NATIONAL Assessment Centr	e Services.	[well 1 January .	MULAUFICE	1772	
Date In: 15/4/2018 16:42	Jeb description		Date &Time Comple	ted Doi	ne by
Ref No: XIPA MC(RO) 073/14	SAS c-filing	, .			
Veli No: 1859642H	The state of the s	a Shrs, AIC Zhrs)	1	1	
D.O.A: 15/11/2010 12:00	I-Motor Čio		M110996/2	0011 16/1	1201F
The state of the s	JULIAN DARASES DE LE LEGIT CHE	O (Within: OD 2hrs,	TP (brz)	77	0)
OD / TP Reporting Only	i-Photo Upl		1		W.
Seminary and Company and Company		arvey Report		- · · ·	
TP Insurer:		by Fax/Hand to	Owner/Wksp		
Proforred Wksp / INC Assign Wksp / QW: (- Commission		Tel:	Fax:	CACO INCOME
TP Particulars: Yeli No: Y	MIODED	. INC(),	
Owner / Driver: (Tel:)	-
Policy No: () Per	iod: ()	Cover Type: (·	
Confirmed by : (Date:	Tline:	·	
Insured/Driver Liability: (%) [N	lote-Est. Status (-	%; P: 21-79%. P: 9	30-100%]	
A P SPECIAL CONTROL OF SECURITY OF SECURIT	Jarranty: YES ()/NO(, , , , , , , , , , , , , , , , , , , 		
Excess: (S) Loading: \$1,00	0 ()/52,000)()			
Gondini Minimilitary K. Story / Zandinierie	WARE TO SHAW	BEAT NEW YORK	LEGISLAND ST. ST.	51.05.15 T	
() Walk-In Customer : Customer's Information				September 1917	*
() Total Loss Case : to e-mail Insurer		minoential & Stric	cuy NO rater or repair	61,	
	XE2()/1	NO(); To	wing Co: (· , "		,
Contractor - Contr		44	Dicking Childs	体以这是后on	b by
1) Apply for Transport Allowance ()/Co	urtesy Car ()			
2) QC Check / Post Repair Inspection	()		•	
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		7	
Injury :		- II	3 15 7		
					701-101-1-101
Participation of Automatical States of the Salary			X 7.7	新华州	
				10.50	
	1				
				-	retire the
X/A/20 7485		invoicement	strongie witex		Madellii
		1) AR ; Assident IV	Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHARLIMAN	T ALGICIT
Trunding Strottle Hills 35-35	STATE OF THE STATE OF	1) DA : Dame ; A:	sessment (\$100); INC	\$40/\$45	
river/Owner:		3) TF : Towing Fee 4) FT : Follow-Thro	with Survey	\$120	
pritact No:	•	5) FT : Follow-Thre	och Survey (Reservey)	\$30	
rmäged Portion:		6) TR: Re-inspection		375	
magen roldon.		7) NI : Idau DA + S 8) NTUC Additions	MRT Survey	2160	-
		Oh!	Il Selvicerie		
Checked by (Engr-In-Charge):		*NS; Courlesy Co	of / Tpt Allowence	\$10 \$10	
是"我们的现在分词,我们就是这个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	VINVENVEUS	*N6: Rapeir Co-r *N7: Post Repair	Inspection	\$25	
unitors acomments;	污的机场的影響時代	+NB: DV / Collec	t lixeess Coordination van INC) against INC	\$20 .	
-1:	14	9) N13: Idao Mobil		30	AM PEG MIN
2/3:		Involve dated	Fee Charg	MANAGE SALES	THE PERSON
		Involce dated	Fee Charg	F2 , SJANE LOS	No transport

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	15/11/2018 16:43
Date Of Accident	15/11/2018 12:00
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF9642H
Insured/Policyholder	
Name Of Registered Owner	TAN EE YONG, KERSHAW
NRIC No	S9022816A
Email Address	KASHO@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-86131783
Alternative Phone No	OTHERS-86131783
Vehicle Particulars	
Manufacturer	YAMAHA
Model	NOVVO
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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
Fleet Policy	NO
Policy Number	5100677820
Cover Note Number	
Driver	
Name of Driver	TAN EE YONG, KERSHAW
NRIC No	S9022816A
Date Of Birth	28/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86131783
Fax Number	

