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Veh No: PBF X 1 1 1 1	30 I-Motor Claim P		M1 102460	9-001.	20(12/2
D.O.A : 2017/2018 11.	I-Motor W/O (W		(4brs)	14	156
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TP Particulars: Veh No		. INC(.)/Non-INC()	
Owner / Driver: (1-3331	1957	Tel:)
Policy No: () Period: () (Cover Type: (· · · · · ·
Confirmed by : (Date:	Times	D 00 10007)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%	6; P: 21-79%.	P; 50-100%]	
Year of Registration: () Warranty: YES ()/NO()			100000
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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

THE STATE OF THE PERSON SHEET IN LINE OF	ACCIDENT STATEMENT
Date Of Report	20/12/2018 14:26
Date Of Accident	20/12/2018 11:30
Exact Location Of Accident	CROSS JUNCTION OF ALEXANDRA RD/JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
Desirable Control (Control Control Control	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF8974G
Insured/Policyholder	
Name Of Registered Owner	CHONG SER HOW
NRIC No	S8585315E
Email Address	BONDVOLLEY5@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98316350
Alternative Phone No	OTHERS-98316350
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING FOR MEDICAL REVIEW
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092270539-01
Cover Note Number	
Driver	
Name of Driver	CHONG SER HOW
NRIC No.	S8585315E
Date Of Birth	13/10/1985
Occupation	INDOOR
Date Of Driving Pass	07/05/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98316350
Fax Number	
Contact Number	OTHERS-98316350

BONDVOLLEY5@GMAIL.COM

Address BLK 841 TAMPINES STREET 83

#08-116

Postcode 520841

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

- A.M.

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

1

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?

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

SLM3889Y

Vehicle Make/Model/Colour

MERCEDES BENZ C200

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

POO AH PENG

NRIC/Passport Number

S17224541

Contact Number

97399278

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.
- 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 aforesald.
- 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: 20/12/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

cident MT/1924409										
No. of the last of	5092270539-01		Vehicle No.	PBF8924G		GST Regist	ration No.			
estificate No.	3042270334-01		Various inc.	101001110		C-0.0000				
	CHONG SER HOW					Policyholde	NRIC	54	1385315E	
THE CASE OF THE PARTY OF THE PA	HOTORCYCLE INSURANCE	-	Cover Type	Third Party, Fire & The	di .	Loading		0		
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			NCD Entitlement(%)	20		Private Hin		No		
CD Protection	No		PRINTED REPORTED THE PRINTED TO	44		111111111111111111111111111111111111111				
→ Accident Details				-2		Accident 1		360	de Swipe	
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late of Accident	20/12/2018		Time of Accident his:min	11:30		TCM No.	PARTICIPATION .	: 07	- Action	
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codest Location	CROSS JUNCTION OF ALE	CANDRA ROZIALAN BUK	OT MERAH.							
♥ Excess										
Den damage Excess		8.00	Additional Excess			Windscree	N. EXCHAN			
Innamed Driver Excess			Quiside Singapore DD Excess							
hins Party Excess		0.00	Gutside Singapore TP Excess							
⇒ Benefits										
☑ GST Registered Information	on									
IST Registered	No			GST Aegotra						
IST Registration No.				GST Statue V	rentied		Yes			
willfication History										
₩ Policyhelder Mailing Addr	***									
Address I	BLK 041 #08-116		Address 2	TAMPINES STREET B	3	Appress 3		St	AMPINES PA	HWALK
Address 4	SINDAPORE 520841		Address Type	Singapore address		Past Code			20041	
Unit No.	08-116		Related Parkey Number	5092270539-01						
♥ OI Driver Info										
Driver Name	CHONG SER HOW		Driver Type	Hain Oriver						
Unnermed striver Name			Driver NRIC	SAMARRITAN		Driver DC	6.	1	19/10/1965	
Register Date of Driver License	67/05/2015		Driver Age	33		Driving E	gerlence		1	
Contact No.(Monite)	96316355		Contact No.(Office)			Contact N	is:(Home)			
eddmis I	BLK 341 #08-116		Address 2	TAMPINES STREET &	ž	Address 2		- 4	TAMPINES PA	LPWALK
Address 4	SINGAPORE 520641		Address Type	Singapore address		Fost Code		119	520541	
Unit No.	08-116									
Does he own a Singepore Registentd car?	Yes a No		Driver Vehicle No.	SJT59688		Driver In	ourer Company		NTUC	
Declaration Broathalyser or Blood Test Reading?	0 mg		Any injury?	Yes + No						
Breathalyser or Blood Test	0 mg		Any injury?	Yes * No.						
Breathalyser or Blood Test Reading? Modification History Claim 001	0 mg		Any injury?	Yes * No.	Darwa	• Insurer	French SER	ном	leau.	red Sat
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ACCIDENT STATEMENT

