NATIONAL Assessment Centre	1	Date & Time		Done by	
Date In: 17 111/18 15:26	Job description	Date to Fin			
Ref NO: MAI INC 180 20830/64.	SAS c-filing				
Vch No. F8C 3822K	E-mail (within 5hrs, Al		001		
D.O.A = 16/11/18 00:30	I-Motor Claim For	Wil CITIO	203- 13	11111817:10	*
()() D' Reporting Only	I-Motor W/O (with	in: OD 2hrs, TP 4hrs)			*
	i-Photo Uploaded				
TP Insurer:	Assessment/Survey I				
The state of the s	Ass't Report by Fax	/ Hand to Owner/Wks	CHAPTER OF THE PARTY OF THE PAR	COLUMN CASSESSES	more-
Preferred Wissp / INC Assign Wissp / QW: (*	Tel:	Fax:		
TP Particulars: Veh No: 5	HD 317 2 8.	INC()/Non-IN	C().	:	
Owner / Driver: (Tcl:			
Policy No: () Peri	iod: () Cover Type:			
Confirmed by : (Date) 9/1	
The second secon	lote-Est. Status (WO):		76. P: 80-100	70]	
		NO()			
Excess: (\$) Loading: \$1,00	PSC为证的建文规则从为用证例的数据的。		15 x 45 6 7 2 2 2 2	THE PARTY OF	EBSS100
the second secon	State General Parties	DANSEL TOXING CALL	of repairer	W. W	-
() Walk-In Customer : Customer's Infor		itial & Strictly NO 19161			
() Total Loss Case : to e-mail Insure); Towing Co: (•)	
Drive-In ()/ Towad-In (); Invoice:	YES()/NO(manufacturing Co. (men (Vivisiani)	TATELLA CONTROL	CONTRACT OF STREET
Remarks: (186 holling: 6799 6616)		25 KASE Dites Inter	adjuple! arks 1233	* inlinoughy	
1) Apply for Transport Allowance ()/Co	ourtesy Car ()				
2) QC Check / Post Repair Inspection	(·)			7	
3) Upload Resurvey Photo [Repair Cost>\$30	000] ()				
Injury:					STATE OF
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The Control of the Co	et syyanden, maannak vasagas ja ja ja	. •			
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Intimant's Particulars	DOMESTIC PROPERTY OF THE PROPE	: Acadent Reporting (530)		30.00	
Control of the Contro	3) TF	1 Towing Fee	540/54	and the second s	
Oriver/Owner:	COPT	: Follow-Through Survey : Follow-Through Survey (Re	\$12 aurvey) \$3		
Contact No:	For	olaiming against INC Only (wof 10 Jon 2005)	5	1,50
Damäged Portion:	7) 1/1	: Re-inspection : Idan DA + SMRT Survey	516	the state of the s	
	8) NI	UC Additional Services:-			
C Checked by (Engr-In-Charge):	OJ • N	5: Courlesy Cor / Tpt Allower	ce S	Contract of the latest desired in the latest	
Service of the Children Constitution of the Co	N. Statistical designation on	6: Repair Cu-ordination 7: Post Repair Inspection	51	3	
	26年1月20日 11	8: DV / Collect Excess Coord (N11): TP (Non INC) against		5	
af, 1;	9) N1	2: Idna Mobile		101	V CEN
11 2 / 3)		ce dated ce dated	Fee Charged	CALCULAR OF THE PARTY OF THE PA	
	Linval	DE GOTTEG	Control of the Contro		

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as 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.