OTHERS-86131783

KASHO@HOTMAIL.SG

Address

BLK 61A STRATHMORE AVENUE

#27-18

Postcode

143061

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

2 NO

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

SLM1028D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre-Personnel's Signatur

NRIC/FIN No.:

1-25 AV 22 - 10 AV 12	
I was riding as a food delivery r	ider at Bukt migh road on 15/11/2018,
2 pm duy a heavy rain. The car intental i	me, SLM 10280 made an e-brake infant of
re, and I wasn't able to stop on time. I	
he rain and storey road. I want able to	
ne back of the car with a small impact	The same of the sa
a 2 larpark to exchange contact number. The	
the text back lide of the car. Due to the	
	V V

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
POLY WITH B

DESCRIPTION OF THE PARTY OF THE

Martin	Claim Handling						
Marchelle March		NAMESTANIA	California Naci	and the same		222 0000000	
Margination	17.	310007920	sence no.	rnrso42H		GST Repetration No.	
March Color March Color March Color March Speed		TAN FE YONG KEESHAW				SHOULD SEE CONTRACTOR	
Control Municipal			Enser Type	Third Page			
The Authors	Contact No.(Mobile)			The state of the s			.9.
March Marc	Email Address						No. *
Martin M	MPK	- No Yes		- No Yes			190.7.1
## PATRICE NOTE 1591 1592 1593 1593 1593 1593 1593 1593 1593 1593	NCD Protection						the .
The of Acquised 10.11 12	P Accident Details					112000	700
The of Ancient 1911	Report Date	15/11/2016 16:50	Accident Report Within 24 hrs.	Yes		Accident Type	College a Mary to East
Marchelle Latering	Date of Accident						
Marie Mari	Reporting Centre	N7717095000		B.B. Tarac			(construct)
Marie	Assident Location	ALONG JALAN BLIGT MERAH	1000			100	
Column C	* Excess						
Marie Mari	Own damage Excess	0.00	Additional Excess			Windscreen Bareira	
The Fire Protection	Unnamed Driver Encess						
Mary Part	Trend Party Excess	0.00					
100 100	⇒ Benefita						
CET Spring Northern Test Test North Northern Test North Northern Test North Northern Test North	₩ GST Registered Informat	tion					
Marchane	BST Registered	No		OST 4e	gistration thele		
Parkyonder Medical But 42795	DST Registration Ass.			GST Str	rtus Verified	Yes	
Maries	Modification History						
Address 5 Address 5 Address 7	Pascyholder Mailing Add	ress					
Selection Sele	Address L	BLK 618 #27-18	Address 2	STRATHMORE A	VENUE	Address 3	EINGAPORE (430K)
### Part	Address 4		Address Type	Singapore addre	rts.	Post Code	143001
Divisor Divi			Related Policy Number	5100677920			2240APR.1
Disease Dise							
### Accordant (A) Color State (B) For Exemption (B) (Color State (B) (Colo		TAN SE YONG, KERSHAW		Main Driver			
Contact No. (Mobile) 84.517-21 84.618-27-12 84.618-27-12 84.618-27-13 84.618-27-1				59022816A		Driver DOS	28/06/1999
Address 1				28		Driving Experience	9
Address Type						Enntact An.(Home)	
Decide Section Strong Production Strong		BLM 618 #27-18					SINGAPORE 143061
Device Part			Address Type	Singapore appre	##.	Post Code	143001
Processor Proc							
Secretary	Registered car?	yes solu	Driver Verliebe Nes.	PBP9642H		Driver Insurer Company	NTUE
### And # Figure 1 Column Type		Viville -	NA NA				
Email Audines Email	Valletismore talent.						
Contact As (Mobile)	Claim Type *				ор-мх	* Immed PANER VING to	ERSHAW Insured 590
Claim Castrightin Ca	Contact No (Mobile)				a females and a	Contact .	Contact
Choose File No file chooses	Contact No (Mobile)				90936789	No. NIL	Ng:
Claim Cestription Proferred Proferred Workshop Proferred Unite Registered Unite Registered Sove Submit	Email Address				ahaw90@line.com	Ot Vehicle FRFR642H	Vahide SIM
Protected Finance Description Part P	Claim Description				PREDERAN FOR HIDSEN	Number	Number Name of
Preserved Workshop, Name unknown * moon * mo	Preferred	NATURAL DESCRIPTION OF THE PROPERTY OF THE PRO	and the second		PERMITTE / SCHIDZED	ON 18 Nov 2018	Workshop
Save Submit Save Save Submit Save	Banks No. Yes	* (Separe: Frateries Worksty			•		
### Pyor AK latter Sove Submit	Date Kegatered	Chuan	1756		15/11/2018 16:53	Clase	Date 15/1
Attachment Attachment Accient No. NT/1019567 Claim No. 008 Last Onc. Reneived * You O Ne Upload Date 15/11/2018 27/02 Path * Category * Cunfidential Urgeticy * Choose File No file choses Choose File No file Choose File No fil	Report Taken By				Service HOALINE	Care	The state of the s
Attachment Accident fin. NFT/1019967 Claim No. 001 Lest One. Received # Yes 74e Upload bake 15/11/2018 17/102 Fach * Category * Cunfidential Urgeticy * Choose File No file chosen	MATERIAL PROPERTY OF THE PROPE				STOLI WATER		
Accident No. MT/1019967 Claim No. ODS Last Onc. Remirved * Yes One Upload Date 15/11/2018 27/02 Fach * Category * Cunfidential Urgeticy * Choose File No file chosen	F Print AK letter						
Accident No. MT/1019967 Claim No. ODS Last Onc. Remirved * Yes One Upload Date 15/11/2018 27/02 Fach * Category * Cunfidential Urgeticy * Choose File No file chosen							
Accident file. Accident file.	MANAGES IN			Save Submit	1		
Accident No. PTT/1019967 Claim No. ODS Last Onc. Reveived: *You Vise Characterist	Attachment						
Last Onc. Revelved # Yes 74e Upload Date Upload Date 15/11/2018 27/12 Fach * Category * Cunfidential Urgeticy * Choose File No Sie chosen Clear Please Select # No * No * Normal * Choose File No Sie chosen	A SECOND PROPERTY.	1.07.240328-0-01					
Choose File No file chosen					008		
Choose File No file chosen	Last Onc. Reverved	* Yes O No.	tiploan tiste.		15/11/2018 17:02		
Charase File No Sile charases Clear Fisase Select T NO T Normal T		Path *			Category *	Cunfidential U	rgency * De
Chaose File No file chases Choose File No file Choose File Choose File No fil				Clear	Mease Select	* NO * Norm	niet •
Chapter File: No file chapers File: No file: Chapter File: No file: Chapters Mescage Reser	Chaose File. No file chosen			Char	Please Select	7 NO 7 Norm	net v
Choose File No file chosen	Choose File No file chosen			Clear	Please Seinch	* NO * Norm	nel *
Chapse File No file chapses Receipt Road Mescale Road Chapse Select * No file chapses	Choose File No file chosen			Clear	Please Select		
Chanse File: No Ne chosen Clear: Please Select: Mescape Road:	Chaose File No file chosen			Clear	Prizzie Salact	Committee of the commit	
Mencage Read	Chaose File No Ne chosen						
	Mescage Read			tenentment		The state of the s	
▼ Attachment List							
Attachment Litilated By/Cate Category V Ungency Description		WARD 1000					

