	tre Services. Wet 1 Jamos M	11 [[[[[[[[[[[[[[[[[[The latest and the la
Date In: 611 18-15:47	Jcb description	Date &Time Completed	Done	by
Ref No: NA [INC 18 021992/24	SAS e-filing			
Veh No: FLGM 6E	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 6/12/18-09:15	i-Motor Claim Form	M-11022872-001	6/12/12/	617
	i-Motor W/O (Within: OD 2hi			
OD P Reporting Only	i-Photo Uploaded			5 13 10 10 10 10 10 10 10 10 10 10 10 10 10
mp.:	Assessment/Survey Report			
TP insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:)
TP Particulars: Veh No: SU	3 6691 INC ()/Non-INC()	V2/8VH	
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES () / NO ()		
	1,000 ()/\$2,000 ()			
General Remarks:-			120 100	- 12 Eus
() Walk-In Customer; Customer's in				
() Total Loss Case : to e-mail Inst		7		
Drive-In ()/Towed-In (); Invo		owing Co: (-)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	ру
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
Inclusion .				
Injury:				
			Magazia Magazia	
	· · · · · · · · · · · · · · · · · · ·			
Date/Time Actions			Ant (s)	Airt(5)
Date/Time Actions		paration Checklist	Ant (\$)	Amt (\$) Add Bill
NAGOT 97~	Invoice Pre 1) AR : Acciden 2) DA : Damage	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	fit Bill	
Date/Time Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey	7st Bill (0) 1/545 \$120	
NAGOT 97~	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey)	75t Bill (10) 1/545 5120 530	
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Date/Time Actions: NASOF 97* Claimant's Particulars:- river/Owner: ontact No:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 9 6) TR: Re-inspe 7) N1: Idao DA	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) trainst INC Only (wef 10 Jan 2005 ction + SMRT Survey	75t Bill	
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NAROA 97~: laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 9 6) TR: Re-inspe 7) N1: Idao DA 3 8) NTUC Additi ODE *N5: Courtes) *N6: Repair C *N7: Fost Rep	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) stainst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services:- Car / Tpt Allowanne in Inspection	15t Bill (10) (10) (15t Bill (10) (15t Bill (10) (15t Bill (10) (15t Bill (1	
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Date/Time Actions NASOF 97* laimant's Particulars:-	Involce Pre 1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For claiming I 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) sgainst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services: Car / Tpt Allowanne co-ordination mir Inspection llect Excess Coordination 2 (Non INC) against INC	15t Bill 10) 1/545 5120 530 575 5160 55 510 525 53 520 30	

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 <u>truthful and accurate</u> 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 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 storesaid.

The state of the s	ACCIDENT STATEMENT
Date Of Report	06/12/2018 15:45
Date Of Accident	06/12/2018 09:15
Exact Location Of Accident	CLEMENTI AVE 2 OPP CALTEX STATION
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FC9176E
Insured/Policyholder	
Name Of Registered Owner	HENNING HAGEMANN
Passport No/FIN	S8462943Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91554122
Alternative Phone No	OFFICE-91554122
Vehicle Particulars	
Manufacturer	VESPA
Model	PX20
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	5057633098-05
Cover Note Number	
Driver	
Name of Driver	HENNING HAGEMANN
Passport No/FIN	S8462943Z
Date Of Birth	31/01/1984
Occupation	INDOOR
Date Of Driving Pass	26/01/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91554122
Fax Number	
Contact Number	OFFICE-91554122
EMail Address	NOEMAIL

13 LEEDON HEIGHTS Address

#14-48

Postcode 266224

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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 - SINGAPORE CITY

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181206/2101.

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 SLS3669J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver THERESA LYE

NRIC/Passport Number

Contact Number 98168118

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name HENNING HAGEMANN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FC9176E

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.
- 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.

Rolicyholder's Signature

ellian

Date & Time

Driver's Signature

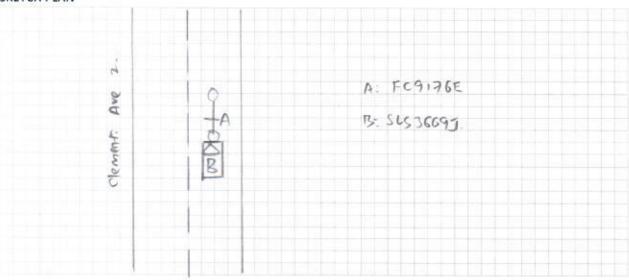
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	phoe report - 7/2018/206/2101.	

