NATIONAL Assessment Cer			
Date In: 7/6/18-18:27	Jeb description	Date &Time Completed	Done by
Res No: NAMC1801 6435/24	SAS e-filing	i	
Veh No: PS70966	E-mail (within 8hrs, AIC 2hrs)		- WARRIES - A PROPERTY - A PROP
D.O.A : 1/6/18-12:30	i-Motor Claim Form	MT 099 7761-001	7/6/18 19:
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr		
OB . 17 reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
II Misurei.	Ass't Report by Fax / Hand t	0 Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 54	D69107 . INC(	)/Non-INC()	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	<del></del>
Confirmed by : (	Date:	Time:	<u> </u>
Insured/Driver Liability: ( %)	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-10	00%1
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,000 ( )		
General Remarks:	CATE OF STATE OF STATE	THE SECOND SECON	GO BOTTO
( ) Walk-In Customer: Customer's in	formation strictly Co. 5.1 distance	Commence and the Commence of t	7001 111 111
( ) Total Loss Case : to e-mail Insu	INCENTED		
		**************************************	
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / NO( ); To	wing Co: (	. )
Remarks;- (INC hotline: 6788 6616)	STATE OF THE STATE	Date & Timis Completed.	200087.732
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	/Country Co.		2114
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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,

Any false reporting may be referred to the Police for investigation.

- 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.
- 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.

As a solution of the second second second	ACCIDENT STATEMENT
Date Of Report	07/06/2018 18:27
Date Of Accident	05/06/2018 12:30
Exact Location Of Accident	JUNC PLAYFAIR RD & BURN RD
Country/State of Loss	SINGAPORE
MEDITOR STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FS7096G
Insured/Policyholder	
Name Of Registered Owner	KOH JEE BAH
NRIC No	S0733153C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97981850
Alternative Phone No	OFFICE-97981850
Vehicle Particulars	
Manufacturer	HONDA
Model	NF110M
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
f 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	5082198600-02
Cover Note Number	
Driver	
Name of Driver	KOH JEE BAH
IRIC No	S0733153C
Date Of Birth	25/03/1945
Occupation	INDOOR
Pate Of Driving Pass	30/06/1976
Driving Experience	41 YEARS AND 11 MONTHS
Control of the Contro	

MALE

NOEMAIL

(LOCAL) +65-97981850

OFFICE-97981850

BLK 113 WHAMPOA ROAD Address

#17-93

Postcode 320113

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. 1

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

YES

Was the accident reported to the police? If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

REFER TO POLICE REPORT - T/20180606/7009.

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 SHD6910T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

Name KOH JEE BAH

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FS7096G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

### 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)

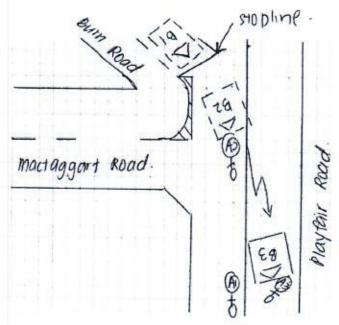
Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.:

Vehicle H: 75 70966.
Whicle B:3110 69107.



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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## DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date 9 Times

Reporting Centre Personnel's Signature

Name:

AIDIC /FINI No.