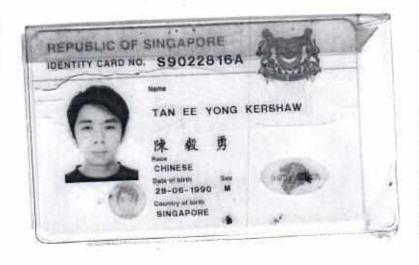
	Uploaded By/Date	Fulder Date	File Na	ne	9	Source	
→ Video List							
4/4		IONAL ASSESSMENT CENTRE SERVICE on 15 Nov 2018 18:52	Phaine	Normal	Priotos 2	U18-11-15	
	NAC BURIT MERAH, BOOK? 61 NAT BYBURIT MERAH)	IONAL ASSESSMENT CENTRE SERVICE 00 15 Nov 2018 10:57	Protos	Normal	Photos 2	G18-11-15	
8	NAC_BURIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BÜKLT MERAH)) on 13 Nov-2018 16:52		Photos	Normal	Photos 2	018-23-15	
3	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SPRVICE S (BURIT MERAH)) on \$3 Nov 3018 10:52		Medius	Normal	Photos I	vite-11-15	
A	NAC_BUXIT_MERAH_BUXX76(NAT S (BUXIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 15 Nov 2018 16:52	Pictor	Normal		018-11-15	
3	5 (MINIT MERAH))	TONAL ASSESSMENT CENTRE SERVICE on 15 Nov 2018 14:12	Photos Normal		Protes 2018-13-15		
400 mg	NAC_BUNIT_MERAH_BDD676/ NAT S (BUNIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 15 Nov 2018 17:02	NGC/ Driving License	Normal	NHIC? Driving L	cense 2018-11-15	
193							