- 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.

biologia.	
Madi Maranga South Comment	ACCIDENT STATEMENT
Date Of Report	17/11/2018 15:26
Date Of Accident	16/11/2018 00:30
Exact Location Of Accident	RIVER VALLEY RD
Country/State of Loss	SINGAPORE
the state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC3822K
Insured/Policyholder	
Name Of Registered Owner	RWAVE MOTOR
Co Reg No	53373424W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93696861
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5096968941
Cover Note Number	
Driver	
Name of Driver	TAN KOK SOON
NRIC No	S9438434F
Date Of Birth	13/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91689260
Fax Number	
Contact Number	
EMail Address	NOEMAIL
	10/4/08/90/2007 (0.15/15 = 1

Address BLK 663A PUNGGOL DR #09-272

Postcode 821663

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

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 TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SHD3172B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

DETAILS OF INJURED PERSON 1

Name

TAN KOK SOON

Approximate Age

Injuries Sustain

KNEE

Injured person in which vehicle?

FBC3822K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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.
- 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:

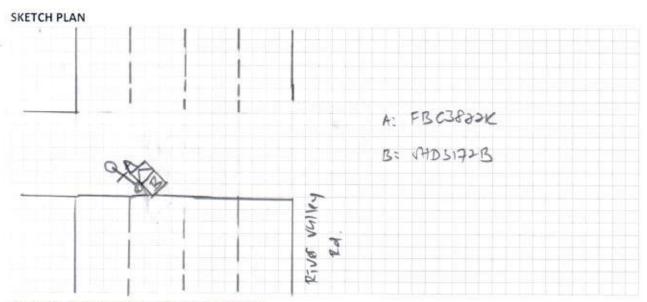
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

RWAVE MOTOR Reg. No. 53373424W

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to	Police	report -	T/2018 1116 70	12.	
			7.	200	
				/	
		1			
					727

DECLARATION

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

RWAVE MOTOR

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 11 / 18)(DD/MM/YYY	Y). TIME:(00 : >)(HH:MM)
LOCATION: River valvy Rd X Hoof	169n Rd.
DETAILS OF VEHICLE a) VEHICLE NUMBER: FISC 38 22 K b) INSURANCE COMPANY: NTIC c) POLICY NUMBER: 50969691.	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PAI e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORR g) VEHICLE CATEGORY: (PRIVATE / COMMERCI h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSU IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	Y / MOTORCYCLE / OTHERS) IAL / MOTORCYCLE) RANCE (YES/NO)
2. INSURED / POLICY HOLDER A)NAME: Rware Motor b)NRIC/FIN/PASSPORT: T3373434 W c)ADDRESS:	(MALE / FEMALE) CONTACT:93696861
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HO DRIVER (Including driver) DINRIC/FIN/PASSPORT: (1) CJADDRESS:	(MALB/FEMALE)CONTACT: 91689265
*d)DATE OF BIRTH: () / O/ ASY) (DD/M e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 29 9 2 4. WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH 5. Q)WEATHER CONDITION: (C.EAR / RAINING / O' b)ROAD SURFACE: (OR) / WET / OTHERS	D'S COMPANY? (YES / NO)
6. WAS ANYBODY INJURED (YES / NO) - DOVE 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:_	
NO OF PROSERVE OF VEHICLE CONTRACTOR OF THE PROPERTY OF THE PR	_MODEL:
HIRD PARTY VEHICLE WEHICLE NUMBER: DRIVER'S NAME: NRIC/FIN/PASSPORT:	MODEL:
	γ.

email =

fax =

VIDEO =





1/20181116/7012

1 of 3

Report No. T/20181116/7012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2018 16:58			Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars	A SECURITY OF THE SEC				
Name of Informant: TAN KOK SOON			Address: APT BLK 663A PUNGGOL DRIVE #09-272 SINGAPORE 821663				
ID Type / ID No.: NRIC NO / S9438434F			Contact No.: Home/Office: Mobile: 91689260				
Nationality: SINGAPORE CITIZEN		EN	Email: gs.danetan@gmail.com				
Sex: Male	Age: 24	Date of Birth: 13/10/1994	Type of Informant: Rider				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Delivery			Driving Licence Information: Class: 2B Date of Expiry:				

General Infori	mation of the Acci	dent	THE CLERKS OF SELECTION		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2018 00:30	Type of Location: X-Junction	
Location: RIVER VALLE Weather:	EY ROAD	Road Surface:	I	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	. 20	Traffic Volume: No Traffic	
Type of Collis Between Mov	ion: ing Vehicles - Side	1	Anyone conveyed by ambulance:		

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBC3822K	Motorcycle	HONDA	Wave	Red	Slightly Damaged	0	
SHD3172B	Car	HYUNDAI	Ionia	Blue	Slightly Damaged	0	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20181116/7012

CONTINUATION OF REPORT

Rider				de la		医原光性小型的 对下的
Name	TAN KOK SOON			ID No		S9438434F
Related Vehicle	FBC3822K (Motorcycle)			Contact No.		91689260
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Date Discharge NIL			
No. of Days granted Medical Leave 05				Degree of Injury Sligh		

Brief Details.

On 16/11/2018 0030hrs, I was travelling on Vehicle A (FBC3822K) along River Valley Road on lane 2 with intention to "Turn Left to Hoot Kiam Road. Vehicle B (SHD3172B) was on the same lane. When i was about to move off to "Turn Left, Vehicle B collided onto the right rear to side of my vehicle. I came down to check and realise that my right rear to side is damaged and vehicle B has damage at the front. I sustain injury on my knee and was given a 5 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20181116/7012

3 of 3

Tel No: 65470000

Contact No.: 65476172 Authentication Stamp

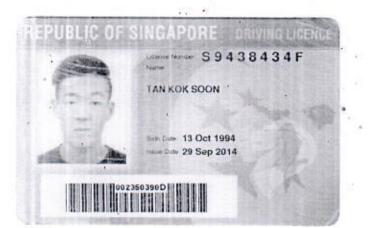
NP168

CONTINUATION OF REPORT

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	$\kappa \in \mathbb{N}$	0.11		an

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2018 16:58
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	Classification Of Case:









eBaoTech	The same of the sa						GeneralClaim				
Hello, NAC_PAYA_UBI_80	0601		412399	No. of the last		ACCESS OF REAL PROPERTY.	Change Lar	nguage	Change Pa	ssword '	Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	o.				Date of A	Accident	16/11	/2018 00:30		
	vehicle	No (For Motor)	FBC3822	K		Certificat	e Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096968941		RWAVE MOTOR	53373424W	GFT	Third Party	FBC3822K	FBC3822K	02/01/2018	
					Co	ntinue					

00:57 G P 00:00 E	Group N Policy Flag N Expiry Date 21/1; Windscreen Excess	Young/I	SINGAPORE 600257 600257 Endorsement Content
JURONG EAST STREET Singapore address 5105412105	Policy Flag Expiry Date 21/1: Windscreen excess SST Flag Y T 24 Address Post Co	Young/I	/Inexperience Driver Excess SINGAPORE 600257 600257
JURONG EAST STREET Singapore address 5105412105	Policy Flag Expiry Date 21/1: Windscreen excess SST Flag Y T 24 Address Post Co	Young/I	/Inexperience Driver Excess SINGAPORE 600257 600257
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Singapore address 5105412105	Post C	Code	600257
Singapore address 5105412105	Post C	Code	600257
	Endorsement S		VLSECS 570565
ndorsement Number	Endorsement S		Endorroment Contact
ndorsement Number	Endorsement S		Endorrement Contact
ndorsement Number	Endorsement S	BONNEY C	Endorrament Content
		Status	
0001286720701	Endorsement Tak Effective	op co to fol EF GS \$4 an (in (in yo pri Ot yo wit let iss	hank you for giving us the poportunity to serve you. We confirm that this policy is extended of cover 1 additional vehicle as plows: VEHICLE NUMBER FFECTIVE DATE PREMIUM (INCL ST) 1. FZ7802Z 26-12-2017 486.81 In view of this amendmen additional premium of \$486.81 nclusive of GST) is payable under our policy. Please ignore this remium payment request if you ave since made payment. therwise, we would appreciate it is us could make payment to us lithin 14 days from the date of this tter. For cheque payment, please sue the cheque in favour of "NTU lecome" with your name and policy umber indicated on the reverse of
	Endorsement Tak Effective	als brake Up The oppi cor to foll	the cheque. Alternatively, you could so make payment at any of our anches by cash or NETS. The policy of the population
	0001286719112		O yy we let is is in the let is in the let is is

Claim Handling							
The premium on this policy has n Accident MT/1020203	at been collected,						
Folicy No.	5096968941	Vehicle No.	FBC3822K		GST Regi	stration No.	
Certificate No.		2,000,000,000	TOLOUZEN		out neg	scrapor No.	
Policyholder Name	RWAVE MOTOR				Policyhok	Her NRIC	53373
Product Code	FLEET INSURANCE	Cover Type	Third Party		Loading	act renac	0
Contact No.(Mobile)	93696861	Contact No.(Office)	LANCES CONTRACTOR			Va.(Home)	
Email Address		Special Remark			eCode	and white)	No Y
KFK	» No. Yes	TCA	* No Yes		eCode Re	rason	Line
NCD Protection	No	NCD Entitlement(%)		fire No			
Accident Details					the street of the street		2552
Report Date	17/11/2018 17:05	Accident Report Within 24 hrs	Yes		Accident	Type	Side S
Date of Accident	16/11/2018	Time of Accident hh:mm	00:30		Country of Accident Singl		
Reporting Centre		Orange Force			ICM No.		
Accident Location	RIVER VALLEY RD						
₩ Excess							
Own damage Excess	0.00	Additional Excess			Windscre	en Excess	
Unnamed Driver Excess		Outside Singapore OD Excess					
Third Party Excess	1,500.00	Outside Singapore TP Excess					
⊘ Benefits							
GST Registered Information	tion						
GST Registered	No		GST Regist	tration Date			
GST Registration No.			GST Status	s Verified		Yes	
Modification History							
Policyholder Mailing Add	ress						
Address 1	BLK 257 #09-403	Address 2	JURONG EAST STR	EET 24	Address 3		51NG/
Address 4		Address Type	Singapore address		Post Code		60025
Unit No.	09-403	Related Policy Number	5105412105				
✓ OI Driver Info							
Drivor Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	TAN KOK SOON	Driver NRJC	59438434F		Driver DO	В	13/10
Register Date of Driver License	29/09/2014	Driver Age	24		Driving Ex	xperience	4
Contact No.(Mobile)	91689260	Contact No.(Office)			Contact No.(Home)		
Address 1	BLK 663A #09-272	Address 2	PUNGGOL DRIVE		Address 3		WATER
Address 4	SINGAPORE 821663	Address Type	Singapore address		Post Code		82166
Unit No. Does he own a Singapore	09-272						
Registered car?	Yes + No	Driver Vehicle No.			Driver Ins	surer Company	
Declaration							
Broathalyser or Blood Test Reading?	0 mg	Any injury?	+ Yes No				
Modification History							
Claim 001 New							
Claim Type *				00. WY	▼ Insured	DIDENT HOPES	
				OD-MX	Contact	RWAVE MOTOR	
Contact No.(Mobile)				93696861	No. (Home)	-	
Email Address				MORPHK@HOTMAIL.COM	OI Vehicle Number	FBC3822K	
Claim Description				FBC3822K / SHD31728 ON	16 Nov 2018		
Preferred	Inguised Linkship.						
Workshop D Rustiest No. Yes	Preferered Not at Fault	GIA Baseline		I .			
	▼ Repair Preferred Workshop, Nam Option	ne unknown report Received	•	-	Claim		
Date Registered				17/11/2018 17:08	Date		
Report Taken By				LIEW SHAN HUI			
Print AK letter							
			Save Submit				
Attachment							

Claim No.

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