NATIONAL Assessment Centra	the state of the s				
Date in 25/6/13 11:12	Jeb description	1	Date &Time Completed	Done	by
Re[No. NA/INC 18011476 144	SAS e-filing				
Veh No. FBG. 45912	E-mail (within	shrs, AIC 2hrs)			19
FBG). 43 1/4	i-Motor Cla	im Form	MT1 099 99820-1	2516/18	17:11
	i-Motor W/	O (Within: OD 2hrs			
OD . TP ' Reporting Only	i-Photo Upl	oaded	1		
	Assessment/S	urvey Report			
TP Insurer:		by Fax/Handt	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:)
1, 1, 2	Un known	. INC()/Non-INC()		
Owner / Driver: (Un Known.		Tel)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	00 ()/\$2,00	0()			
General Remarks:-					
() Walk-In Customer: Customer's info					
() Total Loss Case : to e-mail Insure			owing Co: ()
Drive-In ()/ Towed-In (); Invoice	: YES () /	110 (),1	OWING CO. (100
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
Apply for Transport Allowance ()/ (Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(
) Upload Resurvey Photo [Repair Cost > \$3	()	•		
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	(•		
O) Upload Resurvey Photo [Repair Cost > \$3	(•		
O) Upload Resurvey Photo [Repair Cost > \$3	(•	And C2	Ami (5)
Injury: Oate/Time Actions	(3000] (Invoice Pro	paration Checklist	Anit (S)	Amt (\$)
Injury: Date/Time Actions	(1) AR : Acciden	t Reporting (\$30);	30.0-0	Add Bill
Date/Time Actions Actions Maimant's Particulars:-	(3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing	t Reporting (\$30); c Assessment (\$100); INC (Fee \$	7 8 18 18 18 18 18 18 18 18 18 18 18 18 1	Add Bill
Injury: Date/Time Actions Actions Waimant's Particulars:-	(3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	t Reporting (\$30); c Assessment (\$100), INC (Fee \$ Through Survey Through Survey (Resurvey)	\$90) \$40/\$45 \$120 \$30	Add Bill
Date/Time Actions Actions Maimant's Particulars:	(3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming	t Reporting (\$30); Assessment (\$100); INC (Fee \$ Through Survey Through Survey (Resurvey) egainst INC Only (wef 10 Jan 20	\$30.000 \$30.000 \$40/\$45 \$120 \$30 \$05)	Add Bill
Injury: Date/Time Actions Maimant's Particulars:- iver/Owner: ntact No:	(3000] (1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-imp 7) N1: Idae DA	t Reporting (\$30); Assessment (\$100); INC (Fee \$ Through Survey Through Survey (Resurvey) egainst INC Only (wef 10 Jan 20 ection + SMRT Survey	\$90) \$40/\$45 \$120 \$30	Add Bill
Injury: Date/Time Actions Maimant's Particulars:- iver/Owner: ntact No:	(3000] (1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit	t Reporting (\$30); Assessment (\$100); INC (Fee \$ Through Survey Through Survey (Resurvey) egainst INC Only (wef 10 Jan 20 ection + SMRT Survey	\$80) \$40/\$45 \$120 \$30 \$55) \$75	Add Bill
Injury: Pate/Time Actions Samant's Particulars:- iver/Owner: ntact No: maged Portion:	(3000] (1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit QD* *NS: Courtes	t Reporting (\$30); c Assessment (\$100); INC (Fee S Chrough Survey Chrough Survey (Resurvey) egainstINC Only (wef 10 Jan 20 ection ction + SMRT Survey ional Services	\$150 Bill \$2.00 \$3	Add Bill
Date/Time Actions Maimant's Particulars:- iver/Owner: maged Portion: Checked by (Engr-In-Charge):	(3000] (1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit QD* *N5: Courtes *N6: Repair	tt Reporting (\$30); ct Assessment (\$100); INC (Fee Strongh Survey Chrough Survey (Resurvey) egainstINC Only (wef 10 Jan 20 cellon cellon + SMRT Survey ional Services -	(\$8.0) \$40/\$45 \$120 \$30 (05) \$75 \$160	Add Bill
Injury: Date/Time Actions Actions waimant's Particulars:- iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge): iditors' Comments:-	(3000] (1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit QD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / C	t Reporting (\$30); c Assessment (\$100); INC (Fee S Through Survey Through Survey (Resurvey) egainst INC Only (wef 10 Jan 20 ection c + SMRT Survey ional Services Ty Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination	\$100 \$23 \$55	Add Bill
Date/Time Actions	(3000] (1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit QD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / C	t Reporting (\$30); c Assessment (\$100); INC (Fee S Chrough Survey Chrough Survey (Resurvey) egainst INC Only (wef 10 Jan 20 ection + SMRT Survey ional Services - by Car / Tpt Allowance Co-ordination pair Inspection billect Excess Coordination P (N-n INC) against INC	(\$8.0) \$40/\$45 \$120 \$30 05) \$75 \$160 \$23 \$5 \$20 30	Add Bill

SINGAPORE ACCIDENT STATEMENT

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 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 aforesaid.

ACCIDENT STATEMENT

THE SHAREST STREET WHEN THE	ACCIDENT STATEMENT
Date Of Report	25/06/2018 11:12
Date Of Accident	17/05/2018 08:15
Exact Location Of Accident	LOYANG AVE NEAR LOYANG WAY
Country/State of Loss	SINGAPORE
D. C. Control of the	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG4591Z
Insured/Policyholder	
Name Of Registered Owner	CHEE WOON KEONG
NRIC No	S7816200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98447744
Alternative Phone No	OFFICE-98447744
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	VESPA LX150 CVT
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5055049016-05
Cover Note Number	8 * :
Driver	
Name of Driver	CHEE WOON KEONG
NRIC No	S7816200G
Date Of Birth	18/10/1978
Occupation	INDOOR
Date Of Driving Pass	22/10/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98447744
Fax Number	
Contact Number	OFFICE-98447744
EMail Address	NOEMAIL
	Page 1 of 2

Address

BLK 128 GEYLANG EAST AVE 1 #11-127

Postcode

380128

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

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

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

MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

YES

Are accident photos available for attachment? Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

CHEE WOON KEONG

ABRASION ON BOTH KNEE AND ELBOWS AND UPPER LIPS

FBG4591Z

YES

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.
- 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.
- 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:
 - 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				
Loyang Way				
$\overline{}$	1117			A= FBG 4591
				B= Unknown.
	AZ B			
		Loyan	g Ave	
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT			
N.				
Please	Refer	to Poli	ce nepo	rt
			1	
			/	
DECLARATION I/We declare the foregoing p	articulars are true in every	respect.		16
do				funt
Policyholder's Signature Date & Time:	Driver's Signatur (If driver is not t	re he policyholder)	Reporting Cer Name:	ntre Personnel's Signature

Date & Time:

NRIC/FIN No.:

ACCIDENT STATEMENT

Transaction and the second	100	M/YYYY), TIME:(08 : 15)(HH:MM)
LOCA	TION: Loyang Ave.	The state of the s
1.	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FBG. 4591	12
	DJINSURANCE COMPANY: MTL	
#	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THI	RD PARTY / THIRD PARTY FIRE &THEFT
	e)MAKE & MODEL:	NO PRINT PRINTER CONTENT
	f)TYPE: (SALOON / COUPE / MPV /VAN /	/ LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COM	MERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIM	
	1) ARE YOU CLAIMING UNDER YOUR OW	
	IF NO, PLEASE STATE (THIRD PARTY CLA	AIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER	
	A)NAME: Chee woon keong	
	b)NRIC/FIN/PASSPORT:	CONTACT: 98447744.
	c)ADDRESS:	
	* CONTINUE TO 2 due DEILUED ALSO DOL	
Un of 3	* CONTINUE TO 3.d IF DRIVER ALSO POL DRIVER	ICY HOLDER
No of passong. 3. Including driver)	a) NAME: As Above.	(MALE / FEMALE)
Including driver)	b)NRIC/FIN/PASSPORT:	CONTACT:
(<u>*</u> 1)	c)ADDRESS:	CONTACT
	*d) DATE OF BIRTH: (//	_)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f) YEARS OF DRIVING EXPRERIENCE:	
4.	WAS DRIVER AN EMPLOYEE OF THE I	
-	IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED: Owner.
5.	a) WEATHER CONDITION: (CLEAR / RAINI	
2	D)ROAD SURFACE: (DRY / WET / OTHERS, WAS ANYBODY INJURED (YES / NO)	
	a) REPORTED TO POLICE (YES / NO)	
2005	IF YES, PLEASE STATE WHICH POLICE STA	ATION:
8.	THIRD PARTY VEHICLE	
e of passenger	a) VEHICLE NUMBER: UNKnow	MODEL:
	b) DRIVER'S NAME.	
reductions driver)	OF CHIVER OFFICE	
iduding driver)	c) NRIC/FIN/PASSPORT:	CONTACT:
including driver)	c) NRIC/FIN/PASSPORT:	CONTACT:
nduding driver) () 9.	HIRD PARTY VEHICLE	CONTACT:MODEL:
nduding dviver) () 9. 10 of passenger	HIRD PARTY VEHICLE d) VEHICLE NUMBER:	
nduding dviver) () 9. 10 of passenger	HIRD PARTY VEHICLE d) VEHICLE NUMBER:	
nduding dviver) () 9. 10 of passenger	c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	MODEL:
nduding driver) () 9. 10 of passenger	c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	MODEL:
nduding driver) () 9. 10 of passizinger nduding driver) ()	C) NRIC/FIN/PASSPORT:	MODEL:
neluding driver) () 10 of passenger neluding driver) () ce Report	C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONVEYED: Yes.	MODEL:
nduding driver) () 10 of passenger Induding driver) () ce Report	C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONVEYED: Yes.	MODEL:
nduding driver) () 9. 10 of passenger nduding driver) ()	c) NRIC/FIN/PASSPORT:	MODEL:



