

NATIONAL Assessment Centre Services			
Date In: 26/07/2018 14:54	Job description: SAS e-filing	Date & Time Completed	Done by
Ref No: N/A/INC/80136124			
Veh No: FBJ 23229	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 16/07/2018 19:40	i-Motor Claim Form	MT/1004732001	26/07/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:21
	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: GBE 30807	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac Mobile \$0				
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	26/07/2018 14:54
Date Of Accident	16/07/2018 19:40
Exact Location Of Accident	JURONG EAST AVE 1 TOWARDS JURONG EAST ST 32
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2322G
Insured/Policyholder	
Name Of Registered Owner	LEONG WAI SENG
NRIC No	S8518242J
Email Address	WSLEONG85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81270629
Alternative Phone No	OTHERS-81270629

Vehicle Particulars

Manufacturer	SYM
Model	GTS 200-172CC
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	5069750844-03
Cover Note Number	

Driver

Name of Driver	LEONG WAI SENG
NRIC No	S8518242J
Date Of Birth	19/06/1985
Occupation	INDOOR
Date Of Driving Pass	26/06/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81270629
Fax Number	
Contact Number	OTHERS-81270629
Email Address	WSLEONG85@HOTMAIL.COM

Address	BLK 172 BUKIT BATOK WEST AVENUE 8 #20-339
Postcode	650172
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	SIDE SWIPE
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?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180717/2079

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	GBE3030T
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANINDER PAUL
NRIC/Passport Number	G5277884R
Contact Number	88260332
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

LEONG WAI SENG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBJ2322G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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**.
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:

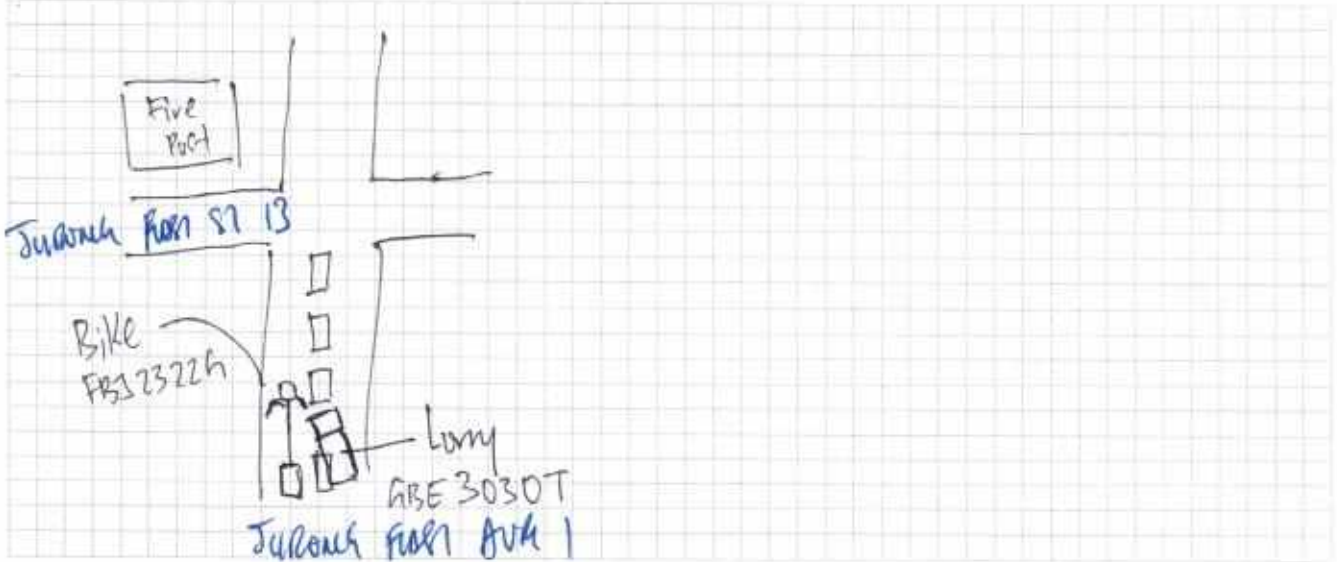
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section:

Q/S Rong 87 13 / 2018 7/7 / 2019

Police

Report

DECLARATION

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

Signature
 26/07/18
 12:01
 Policyholder's Signature
 Date & Time:

Signature
 26/07/18
 12:01
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Signature
 26/07/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: *Roshanathan*



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180717/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 13:31	Vide Report No.:	Station Diary No.: 62
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Informant's Particulars			
Name of Informant: LEONG WAI SENG		Address: APT BLK 172 BUKIT BATOK WEST AVENUE 8 #20-339 SINGAPORE 650172	
ID Type / ID No.: NRIC NO / S8518242J		Contact No.: Home/Office: Mobile: 81270629	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 19/06/1985	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: ASSISTANT CENTRE MANAGER		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/07/2018 19:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG EAST AVENUE 1 JURONG EAST STREET 32 near to SCDF Fire post, Blk 318A Jurong East Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2322G	Motorcycle	SYM	GTS200	Grey	Slightly Damaged	0
GBE3030T	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2322G	NTUC Income Insurance Co-Operative Limited	5069750844-03	10/02/2018	09/02/2019



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEONG WAI SENG	ID No.	S8518242J
Related Vehicle	FBJ2322G (Motorcycle)	Contact No.	81270629
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (BUKIT BATOK)	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	17/07/2018	Date Discharge	17/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 16/07/2018 at about 7.41pm, I was riding my motorcycle alone on the leftmost lane at along Jurong East Ave 1 to go to Jurong West Street 42. There was a lorry on the rightmost lane beside me. Suddenly, the lorry went into my lane and hit on the front part of my motorcycle. I did not noticed any left signal on the lorry before it happen. The impact caused me to flung from my motorcycle and I landed on the concrete floor of the pavement.

