

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

1/11/08 18:48

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 12/11/2008 18:48 | Job description | Date & Time Completed | Done by |
| Ref No: XBA/INC/02046114 | SAS e-filing | | |
| Veh No: PKL 5659E | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 12/11/2008 04:45 | I-Motor Claim Form | 11/10/9445-001 | 12/11/2008 |
| OID: TP: Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 19:05 |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whsp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: - | 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%; P: 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 () Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| 1/4807314 | Invoice/Repairation Charge | Bill | Add Bill |
| Claimants Particulars: | 1) AR: Accident Reporting (\$30) | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | INC (\$50) | |
| Contact No: | 3) TP: Towing Fee | \$40/\$45 | |
| Damaged Portion: | 4) FT: Follow-Through Survey | \$120 | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) | \$30 | |
| Auditors Comments: | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection | \$75 | |
| | 7) NI: Idau DA + SMRT Survey | \$160 | |
| | 8) NTUC Additional Services: | | |
| | ON: | | |
| | *NS: Courtesy Car / Tpt Allowance | \$3 | |
| | *NG: Repair Co-ordination | \$10 | |
| | *NP: Post Repair Inspection | \$25 | |
| | *ND: DV / Collect Excess Coordination | \$3 | |
| | TP (Nil): TP (Q-in INC) against INC | \$20 | |
| | 9) NI2: Idau 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 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. 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 | 12/11/2018 18:48 |
| Date Of Accident | 12/11/2018 04:45 |
| Exact Location Of Accident | NO :11 JALAN INDAH 28/13 TAMAN BUKIT INDAH 81200 |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBL5659E |
| Insured/Policyholder | |
| Name Of Registered Owner | LEONG NGAI CHENG |
| NRIC No | S8087727G |
| Email Address | LEONG8930@YAHOO.COM |
| Mobile Phone No | (FOREIGN) 016-5960071 |
| Alternative Phone No | OTHERS-94593179 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | YAMAHA |
| Model | SNIPER T150-150CC |
| Exact Purpose for which vehicle was being used at time of accident | BIKE WAS PARKED |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| 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 | 5096488895 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEONG NGAI CHENG |
| NRIC No | S8087727G |
| Date Of Birth | 30/06/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/03/2010 |
| Driving Experience | 8 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (FOREIGN) 016-5960071 |
| Fax Number | |
| Contact Number | OTHERS-94593179 |
| Email Address | LEONG8930@YAHOO.COM |

| | |
|---|---------------------------------------|
| Address | BLK 725 WOODLANDS AVENUE 6 #03-496 |
| Postcode | 730725 |
| 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 | THEFT |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20181112/2032 AND BUKIT INDAH/008040/18

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

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: 12/11/18

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


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

SKETCH PLAN

BIKE WAS BROKEN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER 2 DOLLAR REFUND
D/2018/11/2/2032 & SAKIT MATH/008060/18

DECLARATION

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

Policyholder's Signature:  12/11/18

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

12/11/2018
Reporting Centre Personnel's signature
Name: Rose Luther
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



D/20181112/2032

1 of 2

POLICE REPORT (NP299)

Report No. D/20181112/2032

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

| | | |
|---|---|-------------------------|
| Date/Time Report Made 12/11/2018 13:37 | Vide Report No. | Station Diary No. 38 |
| Name Of Informant LEONG NGAI CHENG | Address APT BLK 725 WOODLANDS AVENUE 6 #03-496 SINGAPORE 730725 | |
| ID Type / ID No. NRIC NO / S8087727G | Contact No. Home/Office Mobile 96593179 | |
| Nationality MALAYSIAN | Email Address | |
| Occupation ENGINEER | Sex Male | Age 38 |
| | Date of Birth 30/06/1980 | Race Chinese |
| Institution/School Name | Language English | |
| Date/Time Of Incident 12/11/2018 04:45 | Location Of Incident Johor Bharu, No 11 Jalan Indah 28/13 Taman Bukit Indah 81200 MALAYSIA | |

Brief details.

On the 12/11/2018 at about 0445hrs, I was at my Malaysia house in No 11 Jalan Indah 28/13 Taman Bukit Indah 81200 Johor Bharu. I was asleep but was woken up by loud noises that came from outside my house. From my window I saw that my terrace house's front gates were opened and that somebody was handling my Singapore Motorbike that was parked in my house compound. My bike is Yamaha Sniper T150 FBL5659E. I faster got out to stop him, however this person managed to ride off with my

Signature Of Officer Recording The Report:

D / Sgt 3 ROGER GOH XIN YAN

Signature Of Interpreter:
Not applicable

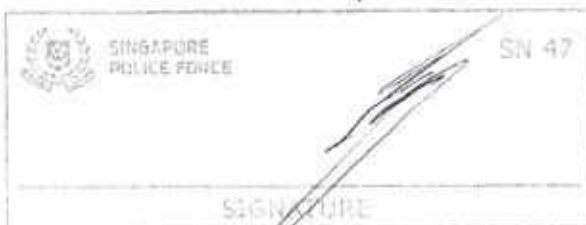
Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp NG YU LING
Contact No.:

Signature Of Informant:

Date/Time:
12/11/2018 13:37

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



D/20181112/2032

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181112/2032

bike. I did not manage to see his face as he was wearing a helmet.

| Subjects Involved | | | | | | | | |
|----------------------|-----------------------------------|------------------------------|--|---|-------------------------------------|----------|-------|------------------------------------|
| Victim | | | | | | | | |
| Person Name | | LEONG NGAI CHENG (Informant) | | | | | | |
| Property Information | | | | | | | | |
| S/N | Item | Type | Brand/ Account/ Property/ Security- Type | Make/ Model/ Bank/ Address/ Counter | Serial No./ IMEI/ Acct No. | Quantity | Value | Description |
| 1 | Motorcycle | Stolen | Yamaha | Sniper T150 | FBL5659 E | 1 | | One black Yamaha Sniper T150 |
| Vehicle Information | | | | | | | | |
| S/N | Vehicle Registration Number | Engine No. | Chasis No. | S'pore Car | Status | | | |
| 1 | FBL5659E | G3E6E0223176 | MH3UG0740G003 1221 | Yes | Stolen Overseas | | | |

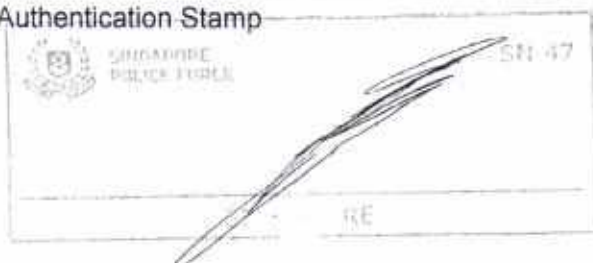
Signature Of Officer Recording The Report:

D / Sgt 3 ROGER GOH XIN YAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp NG YU LING
Contact No.:

Authentication Stamp



Signature Of Informant:

Date/Time:
12/11/2018 13:37

Classification Of Case:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : NUSA BESTARI
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No Repot : BUKIT INDAH/008040/18
Tarikh : 12/11/2018
Waktu : 0610 AM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : RAHAMAT BIN AMAN
Butir-butir Jurubahasa (Jika Ada)

No Personel : R120426

Pangkat : KPL

Nama : ---
No Paspot : ---
Alamat : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

Bahasa Asal : ---

Butir-butir Pengadu

Nama : LEONG NGAI CHENG
No K/P (Baru) : 800630085017
No Sijil Beranak : ---

No Polis/Tentera : ---

No Paspot : ---

Jantina : Lelaki
Keturunan : Cina

Tarikh Lahir : 30/06/1980

Umur : 38 tahun 4 bulan

Warganegara : Malaysia

Pekerjaan : JURUTERA DI SINGAPURA.

Alamat Tempat Tinggal : NO 11 JALAN INDAH 28/13 TAMAN BUKIT INDAH 81200 JOHOR BAHRU JOHOR.

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 0165960071

Emel : ---

Pengadu Menyatakan:-

PADA 11/11/2018 JAM 2230HRS SAYA TELAH MELETAKKAN M/SIKAL SAYA NO PENDAFTARAN FBL 5659E JENIS YAMAHA SNIPER T150 WARNA HITAM DI RUMAH DIALAMAT NO 11 JALAN INDAH 28/13 TAMAN BUKIT INDAH 81200 JOHOR BAHRU JOHOR DALAM KEADAAN BERKUNCI BAIK.PADA 12/11/2018 JAM LEBIH KURANG 0445HRS SEMASA SAYA DIRUMAH SAYA TERKEJUT BUNYI BISING DI LUAR RUMAH DAN MENDAPATI SEORANG LELAKI BANGSA TIDAK PASTI TELAH MELARIKAN MOTOSIKAL SAYA.SAYA CUBA MENGEJAR LELAKI TERSEBUT TETAPI LELAKI TERSEBUT TELAH MELARIKAN MOTOSIKAL SAYA DENGAN MEMECUT LAJU.BUYTIR BUTIR MOTOSIKAL SAYA IAITU,

Butir-butir Kenderaan Hilang:

No : 1
Buatan : YAMAHA
Nama Kenderaan : YAMAHA SNIPER T150
No Pendaftaran : FBL5659E
Jenis : MOTOSIKAL
Warna : HITAM
Berkunci : Ya

Tanda-tanda yang Jelas : --

SETERUSNYA SAYA DATANG KE BALAI POLIS BUAT LAPORAN. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:



Salinan Repot Pertama

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:



DAFTAR PENGADUAN
NO. 123456789
TANGGAL 12/03/2024

Claim Handling

Accident HT/1019445

| | | | | | |
|---------------------|----------------------|---------------------|---------------------------|----------------------|-----------|
| Policy No. | 5096488895 | Vehicle No. | FBL5559E | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LEONG NGAI CHENG | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | 58087727G |
| Product Code | MOTORCYCLE INSURANCE | Contact No.(Office) | 016-9960071 | Loading | 0 |
| Contact No.(Mobile) | 941931179 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | Yes | eCode | No |
| KPK | Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|---|-------------------------------|-------|---------------------|-------------------|
| Report Date | 12/11/2018 19:08 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 12/11/2018 | Time of Accident (hr:min) | 04:43 | Country of Accident | Outside Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | NO 13 JALAN INDAH 28/13 TAMAN BUKIT INDAH 81200 | | | | |

Excess

| | | | | | |
|-----------------------|------|-----------------------------|--|-------------------|--|
| 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 | | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 725 #03-496 | Address 2 | WOODLANDS AVENUE 6 | Address 3 | SINGAPORE 730725 |
| Address 4 | | Address Type | Singapore address | Post Code | 730725 |
| Unit No. | #03-496 | Related Policy Number | 5096488895 | | |

OI Driver Info

| | | | | | |
|---|------------------|---------------------|--------------------|------------------------|------------------|
| Driver Name | Leong Ngai Cheng | Driver Type | Main Driver | Driver DOB | 30/06/1980 |
| Unnamed driver Name | | Driver NRIC | 58087727G | Driving Experience | 3 |
| Register Date of Driver License | 01/01/2015 | Driver Age | 38 | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | SINGAPORE 730725 |
| Address 1 | BLK 725 #03-496 | Address 2 | WOODLANDS AVENUE 6 | Post Code | 730725 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | #03-496 | | | | |
| Does he own a Singapore Registered car? | Yes | Driver Vehicle No. | FBL5559E | Driver Insurer Company | NTUC |

| | | | | | |
|-------------------------------------|------|-------------|-----|----|--|
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes | No | |

Modification history

Claim 001 NEW

| | | | | | |
|---------------------------|-----------------------------|--------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MR | Insured Name | LEONG NGAI CHENG | Insured NRIC | 58087727G |
| Contact No.(Mobile) | | Contact No. (Home) | | Contact No. (Office) | |
| Email Address | | TP Vehicle Number | FBL5559E | Name of Preferred Workshop | |
| Claim Description | FBL5559E / - ON 12 Nov 2018 | | | | |
| Preferred Workshop | Insured Liability | Not at Fault | GIA report | Received | |
| Workshop No. Finalisation | Yes | Repair Option | Preferred Workshop, Name unknown | Claim Close Date | 12/11/2018 19:08 |
| Date Registered | | | | Date Received | 12/11/2018 |
| Report Taken By | ROSLI WAHAB | | | | |

Print Ack letter

Save Submit

Attachment

| | | | |
|--------------------|----------------|-------------|------------------|
| Accident No. | HT/1019445 | Claim No. | 001 |
| Lost Doc: Received | Yes No | Upload Date | 12/11/2018 19:08 |
| Path * | | Category * | Confidential |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Clear | Please Select |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|------------------|-----------------------|---------|----------------------------------|
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 19:08 | | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-11-12 |

NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Nov 2018 10:08

SAS

Normal

SAS 2018-11-12

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 12/11/2018 (DD/MM/YYYY), TIME: 04:45 (HH:MM)

LOCATION: No. 11 Jalan Indah 28/13 Taman Bukit Indah, 81200 Johor, Malaysia

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRL5659E
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5096488895
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha / Sniper T150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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 NGAI CHENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 580877279 CONTACT: 98593179 / 016-5960071
 c) ADDRESS: BLK 725 #03-496
Woodlands Avenue 2

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: Quang Nam

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = leong8930@yahoo.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8087727G



Name

LEONG NGAI CHENG

梁毅政

Race

CHINESE

Date of birth

30-06-1980

Country/Place of birth

MALAYSIA

Sex

M



9411307



NRIC No. S8087727G



Nationality

MALAYSIAN

Date of issue

29-07-2016

Address

APT BLK 725 WOODLANDS AVENUE 6
#03-496
SINGAPORE 730725

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G7365527M

Name

LEONG NGAI CHENG

Birth Date: 30 Jun 1980

Issue Date: 26 Feb 2015

Valid Till: 26 Mar 2020



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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 27 Mar 2010
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 27 Mar 2010

NP 428A



Licence No: G7365527M

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this Insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5096488895
The Policyholder : LEONG NGAI CHENG
BLK 725 #03-496
WOODLANDS AVENUE 6
SINGAPORE 730725

Period of Insurance : 14 Dec 2017 To 14 Dec 2018
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$253.73

Interest Insured

| | | |
|-----------------------|-----------------------------|--------------------------|
| Cover Type | : Third Party, Fire & Theft | |
| Named Driver (1) | : LEONG NGAI CHENG | |
| Named Driver (2) | : N/A | |
| Make/Model | : YAMAHA/SNIPER T150 | |
| Capacity | : 150cc | Number of Seater : 2 |
| Registration Number | : FBL5659E | Registration Year : 2016 |
| Chassis Number | : 2B | Insure with COE : YES |
| Excess (Section 1) | : N/A | NCD Entitlement : 0% |
| Excess (Section 2) | : N/A | |
| Hire Purchase Company | : N/A | |

Memo A : N/A

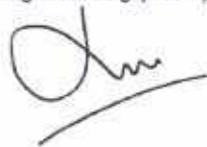
Endorsement Operative: M2

Agency : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 05 Dec 2017 12:24 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive