084R
Date Of Birth	26/02/1969
Occupation	INDOOR
Date Of Driving Pass	23/08/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81820080
Fax Number	
Contact Number	OFFICE-81820080
Email Address	ERIC.GREGOIRE@GOODPACK.COM

Address	BLK 33 FORT RD #15-09
Postcode	439092
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	NO 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	SDY1516T
Vehicle Make/Model/Colour	
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)

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: _____

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

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

SKETCH PLAN

Unable to Provide Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

G. CASUAL

Policyholder's Signature
Date & Time:

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

Handwritten signature

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

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 12 / 17) (DD/MM/YYYY), TIME: (18 : 15) (HH:MM)

LOCATION: Tai Seng Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 3089 H
b) INSURANCE COMPANY: LIP
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: Eric Auguste Gregoire (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81820080
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

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: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDY 1516 T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

waiting CI by today.

Email = eric.gregoire@goodpack.com

fax = eric.gregoire@goodpack.com



SINGAPORE POLICE FORCE



T/20180122/2064

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180122/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 12:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ERIC AUGUSTE GREGOIRE			Address: APT BLK 33 FORT RD #15-09 FORT TERRACE SINGAPORE 439092		
ID Type / ID No.: FIN NO / G3385084R			Contact No.: Home/Office: Mobile: 81820080		
Nationality: FRENCH			Email:		
Sex: Male	Age: 48	Date of Birth: 26/02/1969	Type of Informant: Rider		
Race: French			Language:		Institution / School Name:
Occupation: CEO OF GOODPACK IBC (SINGAPORE) PTE LTD			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/01/2018 18:15	Type of Location:
Location: Along Road 1 TAI SENG STREET				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3089H	Motorcycle	BMW	R1200GSA	Black		0
SDY1516T	Car	BMW	318i SEDAN LED NAV	White		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180122/2064

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180122/2064

CONTINUATION OF REPORT

Rider				
Name	ERIC AUGUSTE GREGOIRE		ID No.	G3385084R
Related Vehicle	FBM3089H (Motorcycle)		Contact No.	81820080
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SDY1516T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

I was traveling somewhere along Macpherson road on 19 December 2017 at around 1815 hrs , i was going back from work traveling along MacPherson Road, pass by Paya Lebar Road junction and making a U-turn at the junction of Tai Seng Street towards KPE. I wasn't sure how SDY1516T came across me. I am not sure how i hit on to SDY1516T as i have not encountered this vehicle. I wasn't aware of the incident as nobody was injured or anyone tried to stop me. There was also no mechanical fault to me bike.



**SINGAPORE
POLICE FORCE**



T/20180122/2064

3 of 3

Report No. T/20180122/2064

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Sebastian Ng

Date/Time:
22/01/2018 12:47

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Sebastian

REPUBLIC OF SINGAPORE DRIVING LICENCE

G3385084R

ERIC AUGUSTE GREGOIRE

Birth Date: 26 Feb 1969
Issue Date: 23 Aug 2017
Valid Till 22/08/2022

002716844G

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
GOODPACK IBC (SINGAPORE) PTE. LTD.

Name:
ERIC AUGUSTE GREGOIRE
Occupation:
CHIEF EXECUTIVE OFFICER

FIN:
G3385084R

Date of Application:
30-05-2017
Date of Issue:
27-06-2017
Date of Expiry:
27-06-2019

L8071293

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	23 Aug 2017
Class 2A	Motorcycles between 201 cc and 400 cc	23 Aug 2017
Class 2	Motorcycles > 400 cc	23 Aug 2017
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	23 Aug 2017



NP 428A

VISIT PASS
Immigration Regulations

Name:
ERIC AUGUSTE GREGOIRE

Date of Birth: 26-02-1969
Sex: M
Nationality: FRENCH

FIN: G3385084R
Date of Issue: 27-06-2017
Date of Expiry: 27-06-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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 No SD17V11264 /VMS /R00
Form MY1

Date Of Issue 28-SEP-2017

1. Index Mark and Registration No. of Vehicle: FBM3089H

2. Chassis number of Vehicle: WB10A0200HZ920483

3. Name of Policyholder: ERIC AUGUSTE GREGOIRE

4. Effective date of Commencement of Insurance for the purposes of the Act: 22-SEP-2017 00:00 AM

5. Date of Expiry of Insurance: 21-SEP-2018 23:59 PM

6. Persons or Classes of Persons entitled to drive*:
The Policyholder 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.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to use*:

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.

8. The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials 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 Vehicles (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.

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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For information only:

COVERAGE:	Comprehensive, Flood and Special Perils
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$700, Theft (Outside Singapore) S\$2500
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	SD CONTEGO SERVICES

SCKA 20180509

Ver.1.260705



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/68607/2017
Date : 13 April 2018

ERIC AUGUSTE GREGOIRE
BLK 33 FORT ROAD
#15-09
SINGAPORE 439092

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SDY1516T AND FBM3089H ALONG TAI SENG STREET ON
19/12/2017 AT ABOUT 1815 HRS**

I refer to the above accident.

2 We have completed the case. Our investigations have not produced any substantive results. Traffic Police is unable to conclusively determine the party at fault. Hence no action is being taken against anyone with regards to the accident, at this point in time.

3 You may wish to note that our decision does not preclude future prosecution should new evidence emerge at a later stage. Please be informed that our decision does not preclude you from pursuing insurance / civil claims.

4 If you have any clarification, you may contact the Investigation Officer, SI Kaleswari at office number: 6547 6902.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.