T/20180531/2120

1 of 3

Report No. T/20180531/2120

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 31/05/20	e Report M 18 15:32	ade:	Vide Report No.:	Station Diary No. 30
Informar	nt's Particu	lars		(A)
	Informant: OON KEO	NG	Address: APT BLK 128 GEYLANG EAS SINGAPORE 380128	ST AVENUE 1 #11-127
ID Type NRIC NO	/ ID No.: 0 / S781620	00G	Contact No.: Home/Office:	Mobile: 98447744
National	-		Email:	
Sex: Male	Age: 39	Date of Birth: 18/10/1978	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupat SAF RE	ion:		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

seneral milor	mation of the Acci	Driek	Date/Time of	Type of Location:
Type of Accident:	Injury Others	Drink Drive; No	Accident: 17/05/2018 08:15	Straight Road
Location: Along Road 1 LOYANG AV Loyang Ave r Weather:		Road Surface:		Road Speed Limit:
Clear		Dry	The second secon	60 Km/h Fraffic Volume:
Traffic Flow: One Way		Traffic Control:	1	Heavy
-	sion: ving Vehicles - Side	Swipe - Same Direction	1	Anyone conveyed by ambulance:

		Make	Model	Color	Condition	No of Passenge
FBG4591Z	Motorcycle	PIAGGIO	VESPA LX150 CVT	Red	Slightly Damaged	0

	ehicle insurance	Insurance No	Effective	Expiry Date
FBG4591Z	NTUC Income Insurance Co-Operative	5055049016-05	08/09/2017	07/09/2018



Report No. T/20180531/2120

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Person Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL	Use of Pec	destrian	Cross	ing: NA	
Rider		12000		经验 行动		
Name	CHEE WOON KEONG		ID No.		S7816200G	
Related Vehicle	FBG4591Z (Motorcycle)	Part St.	Conta	ct No.	98447744	
Hospital/Clinic CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	17/05/2018	Date Disc	harge	18/05	/2018	
	ted Medical Leave 07	Degree of	Injury	Slight		

Brief Details.

On the 17/05/2018 at about 08:30am, I was riding my motorcycle FBG4591Z along Loyang Ave to my Handon Camp located at Old Pier Rd. As I was travelling at Loyang Ave at the lane 2 slightly left, I decided to shift slightly on my right out of sudden one motorcycle in his high speed dashed beside me. Due to that I had hit onto his rear left side box and fall on the ground, I was still conscious upon the incident happened. I wish to state that Police and Ambulance attended to the incident and was conveyed to Changi General Hospital A&E. I was given 7 days medical leave from 17/05/2018 to 23/05/2018, I suffered slight abrasion on my both knees and elbows and slight cut on my upper lips.





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

3 of 3 Report No. T/20180531/2120

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: G / Sgt 3 MUHAMMAD DJAMADIL BIN SIDIK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2018 15:32
Officer In Charge Of Case: TP / AEIT / SSI KA AWARROBE SAMIAN Contain S 054/6179	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	



SINGAPORE ARMED FORCES IDENTITY CARD

CHEE WOON KEONG

S7816200G



NRIC No/Colour S7816200G/ PINK

Race CHINESE

Date Of Birth 18/10/1978

REGULAR

BIK 128 GEYLANG EAST AVENUE 1



B (+)