# ACCIDENT STATEMENT

ACCIDENT DATE:	05/06/2	018)(DD/MM)	YYYY), TIME:	17:	30 HHH:MM)
LOCATION: 1	unction of	Playfair	Rd X	Burn	Road
DETAILS OF      GIVEHICLE      DINSURANCE		†S7096	6	_	-43
CJPOLICY N		50821986			CIDE ATUEET)
d)POLICY TY	PE: (COMPREH	ENSIVE / THIRD	PARTY / THI	RDPARIY	FIRE & I HEFT)
f)TYPE:(SALC g)VEHICLE C h)PURPOSE ( i) ARE YOU C	OON / COUPE / ATEGORY: (PRIN DE USING AT AC LAIMING UNDE	ATE / COMMI CIDENT TIME: R YOUR OWN I	ERCIAL/MC PHVQ1 INSURANCE	OTORCYC (YES/NO)	LE)
	SE STATE (THIRD	PARTY CLAIM	/ REPORTING	G ONLY)	
2. INSURED / PC	kon	jee Bah 50733153			FEMALE)
b)NRIC/FIN/F c)ADDRESS:_	44.7	ampoa Ro			
CINDURAGE	13				
* CONTINUE T	O 3.d IF DRIVER	ALSO POLICY	HOLDER		
4 Ho of pessengs DRIVER					
(Industrial dina) a) NAME:					FEMALE)
(01) bJNRIC/FIN/P.	ASSPORT:		CON	ACT:	
- C/ADDRESS_		and the Manager			
e)OCCUPATIO	RTH: (2[/_0 ON: (INDOOR / O RIVING EXPRERI	OUTDOOR)	DO/MM/TT	n .	
4. WAS DRIVER	AN EMPLOYEE	OF THE INS	RED'S COL	MPANY?	YES / NO)
	IONSHIP OF T			ED:	owner -
5. a) WEATHER CO			/OTHERS_		
6. WAS ANYBODY	CE: (DRY / WE				
7 GIPEPOPTED TO	POLICE MES	NOI .		Till Nothson	
IF YES, PLEASI	E STATE WHICH	POLICE STATIC	ON: TYAT	ic Polic	u Div Ha.
8. THIRD PARTY VI	HICLE		\$10.00 AND		
Ho of passenger all VEHICLEN	UMBER:SHI	) 6910 1	MODE	L:	
Induding driver) D) DRIVER'S N	NAME:				
(n) ) c) NRIC/FIN/F	ASSPORT:		CONT	ACT:	
			HODE		
NIB OF DECOMARE	UMBER:		MODEL		
1 1 1 1 1 1 1	ASSPORT:		CONT	ACT:	
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email = fax =





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20180606/7009

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 14:24	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: OON SIEW		Address: APT BLK 113 WHAMPOA ROAD #17-93 SINGAPORE 320113			
	/ ID No.: 0 / S73143	50J	Contact No.: Home/Office:	Mobile: 98758430		
National SINGAP	ity: PORE CITIZ	EN .	Email: clayder@singnet.com.sg			
Sex: Male	Age:	Date of Birth: 15/04/1973	Type of Informant: Informant			
Race: Chinese		1, 1,	Language: English	Institution / School Name:		
Occupation: SALES			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Police		Drink   Date/Time of   Accident:   No   05/06/2018 12:3		Type of Locat Y-Junction	
Location:  MACTAGGAI  JUNCTION C  Weather: Clear	RT ROAD F PLAYFAIR ROAD &	G. Contineval (1)	DAD Surface:			Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled			Traffic Volume: Moderate	
Two Way		1.000				

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FS7096G	Motorcycle				Seriously Damaged	1	
SHD6910T	Car				Slightly Damaged	1	

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





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180606/7009

#### CONTINUATION OF REPORT

Informant	WHAT TO SAID THE	Internal Par	The state of the s	-	The same	THE PERSON NAMED IN COLUMN TWO	
Name	KOH BOON SIEW					S7314350J	
Related Vehicle	FS7096G (Motorcyc	le)	Contact No.		98758430		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	charge NIL			
No. of Days granted Medical Leave NIL			Degree o		NIL		
Rider		HEE	THE PARTY OF THE P	PER			
Name	KOH JEE BAH			ID No.		S0733153C	
Related Vehicle	FS7096G (Motorcycle)			Contact No.		97981850	
Hospital/Clinic	RAFFLES HOSPITA		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	05/06/2018	0.000	Date Disc	charge 06/06/		5/2018	
No. of Days gran	ted Medical Leave	14	Degree o		Serio	us	

### Brief Details.

ON 05/06/2018 AT ABOUT 12:30HR, MY DAD, KOH JEE BAH, NRIC: S0733153C, WAS RIDING HIS MOTORCYCLE, FS7096G, ALONG PLAYFAIR ROAD TOWARDS BURN ROAD, GOING STRAIGHT. SUDDENLY, TAXI NUMBER, SHD6910T, TURNED OUT FROM BURN ROAD AND HIT ONTO MY DAD & HIS MOTORCYCLE. MY DAD GOT THROWN OFF THE MOTORCYCLE & HIS MOTORCYCLE WAS DRAGGED FURTHER FOR A COUPLE OF METRES AHEAD.

HE WAS THEN CONVEYED TO RAFFLES HOSPITAL, & WAS DISCHARGED ON 06/06/208 MORNING, AND GIVEN 2 WEEKS MEDICAL LEAVE.





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

3 of 3 Report No. T/20180606/7009

CONTINUATION OF REPORT

Sketch Plan	
Informant is not able to prov	ide sketch nla

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2018 14:24
Officer In Charge Of Case: TP / TPHQ / RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Contact No.: 65476200	

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0733153C



Name



KOH JEE BAH



CHINESE Date of Birth

Sex

25-03-1945

Country of Birth

M

SINGAPORE



# REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: S0733153C Name:

KOH JEE BAH

Birth Date: 25 Mar 1945

Issue Date: 20 Jun 2003



Scanned by CamScanner





NRIC No. S0733153C

**Blood Group** 

Date of issue

0+

22-02-1994

Address

APT BLK 113 WHAMPOA ROAD #17-93 SINGAPORE 1232



# OU ARE LICENSED TO DRIVE

Class 2B Motorcycles =< 200 CC

30 Jun 1976

Class 2A

Motorcycles between 201 CC and 400 CC

30 Jun 1976

Class 2

Class 3

Motorcycles > 400 CC

30 Jun 1976

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the

driver; and motor tractors/vehicles =< 2500 kg

21 Jul 1980

S0733153C

S/No. 9000193686

NP 428A



<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_800601 My Desktop		cy Query		No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa		,	Change La	nguage	Change Passw	Charles and the same of the sa
Notice of Loss	Policy 1					Date of Ac	cident	05/06	/2018 12:30	
	Vehicle	No.(For Motor)	FS7096G			of the latest and the				
						Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5082198600- 02	KOH JEE BAH	50733153C	GMC	Third Party	FS7096G	FS7096G	25/04/2018	24/04/2019
					100	Continue				

Sequen	Sequence Date of Endorsement		Endorsement T		Endorsement	Status Endorsement Cor	
	ements						
D Insure	d Object: FS7096G						
Init No.		Relate Numbe	d Policy er	5082198600-02			
ddress 4		Addres	ss Type	Singapore address	- 8	Post Code	320113
ddress 1	BLK 113 #17-93	Addre	ss 2	WHAMPOA ROAD		Address 3	SINGAPORE 320113
Policy!	nolder Mailing Address						
Certificate nfo							
Policy nfo							
Open							
Co- nsurance lag	No						
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Υ	
DD Excess		TP Excess				Young/	Inexperience Driver Excess
Outside Singapore		Outside Singapore					
Additional Excess		OS Premium	0				
Excess	**	damage Excess	0		Excess		
Third Party	0	Own			Windscreen		
Excess Type		All Claim Excess					
Policy issue Date	19/03/2018	Effective Date	25/04/2018	00:00	Expiry Date	24/04/2019 23	:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 113 #17-93 WHAMPOA RO	AD SINGAPOR	E 320113				
Policy No.	5082198600-02	Policyholder Name	KOH JEE BA	Н	Policyholder NRIC	S0733153C	

March Street, SANCE STREET, SA									
Accident HT/0997761									
Folicy No.	5082198600-02		Vehicle No.	F570960		GST Registratio	on No.		
Policyholder Name	KOH JEE BAH					Policyholder NR	uc	5073	3153C
Product Code	MOTORCYCLE INSURA	NCE	Cover Type	Third Par	rty	Loading		0	MESTE O
Contact No.(Mobile)	97981850		Contact No.(Office)	0		Contact No. (Ho	otta)	0	
Email Address			Special Remark				viie)	_	
KFK	® No ○ Yes		TCA	@ to 0	No.	eCode		N. M	
NCD Protection	No			® No ○	/ res	eCode Reason			
S Accident Details			NCD Entitlement(%)	15		Private Hire		No	
Report Date	07/06/2018 19:19		Accident Report Within 24 hrs	yes .		Accident Type		Collins	
Date of Accident	ident 05/06/2018		Time of Accident hh:mm	12:30				Collision - Head on collision	
Reporting Centre				12.30		Country of Accu	clent	Singer	ore
Accident Location	L202000000000000		Orange Force			ICM No.			
	JUNC PLAYFAIR RD & 8	MUSN RD							
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♥ Excess									
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→ GST Registered Inform									
ST Registered	No			GS	ST Registration Date				
ST Registration No.					ST Status Venfied	Yes			
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Policyholder Mailing A	ddress								
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ddresa 4			Address Type	Singapore					PORE 320113
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Of Driver Info			related reacy number	50821986	00-02				
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named driver Name	CHIEF DATE		Driver Type	Main Drive	Y .				
			Driver NRIC	50733153	c	Driver DOB		25/03/	1945
igenter Date of Driver License	20/06/1976		Oriver Age	73		Driving Expenses	CB	41	
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dress 4						Address 3		SINGAL	ORE 320113
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