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:

NRIC/FIN No .:





1 of 3

Report No. T/20181206/2101

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 06/12/2018 15:21			Vide Report No.:	Station Diary No.		
Informa	nt's Partici	ulars				
	f Informant: IG HAGEM		Address: 13 LEEDON HEIGHTS #14-4 266224	8 D'LEEDON SINGAPORE		
ID Type / ID No.: NRIC NO / S8462943Z			Contact No.: Home/Office: Mobile: 91554122			
Nationality: GERMAN			Email:			
Sex: Age: Date of Birth: Male 34 31/01/1984			Type of Informant: Rider			
Race: Caucasian			Language: English	Institution / School Name:		
Occupation: OPERATIONS DIRECTOR			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

General Infor	mation of the Acci	dent	MOTOR SECTION		
Type of Accident:	Injury Others	Date/Time of Accident: 06/12/2018 09:15	Type of Location:		
Location: Along Road 1 CLEMENTI A	VENUE 2	TE CALTEX STATION			
Weather:		Road Surface:	R	oad Speed Limit:	
Traffic Flow:		Traffic Control:	T	raffic Volume:	
Type of Collis	sion:			nyone conveyed by mbulance:	

Details of V	ehicle Involve	d	No. 2 LANGE BOOK		HARMEN THE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FC9176E	Motorcycle					0
SLS3669J	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20181206/2101

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG THE RIGHT LANE OF THE 2-LANE CLEMEMTI AVE 2. I WAS TRAVELLING BEHIND TWO CARS. AS I SAW THAT THERE THE TWO CARS INFRONT HAD STOPPED WITH THE INTENTION TO TURN RIGHT, I SLOWED DOWN. I WAS SLOWING DOWN WHEN I GOT HIT FROM BEHIND BY A CAR(SLS3669J). MY SCOOTER WENT TO THE FRONT AND I FELL ON MY BACK AND MY RIGHT HAND. THE CAR DRIVER AND I EXCHANGED PARTICULARS. AFTER THAT BOTH OF US WENT SEPERATE WAYS. I THEN WENT TO RAFFLES HOSPITAL FOR MY INJURIES AND RECIEVED 3-DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20181206/2101

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: TP / MUHAMMAD SYUKRI BIN ABU BAKAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2018 15:21
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	b sales and
Authentication Stamp	



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8462943Z

Name





HENNING HAGEMANN



Race CAUCASIAN 31-01-1984

Country/Place of birth GERMANY



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

EFFECTIVE DATE

Class 2B Class 2A Class 2 Class 3

Motorcycles =< 200 cc Motorcycles between 201 cc and 400 cc Motorcycles > 400 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

26 Jan 2013 26 Jan 2013 26 Jan 2013 26 Jan 2013



NP 428A

Licence No:S8462943Z

9380810 GERMAN Date of law 23-07-2015 13 LEEDON HEIGHTS #14-48 SINGAPORE 266224 Date: 01/09/2018 S84629437

eBaoTech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	Languag	e • Char	nge Password	• Log Ou
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident		06/12/2018	09:15	
	Vehicle No.(For Motor)	FC9176	iE .		Certif	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5057633098- 05		HENNING HAGEMANN	G5130243K	GMC	Third Party	FC9176E		27/12/2017	26/12/2018
	0.0		Tracmana	8	Continue	l	3000-200		CHARGO ALLES	utoonietseliens

2 2 12	200000000000	Policyholder			Policyholder		
Policy No.	5057633098-05	Name	HENNING	HAGEMANN	NRIC	G5130243K	
Certificate No.							
Address	BLK 422 #07-128 HOUGANG A	VENUE 6 SING	APORE 5304	122			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/12/2017	Effective Date	27/12/201	7 00:00	Expiry Date	26/12/2018 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
O Policyl	nolder Mailing Address						
Address 1	BLK 422 #07-128	Addre	ss 2	HOUGANG AVENUE	6	Address 3	SINGAPORE 530422
Address 4		Addre	ss Type	Singapore address		Post Code	530422
Unit No.	07-128	Relate Numb	ed Policy er	5057633098-06			
Insure	d Object: FC9176E						
□ Endors	ements						

laim Handling						
cident MT/1022842 key No.	5057633098-05					
tificate No.	5037033000-03		Vehicle No.	FC9176E	GST Registration No.	
cyholder Name	HENNING HAGEMANN					
duct Code	MOTORCYCLE INSURAL	VCE.	Cover Type	Third Party	Policyholder NR1C	G5130243K
tact No.(Mobile)	91554122		Contact No.(Office)	0	Contact No.(Home)	0
wi Address			Special Remark	100		
	® No □ Yes		TCA	® No ○Yes	eCode eCode Reason	1# A
3 Protection	No		NCD Entitlement(%)	20	Private Hire	CARS.
Accident Details				5.50	-Frivate rise	No.
port Date	06/12/2010 16:12		Academ Report Within 24 hrs	172226	19200000000	
e of Accident	06/12/2018				Acodem Type	Collision - Head to Rear
porting Centre	MANAGE V 10		Time of Accident hh:mm Orange Force	09:15	Country of Accident	Singapore
ident Location	CLEMENTI AVE 2 OPP C	ALTEX STATION			ICH No.	
Excess	The second secon					
n damage Excess		0.00	Additional Excess		Christian Const.	
named Driver Excess		0.00	Outside Singapore OD Excess		Windscreen Excess	
rd Party Excess		0.00	Outside Singapore TP Excess			
Benefits		or or or	Course Singapore 17 Excess			
GST Registered Informa	ation					
Registered	No			COT Reporture to Date		
Registration No.	194			GST Registration Date GST Status Verified	Yes	
Offication History				0.000,00000.0000	100	
Policyholder Mailing Ad	idress					
ress I	BLK 422 #07-128		Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530422
Dress 4			Address Type	Singapore address	Post Code	530422
n No.	07-128		Related Policy Number	5057633098-06	Commence	
OI Driver Info						
ver Name	HENNING HAGEMANN		Driver Type	Main Driver		
amed driver Name			Driver NR3C	584629432	Driver DOB	31/01/1984
johan Date of Driver License	26/11/2012		Driver Age	34	Driving Experience	6
rtact No.(Mobile)			Contact No.(Office)		Contact No.(Home)	
tress 1	13 LEEDON HEIGHTS		Address 2	DILEEDON	Address 3	SINGAPORE 266224
Irens 4			Address Type	Singapore address	Post Code	266224
t No.	14-48					
es he own a Singapore pistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
porciou cari					bille listing Company	
laration						
enhalyser or blood Test	0 mu		Any injury?	® Yes ○ No		
ding?			ALISTON .			
anne de la company						
dification History						
laim 001 New						
40 00						
m Type #	Ion-MX	च	to the second	Version III and III an	19 (04/10) 10/2019	participation and the second
m Type *	GD-MX	Y	Insured Name	HENNING HAGEMANN	Insured NRIC	G5130243K
tact No (Mobile)	91554122		Contact No.(Home)		Contact No. (DMice)	
	No. of the last of		Of Venicle Number	PC9176E	TP Vehicle Number	SLS3669)
ment Type Claimant Type •	Prease Select	~	Type of Benefit *	Please Select		
nant Name *		>>	Claimant NRIC *			
nent Address						
n Description	FC9176E / SLS36693 ON	N 6 Dec 2018			Name of Preferred Workshop	
erred Workshop Contact			Insured Liability *	Not at Fault		
ure Englishion	Yes	V	Preferered Repair Option	Preferred Workshop, Name unknown	S1A report	Received
e Aegrobered	06/12/2018 16:13		Claim Close Date		Date Received	06/12/2018 00:00
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Print AK letter						
			22	V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
				Seve Submit		
tachment						
dent No.	MT/1022842		Claim No.	001		
Opc. Received	● Yes ○ No		Upload Date	06/12/2018 16:15		
	Pa	ch +		Category *	Confidential Urgen	cy * Description *
			Browse.	The state of the s	▼ Normal	<u> </u>
			Browse	. Clear Please Salect	V Normal	_
			Browse.			
			Programme and the second	Towns I was never	V Normal	~