The lorry driver stopped and we exchange particulars. During that point of time, I did not feel any pain at all. I only suffer abrasion on my right elbow and a minor cut on my lips but I did not call for the ambulance as my injuries were not serious. We then left the place.

Today (17/07/2018), I felt pain on my left legs hence I went to see the doctor. I was given 3 days of sick leave from the 17/07/2018 to the 19/07/2018.



**SINGAPORE
POLICE FORCE**



T/20180717/2079

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20180717/2079

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:
D /
Staff Sgt ABU HAMID BIN ABU SHAMA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP188

SN 34

SIGNATURE

Signature Of Informant:

Date/Time:
17/07/2018 13:31

Classification Of Case:

Claim Handling

Accident NT/1004732

Policy No.	5069750844-03	Vehicle No.	FB12322G	GST Registration No.	
Policyholder Name	LEONG WAJ SENG			Policyholder NRIC	S85182421
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	81270629	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	26/07/2018 15:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/07/2018	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG EAST AVE 1 TOWARDS JURONG EAST ST 32				

Benefits

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 172 #20-339	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	SINGAPORE 650172
Address 4		Address Type	Singapore address	Post Code	650172
Unit No.	20-339	Related Policy Number	5069750844-03		

D1 Driver Info

Driver Name	LEONG WAJ SENG	Driver Type	Main Driver	Driver DOB	19/06/1985
Unnamed driver Name		Driver NRIC	S85182421	Driving Experience	12
Register Date of Driver License	26/06/2006	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	81270629	Contact No.(Office)		Address 3	SINGAPORE 650172
Address 1	BLK 172 #20-339	Address 2	BUKIT BATOK WEST AVENUE 8	Post Code	650172
Address 4		Address Type	Singapore address		
Unit No.	20-339				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FB12322G	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading*	0 mg	Any Injury?	Yes = No
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Modification History

Claim 001

Claim Type *	OD-MX	Insured Name	LEONG WAJ SENG	Insured NRIC	S85182421
Contact No.(Mobile)	81270629	Contact No.(Home)	65270439	Contact No.(Office)	
Email Address	waj.seng85@gmail.com	OT Vehicle Number	FB12322G	TP Vehicle Number	68830307
Claim Description	FB12322G / 18830307 ON 25 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/07/2018 00:00
Date Registered	26/07/2018 15:20	Claim Close Date			
Report Taken By	POSU WPAAB				

Print AK letter

Save Submit

Attachment

Accident No.	NT/1004732	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/07/2018 15:21

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Message Read		Clear Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Jul 2018 15:21	Photos	Normal	Photos 2018-7-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Jul 2018 15:21	Photos	Normal	Photos 2018-7-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Jul 2018 15:21	Photos	Normal	Photos 2018-7-26		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:21	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:21	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:21	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	Photos	Normal	Photos 2018-7-26	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	Photos	Normal	Photos 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:20	SAS	Normal	SAS 2018-7-26	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

rsbm

From: rsbm <rsbm@lkkauto.com>
Sent: Monday, 6 August, 2018 10:08 AM
To: 'Theresa Vimala'
Subject: MT/1004732-001 FBJ2322G

Hi Theresa the above mention claim date of accident should be 16/07/2018 and not 25/07/2018 thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 07 / 2018 (DD/MM/YYYY), TIME: (19 : 40) (HH:MM)

LOCATION: Jurong East Ave 1 toward Jurong East St 32

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB3 2322A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5069750844-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SYM GTS 200
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: Leong Wai Seng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S83182427 CONTACT: 81270629
c) ADDRESS: Blk 172 Bt. Botik West Ave 8 #20-339 650172

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Leong Wai Seng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S83182427 CONTACT: 81270629
c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: 19 / 06 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) ~~DATE~~ OF DRIVING PASS: 26 JUN 2006

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE3030T MODEL: Lamy
b) DRIVER'S NAME: MANINDER PAUL
c) NRIC/FIN/PASSPORT: A5277884R CONTACT: 88260332

9. THIRD PARTY VEHICLE

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

email = wleong85@hotmail.com

VIDE0=

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8518242J



Name

LEONG WAI SENG

梁伟诚

Race

CHINESE

Date of birth

19-06-1985

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



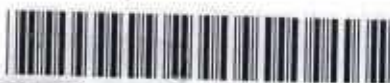
Licence Number: S8518242J

Name

LEONG WAI SENG

Birth Date: 19 Jun 1985

Issue Date: 11 Dec 2003



4514150

NRIC No. S8518242J



Date of issue
22-01-2010

APT BLK 172 BUKIT BATOK WEST AVENUE 8 #20-339
SINGAPORE 650172

NRIC No: S8518242J

Date: 05/07/2010

No: 6603071

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

Class	Motor/Cycle	Weight	Valid Until
Class 3	Motor cars	≤ 3,000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2,500 kg	30 Jun 2010 11 Dec 2003
Class 4	Heavy motor cars and motor tractors	> 2,500 kg	07 Oct 2008
Class 5	Motor vehicles	> 7,250 kg not constructed to carry any load	16 Dec 2009

S8518242J

S / No. 9000104441

NP 428A



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 Number : 5069750844-03/ **Cover** : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBJ2322G |
| Chassis Number | : RFGLM18WXE5002535 |
| 2. Name of Policyholder | : LEONG WAI SENG |
| 3. Effective Date of Insurance | : 10 Feb 2018 |
| 4. Expiry Date of Insurance | : 09 Feb 2019 |
| 5. 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.

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)	: LEONG WAI SENG
NAMED DRIVER (2)	: LEONG SIEW WAH
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)

Agency : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 05 Jan 2018 00:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive