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TP Insurer:		urvey Report			
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Preferred Wksp / INC Assign Wksp / QW:	The second secon			ax:	
TP Particulars: Veh No: <	SIPTITEA	INC ()/Non-INC()	4.	
Owner / Driver: (29 111311	1 1191	Tel	Y	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%	Note-Est Status (151000000	0%; P: 21-79%. F: 80-1	00%1	
Year of Registration: ()	Warranty: YES ()/NO()	0.710.74	
Excess: (\$) Loading: \$	\$1,000 () / \$2,000	()			
General Remarks;-	A H W W HOUSE	of Billianie.	A BOLLS		_
() Walk-In Customer's Customer's	information strictly Co	infidential & Str	ictly NO rafer of tenaliter		
2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done	
 Upload Resurvey Photo [Repair Cost > 	>\$3000] ()			
Injury :					
Date/Time Actions					
MA1803615		Invoice Prep	aration Checklist	Anit (\$)	Amt (\$
l:umant's Particulars :-		1) AR : Accident	The state of the s		_
river/Owner:	A CONTRACTOR OF THE PARTY OF TH	3) TF : Towing Fe	\$40/		
ontact No:		4) FT : Follow-Th	MANAGER CONTRACTOR CO.	\$30	
		For claiming ag	minst INC Only (wef 10 Jan 2005)		
amaged Portion:		6) TR: Re-inspec 7) N1: Idao DA +	SMRT Survey S	\$75 160	
C Checked by /Fam. I. C.		8) NTUC Additio	nal Services -		
C Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance	55	
uditors' Comments :-		*N6: Repair Co *N7: Post Repa		\$10 \$25	
L 1:		*N8: DV / Coll	unt Excess Coordination	\$5	
		9) N12: Idna Mob		30	
1.2/3:		Invoice dated	Pen Charged	- 17	maj:
		Invalce dated	Fire Charged	-	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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	07/06/2018 11:31
Date Of Accident	04/06/2018 23:45
Exact Location Of Accident	BUKIT PANJANG ROAD TOWARDS CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ827Z
Insured/Policyholder	
Name Of Registered Owner	GOH AH BENG
NRIC No	S1052575F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94885581
Alternative Phone No	OTHERS-94885581
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
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	5094645249
Cover Note Number	
Driver	
Name of Driver	GOH AH BENG
NRIC No	S1052575F
Date Of Birth	23/11/1949
Occupation	INDOOR
Date Of Driving Pass	22/10/1973
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94885581

OTHERS-94885581

NOEMAIL

BLK 234 BUKIT PANJANG RING ROAD Address

#04-13

670234 Postcode

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

OWNER

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?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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

BUKIT PANJANG

Police Station Address

ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT/20180605/2159

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

SLP7775A

Vehicle Make/Model/Colour

MERCEDES A45

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHUA JIA EN, KEITH

NRIC/Passport Number

S8835059F

Contact Number

93873713

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)	1	
Bedanest that the bowle	DETAILS OF INJURED PERSON 1	1001年 月10日日 10日
Name	GOH AH BENG	
Approximate Age		
Injuries Sustain	SLIGHT INJURY	
Injured person in which vehicle?	FZ827Z	
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

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.
- 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.
- 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:

- 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)
 - (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
- 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.
- 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 Signaturel
Name:
NRIC/FIN No.: FUSAL WATTER

16 (ming) 6-1	Vohjele A: Vohjele B:0	SL P11
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# 4 4 4		
RIBE CIRCUMSTANCES OF THE ACCIDENT		
Kefu to posice vapout.	7/2018 0605/2159	
part is fair if	1/200 005/205/	
		-
LARATION		

Policyholder's Signature Date & Time:

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

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

GUIDAC BARRIPA Favor, NZ





1 013

Report No. T/20180605/2159

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

EPORT O	FA TRAFFIC	ACCIDENT		Station Diary No		
Date/Tim	Date/Time Report Made 05/06/2018 21:40		Vide Report No.: T/20180605/2009	185		
	nt's Particu	lars	2011年19月1日 1990年199	THE RESIDENCE OF THE PARTY OF T		
Name of GOH AH	Informant:		Address: APT BLK 234 BUKIT PANJANG SINGAPORE 670234			
ID Type	ID No. 0 / \$105257	'5F	Contact No.: Home/Office:	Mobile: 94885581		
National			Email			
Sex Male	Age: 68	Date of Birth: 23/11/1949	Type of Informant Rider	Institution / School Name		
Race	Race		Language:			
Occupa		nd other	Oriving Licence Information: Class: 28	Date of Expiry		

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2018 23:45	Type of Location Straight Road	
BUKIT PANJ CHOA CHU I After traffic ju	Traveling Toward Road ANG ROAD KANG ROAD Inction of Bangkit Road a	nd Bukit Panjang F Road Surface:	Road	Road Speed Limit:	
Weather: C		Traffic Control: Not Controlled		Traffic Volume:	
CONTRACTOR OF THE PARTY OF THE					
Traffic Flow: Dual Carriag Type of Colli		Not Controlled		Anyone conveyed by ambulance:	

Details of V	ehicle Involve		Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	WAVE 125R	CO. Recorded to	Slightly	0
FZ827Z	Motorcycle	HONDA	A	and the land	Damaged	
		MERCEDES	A45	Grey		0
SLP7775A	Car	BENZ				

Selection of the select	THE RESIDENCE OF THE PARTY OF T		ROTE THE REAL PROPERTY.	
	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company		06/10/2017	05/10/2018
FZ827Z	NTUC Income Insurance Co-Operative	5094645249	Odriorzoni	





2013

Report No. Trz0180605/2159

Police Station Of Origin: 1 Segar Road #01-05 SINGAPORE 677738

Tel No. 1800-8929999

CONTINUATION OF REPORT

Details of Perso Any Pedestrian Ir No. of Pedestrian	UDIVEU 111	Use of Pedestrian Crossing: NA				
Rider		10000	ID No.		S1052575F	
Name	GOH AH BENG					
	FZ827Z (Motorcycle)		Contact	No.	94885581	
Related Vehicle		GRU CO			Class: 2B	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence Expiry	8	Date of Expiry: NIL	
	0.000	Date Discharge 05/06/2018				
Date Treatment	05/06/2018 07	Degree of		Slight		
No. of Days gran	ted Medical Leave 07					
Driver Name	CHUA JIA EN, KEITH		ID No.		S8835059F	
Name	33.50	- Contracts	Centar	+ No	93873713	
Related Vehicle	SLP7775A (Car)		Contact No.		33073710	
AN ENGLISH	Hospital/Clinic NIL		Class of		Class; NIL	
Hospital/Clinic			Driving Licence Expiry	e&		
	AUI	Date Dis		NIL		
Date Treatment	NIL Ited Medical Leave NIL	Degree o		NIL	What he had been a	

On 04/06/2018 at about 2345 Hrs, I was riding my motorbike FZ827Z travelling along Bukit Panjang Road towards Choa Cho Kang Road on the first lane of 3. Upon reaching the junction of Bukit Panjang Road and Bangkit Road I saw that the traffic light was green. Thus, I proceeded straight when suddenly V2 a stiver Mercedes A45 SLP7775A collided onto the rear of my bike causing me to lose balance and fall. I then proceeded to Mount Alvernia for treatment as I suffered abrasion on my hands and legs and was given 7 days of MC





Police Station Of Origin Build Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 3 of 3 Report No. 7/2018/08/08/2109

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: J / Staff Sgt NURSYAMIRA BINTE MAZLAN 2/50f Paykov	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2018 21:40
Officer in Charge Of Case. TP / GIT / Insp MOHAMMED FADZLY BIN ABOUL AZIZ Contact No. 65476355 SN 117	Classification Of Case;
Authentication Stamp	
ingapore Police Force	