SINGAPORE POLICE FORCE

Clas 8B

a 2 de 2009 SINGAPORE 408865 Tel: 65470000 10, UBI AVENUE 3

SINGAPORE POLICE FORCE

TRAFFIC POLICE

Clas SA 18 And 2011 www.police.gov.sg

Private & Confidential

CHEE WOON KEONG

APT BLK 128 GEYLANG EAST AVENUE 1 #11-127

SINGAPORE 380128

clas 3 of may sous

working days from the date of application at Traffic Police at the time of application unless you made a special request to collect You will receive your photocard driving licence by registered post within 10 to 14

of your photocard driving licence You can drive while awaiting the delivery

Please turn overleaf for important notes

S7816200G (2B/2A/3)

C001385601

-22/06/2018-

(Please do not detach) DELIVERY OF YOUR PHOTOCARD YOU CAN DRIVE WHILE AWAITING THE

DRIVING LICENCE.

eBaoTech

GeneralClaim

· Log Out

Change Password

Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss

Polic	cy Query								
Policy N	io.				Date of Ac	cident	17/05/2	018 13:39	
Vehicle	No.(For Motor)	FBG4591Z							
				1	Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5055049016- 05	CHEE WOON KEONG	S7816200G	GMC	Third Party, Fire & Theft	FBG4591Z	FBG4591Z	08/09/2017	07/09/2018

· Change Language

Claim Handling

ccident MT/0999982						COT Description to			
olicy No.	5055049016-05		Vehicle No.	FBG4591Z		GST Registration No.		220133111	2
olicyholder Name	CHEE WOON KEONG					Policyholder NRIC		57816200	G
roduct Code	MOTORCYCLE INSURAN	CE	Cover Type	Third Party, Fi	re & Theft	Loading		0	
Contact No.(Mobile)	98447744		Contact No.(Office)			Contact No.(Home)	07		
mail Address			Special Remark			eCode		No *	
FK	= No Yes		TCA	» No Yes		eCode Reason			
ICD Protection	No		NCD Entitlement(%)	20		Private Hire		No .	
	140								
▽ Accident Details			A CONTRACTOR OF THE CONTRACTOR	44.4		Accident Type		Collision -	Change / Cro
Report Date	25/06/2018 17:03		Accident Report Within 24 hrs			20		Singapore	
Pate of Accident	17/05/2018		Time of Accident hh:mm	08:15		Country of Accident		Singapore	
Reporting Centre			Orange Force			ICM No.			
Accident Location	LOYANG AVE NEAR LOY	ANG WAY							
♥ Benefits									
♥ Excess									
Own damage Excess		0.00	Additional Excess			Windscreen Excess			
Innamed Driver Excess			Outside Singapore OD Excess						
Third Party Excess		0.00	Outside Singapore TP Excess						
	etian.	0.00	A STATE OF THE STA						
GST Registered Informa				CCT	Registration Date				
ST Registered	No				Status Verified	Yes			
SST Registration No.				3313	tatus vermen.	Total .			
Modification History									
Policyholder Mailing Ad	dress		12/2004/09/20			1000 CONT 25		425,2922	50-21/01/20
Address 1	BLK 128 #11-127		Address 2	GEYLANG EAS	ST AVENUE 1	Address 3			RE 380128
Address 4			Address Type	Singapore ad	dress	Post Code		380128	
Unit No.			Related Policy Number	5055049016	05				
♥ OI Driver Info									
Driver Name	CHEE WOON KEONG		Driver Type	Main Driver					
Unnamed driver Name			Driver NRIC	S7816200G		Driver DOB		18/10/19	78
	2211012000		Driver Age	39		Driving Experience		8	
Register Date of Driver License			Contact No.(Office)	23		Contact No.(Home)			
Contact No.(Mobile)	98447744					Address 3		STANDARD	RE 380128
Address 1	BLK 128 #11-127		Address 2		ST AVENUE 1				KE SHOTES
Address 4			Address Type	Singapore ad	dress	Post Code		380128	
Unit No.									
Does he own a Singapore Registered car?	Yes a No		Driver Vehicle No.			Driver Insurer Compa	ny		
Negistered carr									
Declaration									
Breathalyser or Blood Test	0.000		Any injury?	* Yes No					
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Claim 001 New Claim Type * Contact No.(Mobile) Email Address	98447744 chee.wk@hotmail.com		Contact No.(Home)	67444492	KEONG	Contact No.(Office)	orkshop		
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Attachment	î.	ploaded By/Date	Category	9	Urgency	Description
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2018 17:11	NRJC/ Driving License		Normal	NRIC/ Driving License 2018-6-25
1236 1446	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jun 2018 17:31		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-25
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