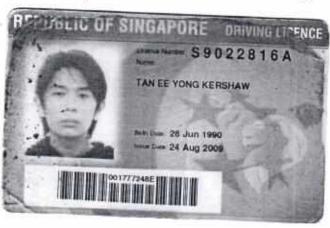
Drugtay in New Window | Scan and upleading

ACCIDENT'STATEMENT

ACCID	ENT DATE: (13, / 15 / 5 0 16) (DD/MM/YYY), 1	IME: (_12.: 0) (HK:MM)
LOCATI	ON: Along Forgue Bukit N	harout -
TO CALL		
1	DETAILS OF VEHICLE	
25.	OJYEHICLE NUMBER: FBF 96424	* # #
	LINE WALLES	
5#	b)INSURANCE COMPANY: VTUC	
	d) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY	ATUIDD BARTY FIRE ATHEFT
	B)MAKE & MODEL YAMAHA MOVE	/ INKO PAKIT PIKE WITCH
	I)TYPE: (SALOON / COUPE / MPV /VAN / LORRY /	MOTORCYCLE OTHERS
	g VEHICLE CATEGORY: [PRIVATE / COMMERCIAL	MOTORCYCLE
	h) PURPOSE OF USING AT ACCIDENT TIME:	DELLVERY
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	ANCE IVESIMO
	IF NO, PLEASE STATE (THIRD PARTY CLAIM (REP.	OBTING ONLY
- F		OKTINO CITCA
2,,	ANAME: TAN EE YOU'S KEKHAW	(MALE) FEMALE
ū.	MILION JEILING A COROCT. SAULLING	CONTACT! 6615 1717
	CIAODRESS: BIK LIB IM FTH MORE AVE HZ	7-19 56 143041)
	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOL	DER
\$110 of passongo	DRIVER	(7)
	ONAME: 10:9 MONA	(MALE / FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT:	_CONTACT:
()	c)ADDRESS:	The state of the s
10		
6	* d) DATE OF BIRTH: (28/06/ 1410) (DD/N	(M/YYYY) ; ;
,	e OCCUPATION: (INDOOR / QUIDOOR)	1 - 00 A
	HOATE OF DRIVING PASS	DIE COMPANYS (VES / NO)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANTI (100)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	TUEDS
5,	a) WEATHER CONDITION: (CLEAR / RAINING / C	ineks
=12	DIROAD SURFACE: (DRY / WED / OTHERS WAS ANYBODY INJURED (YES / NO)	
. 7	OREPORTED TO POLICE (YES / NO)	- A
(I) 10 KOA	IF YES, PLEASE STATE WHICH POLICE STATIONS	
8,	THE DANG VENICIE	
tho of passonger	O) VEHICLE NUMBER: SLM 10280	_MODEL:
U.S. and H. Sales I Decreased in the second	WI DON/EDIC ALASIE!	
(Induding driver)	O) HRIC/FIN/PASSPORTI	CONTACT:
(<u>1</u>) 9.	THIRD PARTY VEHICLE	escar.
	d) VEHICLE NUMBER:	MODEL:
10 of bestrußer	al DRIVER'S NAME:	
(Including driver) I) MRIC/FIN/PASSPORTI	CONTACTIL
()		
		10 vi g

email = Kasho @ hotmail sg fax = VIDEO









Hello, NAC_BUKIT_MERA	NH_800676						+ Chang	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident		15/11/2018	16:09	
	Vehicle	No.(For Motor)	FBF964	FBF9642H		Certificate Number		0)			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100677820		TAN EE YONG, KERSHAW	59022816A	GMC	Third Party	FBF9642H	FBF9642H	15/05/2018	05/08/2019