	D/MM/YYY), TIME:(_11_:_50_)(HH:MM)
LOCATION: Cross Sunction of 410	condia Road & Salan Bukit Menah
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: FBF 897	149
DINSURANCE COMPANY: Inc	
C)POLICY NUMBER: 5092 2705	A CONTRACTOR OF THE PROPERTY O
2007 (19 minute) - 1 400 (19 minute)	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: Yaraha	
	AN / LORRY /MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	
	TTIME: Go to have medical review.
I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	The state of the s
A) NAME: CHONG SER HOW	(MALE) FEMALE)
b) NRIC/FIN/PASSPORT: \$ 8585315	
	St 83 08-116 Snapper 520841
tallica committee	The state of the s
* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
the of passongs, DRIVER	Serie Hestillian Special
Cholida da a aNAME: CHONG SER HOW	(MALEY FEMALE)
(Including driver) DINRIC/FIN/PASSPORT: 38585315	E CONTACT: 98316350
(1) CIADDRESS: BIT 841, Tampines	
F-MD-17 05 NOT 1 12 1 14 1 19	10-
d)DATE OF BIRTH: (18 / 10 / 19	(DD/MM/YYYY)
e OCCUPATION: (INDOOR) OUTDO	
DATE OF DRIVING PASS	7/5/2015
IE NO DELATION CUID OF THE OF	HE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DR 5. a) WEATHER CONDITION: (CLEAR) R	GVER WITH INSURED: GW TWY
b)ROAD SURFACE: (DRYV WET / OTI	LIEBS
6. WAS ANYBODY INJURED (YES NO)	TERS
7. a) REPORTED TO POLICE (YES (NO)	6 5
IF YES, PLEASE STATE WHICH POLICE	
8. THIRD PARTY VEHICLE	ESTATION:
No of passenger a) VEHICLE NUMBER: SLM 3889	Y was same com
Including driver) b) DRIVER'S NAME: POO AH PE	MODEL: Maradez C200
() NRIC/FIN/PASSPORT: SITE	CONTACT: 97399278
9. THIRD PARTY VEHICLE	CONTACT: 113112 0
	MODEL:
Un at hattender	
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT
()	CONTACT:
WATER CO.	9

email = bond valley 5@ gmail-com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8585315E



CHONG SER HOW

任 豪

CHINESE

13-10-1985 Country/Place of birth

MALAYSIA





9323114





MALAYSIAN

03-03-2014

APT BLK 841 TAMPINES STREET 83 #08-116 SINGAPORE 520841 NRIC No. 38595315E

Date 35/08/2015

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 oc 07 May 2015 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 07 May 2015 of the driver; and other motor vehicles =< 2500kg



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 : 5092270539-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

FBF8974G

Chassis Number

ME121C07BB2018222

2. Name of Policyholder

CHONG SER HOW

3. Effective Date of insurance

13 Jul 2018

4. Expiry Date of Insurance

12 Jul 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Fig. ded 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 (Thud 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

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

YES

NAMED DRIVER (1)

CHONG SER HOW

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS.

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

THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue

: 16 Jun 2018 12:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Think One Authorised Workshop Accident No.: 9128 8488 / 6844 3300

18 Defu Avenue 2 S(539522)

Renewal No.: 6555 3300

20 Ubi Road 4, #02-03 S(408622)