NATION W. Assessment Centre	e Services AMAY1809188	7	erre e i			
Wate In: 100,71208 1908	Job description   Date & Time Completed	Done by				
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	i-Motor W/O (Within: OD 2hrs. TP 4hrs)	11100000				
OD 11 P.	i-Photo Uploaded					
ASSAULT STATE OF THE STATE OF T	Assessment/Survey Report					
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (	Tel: Fax:		)			
TP Particulars: Veh No: St	M 7648-L INC( )/Non-INC( )					
Owner / Driver: (	Tel	)				
Policy No: ( ) Per	riod: ( ) Cover Type: (	)				
Confirmed by : (	Date: Time:	)				
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%	]				
Year of Registration: ( ) \	Warranty: YES ( ) / NO ( )					
Excess: (\$ ) Loading: \$1,0	00()/\$2,000()					
General Remarks:-		1				
( ) Walk-In Customer: Customer's info	rmation strictly Confidential & Strictly NO refer of repairer.					
( ) Total Loss Case : to e-mail Insure						
Drive-In ( )/Towed-In ( ); Invoice	The contract of the second contract of the se	-	)			
Remarks:- (INC horline: 6788 6616)		Done by	-			
	Courtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )					
Injury:						
Date/Time Actions	STANDARD ST					
Date/Time Actions	EN LONG RELEASE SELVED	Rations	100			
			-			
10000000	THE SHEW OF THE PROPERTY OF TH	Anit (\$) Ar	nit (\$)			
NA180X495	Invoice Preparation Checklist	Ist Bill Ad	d Bill			
Claimant's Particulars :-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$30)					
Driver/Owner:	3) TF : Towing Fee \$40/\$45					
	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30					
Contact No:	For claiming against JNC Only (wef 10 Jan 2005)					
Damaged Portion:	6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160					
	8) NTUC Additional Services:-	2 St. 10				
QC Checked by (Engr-In-Charge):	OD*  *N5: Courtesy Car / Tpt Allowance \$5					
	• NG: Repair Co-ordination 510 • NG: Post Repair Inspection \$25					
Auditors' Comments :-	•N7: Post Repair Inspection \$25  •N8: DV / Collect Excess Coordination \$5					
2at. 1:	TP (N11): TP (Nan INC) against INC \$20	TP (N11): TP (N:m INC) against INC \$20				
51. 2 / 2-	9) N12: Idno Mobile 30 Invoice dated Fee Charged		net <b>y</b> z			
Sat. 2 / 3;	Involve dated Fee Charged	1100				

#### 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 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.

- 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

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/07/2018 19:08
Date Of Accident	13/07/2018 20:30
Exact Location Of Accident	81 JOO CHIAT ROAD
Country/State of Loss	SINGAPORE
BALL THE NOTIFIED OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FD3488P
Insured/Policyholder	
Name Of Registered Owner	TAN SEOW CHEW
NRIC No	S9212611J
Email Address	EDWARDTFR92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97433119
Alternative Phone No	OTHERS-97433119
Vehicle Particulars	
Manufacturer	YAMAHA

Model RX115-115CC (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?

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

Fleet Policy NO

Policy Number 5000177743-13

Cover Note Number

Driver

Name of Driver TAN SEOW CHEW

NRIC No S9212611J Date Of Birth 16/04/1992 Occupation INDOOR Date Of Driving Pass 22/02/2012

Driving Experience 6 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97433119

Fax Number

Contact Number OTHERS-97433119

EMail Address EDWARDTFR92@GMAIL.COM Address

BLK 16 TAMAN HO SWEE

#09-21

Postcode

163016

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 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?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SKM7648L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MUHAMMAD NABIL BIN AFFANDI

NRIC/Passport Number

S9107687Z

Contact Number

82584858

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.
- 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:
  - 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 policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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#### DECLARATION

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

5:17 PM

Policyholder's Signature

Date & Time: 16/7/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Aleporting Centre Personnelle Signature
Name:
NRIC/FIN No.: + Of Warfa &

# Accident Report -

# Between FD 3488 P & SKM 7648 L @ 81 Joo Chiat Road on 13/07/2018, 2030 HRS

#### Report:

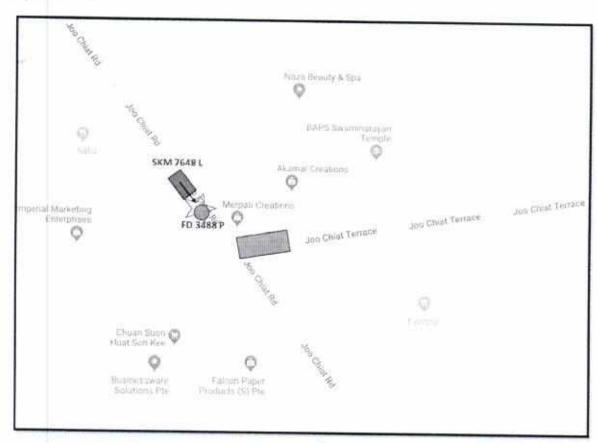
On 13<sup>th</sup> July 2018, Friday, at around 2020hrs to 2030hrs, I was riding my motorcycle (FD 3488 P) along Joo Chiat Road and I noticed a sand-carrying truck exiting from Joo Chiat Terrace, I begin to slow down and cautiously observe the truck. As the truck driver had surpassed the stop line, I began to slow down and stop carefully.

Vehicle number SKM 7648 L crashed into my vehicle's rear at 81 Joo Chiat Road. My (damage parts of FD 3488 P)\* was damaged from the crash. Vehicle number, SKM 7648 L, was driven by MUHAMMAD NABIL BIN AFFANDI, IC number S9107687Z. He tailgated and failed to stay with a safety distance of a car's length which resulted in the crash.

I have sustained no injuries from the crash as it was just a light bump.

- \*Damaged parts of FD 3488P:
  - · Rear Mudguard
  - License Plate

### Map of incident



per relations

laim Handling											
ocident NT/1003287	Ulastra Alexand	000020W0	V2234322		7667	T Hegistration No.					
nikcy fee	5000177743-13	Vehicle No.	FD3468F			cynology NAIC		500251	76		
Skyholder Nemi	TAN BEOW CHEW	(2)				iding		il.			
roduct Code	MOTORCYCLE INSURANCE	Cover Type Contact Ro. (Office)	Third Party			ntact No.(Home)					
oriset No.(Milble)	97433119	Special Remark			:600			No.7			
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hins Party Excess	0.00	Outside Singapore TP Excess									
IST Registered	Ne		GST #	agratiation Date							
GT Registration No.			65T S	tatus Verified		Yes					
lodification Hatory											
Policybolder Mailing Ac	ddress										
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Address #		Address Type	Singapore ado	ivess.	Pay	est Code		183016			
ins na.		Awiated Policy Number	1000177743	13							
→ O1 Driver Info											
Oriver Name	TAN SEOW ICHEW	Driver Type	Main Driver								
Innamed driver Name	AND CONTRACTOR OF THE CONTRACT	Driver NRIC	50025117H		D	river DOS		01/12/	1953		
Register Date of Driver Licensi	<ul> <li>pripri 990</li> </ul>	Dever Age	5641		Di	riving Experience		28			
Contact No.(Mobile)	97433119	Contact No.(Office)			6	antact No.(Home)					
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		110446141410100000	2100 856505-03								
Unit No.		Driver Vehicle No.	FD3488P		'n	river Insurer Comp	arra-	NTIE			
Does he own a Singepore Registered car?	Yes - No	Driver Venicle No.	3D34860			The state of the state of					
Declaration											
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# Claim Handling(accident reporting Claim Task )

	Upleaded By/Clete	Foliar Date	File Name	.0		
♥ Video List						
v (100)	MAC_BUNIT_MERAH_BOOK UKIT N	76) NATIONAL ASSESSMENT CENTRE SERVICE REACH)) on 17 Jul 2018 09:30	R (B NAIC/ Driving License	Normal	NRIC/ Driving Liverse 2018-7-17	Ean
193	NAC_BURIT_MERAH_BOOK URIT (	PA( NATIONAL ASSESSMENT CENTRE DERVICE NERAH)) on 17 July 2018 09:56	3 (B SAS	Normal	545-2018-7-17	Edit
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34	NAC_BURTT_MERAH_BOGS URTT	76( NATIONAL ASSESSMENT CENTRE SERVICE MERAH)) on 17 Jul 2018 II9:56	N (B Shortes	Normel	Photus 2018-7-17	£dit
8	NAC_BUKIT_MERAH_BOOK	76( NATIONAL ASSESSMENT CENTRE SERVICE MERAH)) un 17 Jul 2018 09-56	S (B Photos	Normal	Protos 2018-2-17	Edit
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	NAC_BURIT_HÉRAH_BURIT UKIT	76( NATIONAL ASSESSMENT CENTRE SERVICE MERAH)) on 17 Jul 2018 09:56	S (N Photos	Fearmel	Photos 2018-7-17	Edit
-		125	organi i ranging (accident reporting	Claim Task	)	

Display in New Window | Scan and uploading

Action.