Ident MT/8997641			and the same of th	629222		657.9	egistrymus tio						
-	004049249		Vehicle No.	F29272			holder NAIC		S1017	25759			
cyholder Name G	OH AH BENG		W-1242A-1	Marine Walse		Loady							
53.53 (57.5) managan 19.5	ICTORCYCLE INSURANLY		Санит Турс	Third Party			ct No.(Home)						
	4895581		Contact No. (Office) Special Remark			eCode			Su 7	2			
gil Address	20 1922		TCA	= No Yes		wCode	K Reason						
N	e No Yes		NCD Entitlement(%)	15		Privat	te Hire		Pint				
			Made English And Me	+70			acine.v.e.			.,			_
Accident Details			Accident Report Within 24 hrs	Yes		Accid	ent Type		Collisi	ign - Hee	d to Reat		
William 3	07/08/7018 11:53		Time of Ausklent hhomm	23/45		Coun	by of Accident		Singa	spore			
	04/04/5019		Orange Force	44.54.5		1CM	No.						
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r GST Registered Informat				DST No.	pistratium Dake								
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dification History													
Minima de la Contraction de la													
Policyholder Mailing Add	tress												
Idress 1	BLK 224 #04-13		Address 2	BUKIT PANJANI			rest 3		333	GAPORE I	PLATE A		
dress 4			Address Type	Singapore addr	941	Food	t Code		670	12.15			
nit fep.	04-13		Related Policy Number	5004645389									
⇒ OI Driver Info													
river Name	GOH AH BENG		Driver Type	Hain Street		02.0	war boe		3693	11/1989			
nnamed driver Name			Driver NAUC	\$1052575F			viing Experience		-94				
egister Date of Driver License	22/10/1473		Driver Age	68			ntaci Nu.(Hume)		200				
ontact Na.(Hobie)	9488581		Contact No. (Office)				dress 3		SD	VGAPORE	670234		
ddress 1	BLK 234 #04-13		Address 2	BUKIT PANIAN			e Code		670	0234			
ddress 4			Address Type	Singapore add	7033	7.7							
int No.	04-13			000065		700	her Injurer Com	matrix	300	we.			
Does he own a Singapora	Yes + No			F2827Z			14	77.53					
Registered car?	168 9 100		Oriver Vatricle No.	TLANS.									
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Claim Handling(accident reporting Claim Task)

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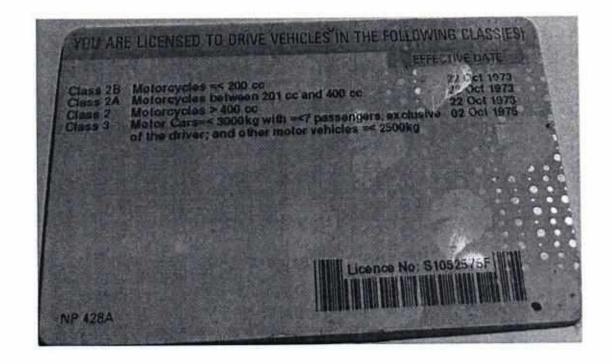
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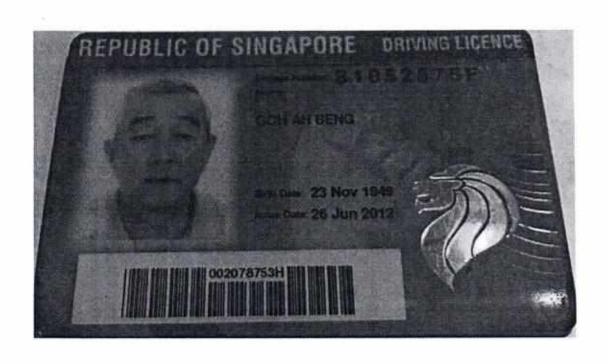
Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04 / 06/2018 (dd/mm	(yy) Time of Accident: 23 : 45 (24-HR-FORMAT)
Vehicle No. : #28272 Vehicle	He Make & Model: Howla wave lawy and twols also Chy can pel All Bany S10 5 25757
Exact location of Accident:	ng fa 10015 ccci - ccci
Policyholder's Name / IC No. : Fro G	Ah Bang / 510 = 25957
Dover's Name / IC No.:	(As Above) L
Driver's Contact No.: 1488 55	Company Contact No:
Driver's Address: 234 Bufeit	Principally Company Contact No:
Insurance Company: NTVC	Email address (if any):
Palatianship between Owner & Driver:	Please CIRCLE one only) s / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TI	
Other Vehicle (T	the one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name : Passenger Name :	Gender: Male / Female Gender: Male / Female
Weather condition & Road conditions?	On the day of accident)
	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your C	ar Camera? Yes / No
	CS) Injured Person* Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No	(If YES) Which Police Station: EU/EIF Project NPC
	The Other Party(s) Details: Vehicle No: SLP 777 5A Insurance Company (If any):
1. Driver's Name / IC No:	Vehicle No: SZP 171 3A
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.









Continue

eBaoTech									GeneralClaim		
Hello, NAC_BUKIT_MERA	H_800676			The second			Change Lan	guage	Change Password	· Log Out	
My Desktop	Polic	y Query							12002	0.00	
Notice of Loss	Policy No. Vehicle No. (For Motor)		FZ827Z			Date of Accident		04/06	04/06/2018 11:28		
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	Select	Palicy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
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