## **ACCIDENT STATEMENT**

ACC	IDENT DATE: (13. /07 / 2018 ) (DD/MA	W/YYYY), TIME:( 20 : 8 304 (HH:MM)
LOCA	ATION: 81 JOO CHIAT FOAT	
# 07.20%	MAINTANA CONTRACTOR OF THE CON	
1	. DETAILS OF VEHICLE	A Section 1
	a VEHICLE NUMBER: FD 3488 P	
	DINSURANCE COMPANY: NTUC INC	DIVE I SANTUCK TRADE & INSURIANCE
	C)POLICY NUMBER: 5000 177743-1	
	d)POLICY TYPE: (COMPREHENSIVE / THI	PD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: YAMAHA KX 115	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	TITYPE: (SALOON / GOUPE / MPV AVANT	LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / GOM	
4	h) PURPOSE OF USING AT ACCIDENT TIM	
	IJARE YOU CLAIMING UNDER YOUR OW	
	IF NO, PLEASE STATE (THIRD PARTY CLA	
2	INSURED / POLICY HOLDER	ANY RELOCITIOS STEELY
4.	A) NAME: TAN FOO RONG EDWAND	(MALE / PEMALE)
	b) NRIC/FIN/PASSPORT: S92 261 (3	CONTACT; 9743 3 110
	C) ADDRESS: 16 TAMAN HO SWEE	BLK 16 #09-21 S 163016.
80 9 N	CADDRESS. TO THIRTY TO STATE	Cox to flot   Siezers.
	* CONTINUE TO 3.d IF DRIVER ALSO POL	ICY HOLDER
the of passangs	DRIVER	
A Least herszen des	GINAME: DS ABOUT	(MALE / FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	*
	*d) DATE OF BIRTH: ( (6) 04/ 199)	)(DD/MM/YYYY)
±37	e)OCCUPATION: (INDOOR / OUTDOOR	
	1) DATE OF DRIVING PASS	Feb 2012
4.	WAS DRIVER AN EMPLOYEE OF THE I	INSURED'S COMPANY? (YEST NO)
	IF NO, RELATIONSHIP OF THE DRIVE	
5.	d) WEATHER CONDITION: (CLEAR / RAIN	HING / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS	S
6,	WAS ANYBODY INJURED (YES / NO)	1
7.	a) REPORTED TO POLICE (YES 7 NO)	
	IF YES, PLEASE STATE WHICH POLICE ST	ration:
8.	THIRD PARTY VEHICLE	and the second
No of passager	O) VEHICLE NUMBER: SKM 7648L	MODEL: HONDA WISH
Unduding driver	b) DRIVER'S NAME: MUHAMMAD NAB	SIL BIN REFART APPANDI
1 3	c) NRIC/FIN/PASSPORT: 3 110 108	1Z CONTACT: 8258 48 58
9.	THIRD PARTY VEHICLE	(MAINTANAINE)
two of personger	d) VEHICLE NUMBER:	MODEL: "
	Y of Duren a Hame	
(Including drives	Dr) NRIC/FIN/PASSPORT:	CONTACT:
( )	9.	
-		

email = endward+fr 92@gmail.com · VIDEO= REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9212611J





Name

TAN FOO RONG, EDWARD

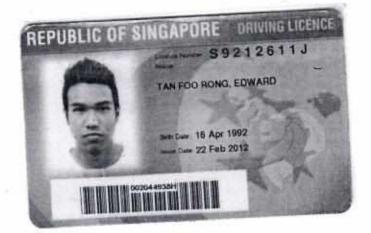
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CHINESE

Date of hors 16-04-1992

SINGAPORE







MILE No. 89212611J



Date of leave

ARISHMAN HO SWEE #09-21 BINGAPORE 163016

4032106

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 28 Class 2A Class 3 MOTORCYCLES NOT EXCEEDING 300 CC MOTORCYCLES BETWEEN 201 CC AND 400 CC MOTOR CARE AND MOTOR TRACTORES THE WEIGH OF WHICH UNLASEN DOES NOT EXCEED 2000 KILOGRAMS 22 Feb 2012 20 Aug 2015 10 Feb 2012

S / No.9000227913

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Aranine de la constante de la



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS	SATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS	SATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	CONTRACTOR

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5000177743-13 Cover : Third Party

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

FD3488P

: 52A001026

: 09 Dec 2017

: 08 Dec 2018

: TAN SEOW CHEW

- 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) : TAN SEOW CHEW NAMED DRIVER (2) TAN FOO RONG, EDWARD

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)

> SAID CHOP OF MANAGENERA SENCY ELEVEL BEAUTIE

> > The state of the s - 10 HE - 1 - 11-15 TAY

: SANTUCK TRADE & INSURANCE AGENCY (00000613918)

Date of Issue

: 08 Nov 2017 16:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 366550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: \_\_\_\_\_Vehicle Registration No: FD 3488 P MUAYIBOGISHS Original Report No : Toru Show ether NRIC/FIN/Passport No : Name(#s shownin NRIC): (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Singapore( Address Mobile No.: Contact (Tel) Email Address 13/07/2018 20:30 Time of Accident: Date of Accident Place of Accident : 81 500 Cthan Read Insurance Company : \_\_N1UC (B) ADDITIONALINFORMATION AMENDMENTS I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO EDWARDTER92 @ SIMALL: con-FEMORIL HODRIES Beporting Centre Personnel's Signature Policyholder / Driver's Signature Date:

NRIC/FIN No Date: