NATIONAL Assessment Cer	atre Services	1441 1 Jan 1051 MH	A118164739	ot	
Date In: W/12/18-0984	Jeb description	í	Dave & Time Completed	Done	by
Reino: MA HERROMAN	SAS e-filing				
Veh No: FBM209E	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 27/N/18 . 13:17	i-Motor Clai	im Form	M7/1624916-001	34/11/18	1213.
	i-Motor W/0	O (Within: OD 2hrs,	The second secon		The Post
OD TP/ Reporting Only	i-Photo Uplo	paded	1		****
TD	Assessment/S	urvey Report			
TP Insurer:	Ass't Report l	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tell	Fax:	
TP Particulars: Veh No: Jy	1847410.	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	30.52m = 0
Insured/Driver Liability: (%	(Note-Est. Status	WO): N: 0-20	%; P: 21-79%. P: 80-	100%]	esca keljio
Year of Registration: ()	Warranty: YES ()/NO(10-10
	\$1,000 ()/\$2,000	98 HPQ102021132. 98			
TO ACTOR D'SHO AND THE CONTRACTOR OF THE CONTRAC	CHARLES CONTRACTOR AND INCOME.	All the state of t	5/8/19/2/7 di Nort	THE PERSON NAMED IN	
General Remarks;-		Yang di Managan	100 Marie 12 2 A	0.00	
	Company of the Compan	ATTENDED TO THE OWNER OF THE PARTY OF THE PA			-
() Walk-In Customer: Customer's i	information strictly Co	ntidential & Stric	ctly NO rater of repairer		
() Total Loss Case : to e-mail Ins	urer URGENTLY.	10	* * * * * * * * * * * * * * * * * * *	*	
					
Drive-In ()/ Towed-In (); Invo	oice: YES () / N	(); To	wing Co. ()
			3	4 7 C 2 2 C A SP 2 SP 2 2 7 CO	100
Remarks:- (INC hotline: 6788 6616		200	D. & Time Completed	Done	by
Apply for Transport Allowance ()	/ Courtesy Car (1		C. C. L.	-
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	())	in the	1	
3) Upload Resurvey Photo [Repair Cost >	100062	1			The State
Injury:					
Tighty.					
Date/Time Actions	Comment of the Commen	7014	established visited (Control of the Control of	
	Company (Charles of St. 1)	2014-000-000-000-000-000-000-000-000-000-	29 0025220000000000000000000000000000000	BESSERVER 198 14 P. L. S. E.	-
	- 55				
The section of the se	MINISTERS - LOSSESSESSESSES				
Carried Barrier St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co					
				-	
		1	- 400m on 100m 100m		10000
V 1808 AAS.		Invoice Preparent	rition Checklist	Anit (S) Int Bill	Amt Add I
timant's Particulars :-		1) AR : Accident R			7=2-11/1
uniant's Particulars :-		2) DA : Damage As			No.
iver/Owner:	100000000000000000000000000000000000000	3) TF: Towing Fee		\$120	_
		4) FT : Follow-Three	ough Survey (Resurvey)	\$30	-
ntact No:	9		inst INC Only (wef 10 Jan 200		
maged Portion		6) TR : Re-inspecti		\$75	
maged Portion:		7) N1 : Idno DA + 3		\$160	and the least
	1	8) NTUC Additions	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	10 10 00	w-ec-
Checked by (Engr-In-Charge):		on.		A Brown	
Checked by (Engr-In-Charge):			or / Tpt Allowande	\$5	
		*N6; Repair Cu-	relation	510	-
ditors' Comments :-				202	
		* N7: Post Repair		\$25	
1		*N7; Fost Repair *N8; DV / Collec	Trocss Coordination	35	
1.		*N7: Fost Repair *N8: DV / Collect TP (N11): TP (F	I Cess Coordination		
2/3;		*N7; Fost Repair *N8; DV / Collec	I Cess Coordination	\$5 \$20 30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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.

	ACCIDENT STATEMENT			
Date Of Report	24/12/2018 09:54			
Date Of Accident	22/12/2018 13:15			
Exact Location Of Accident	25 KAKI BUKIT RD 4 CARPARK ENTRANCE			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	FBM2309E			
Insured/Policyholder				
Name Of Registered Owner	CHEONG PEI JINE			
NRIC No	\$78059381			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-97465001			
Alternative Phone No	OFFICE-97465001			
Vehicle Particulars				
Manufacturer	PIAGGIO			
Model	VESPA GTS SUPER/SUPERSPORT 300 E4			
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	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	5094020831-01			
Cover Note Number				
Driver				
Name of Driver	CHAN PHEI LIANG (CHEN WEILIANG)			
NRIC No	S7246647J			
Date Of Birth	07/12/1972			
Occupation	OUTDOOR			

16/05/1995

MALE

NOEMAIL

23 YEARS AND 7 MONTHS

(LOCAL) +65-97465001

OFFICE-97465001

BLK 107D EDGEFIELD PLAINS Address

#10-142

Postcode 824107

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 (including own vehicle)

2

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)

Passenger 1

NAME:

: CHEONG PELJINE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CHANGI NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5872999 - FAX NO: 65872900

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181222/2118.

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

SGF4741D

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)

DETAILS OF INJURED PERSON 1

Name

CHEONG PEI JINE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBM2309E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

CHAN PHEI LIANG (CHEN WEILIANG)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBM2309E

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.
- 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:
 - 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 Signature

Name:

NRIC/FIN No.:

SK	ET	C	Н	P	LA	١

Synergy & Kb Carpark ent	rance.
In out	A = FBM 2309 E
Hump> B	B = 55F4741D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pleuse	Refer	to	Police	Report
				2
		/		

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.:

ACCIDENT STATEMENT

LOCA	ATION: 25 Kaki Bukit Rd 4 #	ec . [0] kl
100.	TION.	36 synergy (11 166. CS) 4178
1	DETAILS OF VEHICLE	clevel 1) carpark
•	a) VEHICLE NUMBER: FBM 23 09 6	entr
	b)INSURANCE COMPANY: INC	
	CIPOLICY NUMBER:	
	(A. C.	DEN ATTION DANSEY FIRE STHEET)
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PA e)MAKE & MODEL:	RIY / IHIRD PARTY FIRE & I HEFT)
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORR	AN ANOTOBOYOLE (OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERC	
	h)PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	
2.	INSURED / POLICY HOLDER	
	A)NAME: cheang Pe: Jine.	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	CONTACT: 9746 5001
	c) ADDRESS:	
S S	<u> </u>	
ad in A	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER
*Ho of passonga	DRIVER chan thei Liang.	CAMPUT COST AT SALVED 130 CHAT (200)
(Including driver)	diname. 73 49000.	(MALE / FEMALE)
(<u>2</u>)	DJINKIC/FIN/FASSFORT.	CONTACT:
/ == /	c)ADDRESS:	
. /	*d)DATE OF BIRTH: (/) (DD/	/MM (VVVV)
Ē.◆	CIDATE OF BIRTH.	(MM/1111)
	eloccupation: (INDOOR / OUTDOOR)	22
na Pet Jim	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	
	f) YEARS OF DRIVING EXPRERIENCE:	2 (A)
	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES / NO)
4.	f) YEARS OF DRIVING EXPRERIENCE:	ED'S COMPANY? (YES / NO) TH INSURED: Spouse.
4.	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
5.	f)YEARS OF DRIVING EXPRERIENCE:	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
5. 6.	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / 6 b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO)	THE INSURED: OTHERS)
5. 6. 7.	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / 6) PROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION	THE INSURED: Spouse.
5. 6. 7.	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / 6 b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE	TED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
4. 5. 6. 7. 8. 4 No of passenger	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / OF DELICAL OF DEL	TED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
4. 5. 6. 7. 8. 4 No of passenger	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / ObjROAD SURFACE: (DRY / WET / OTHERS	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS)
4. 5. 6. 7. 8. We of passenger (Including driver)	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / OD) B) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) B) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	THE INSURED: Spouse.
4. 5. 6. 7. 8. Who of passenger (Including driver) () 9.	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / O) b)ROAD SURFACE: (DRY / WET / OTHERS	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
4. 5. 6. 7. 8. 4 No of passenger (Including driver) 9. 4.	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / O) b)ROAD SURFACE: (DRY / WET / OTHERS	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS)
4. 5. 6. 7. 8. 4 No of passenger (Including driver) 9.	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / O) b) ROAD SURFACE: (DRY / WET / OTHERS	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS) CONTACT: MODEL:
4. 5. 6. 7. 8. Who of passenger (Including driver) () 9.	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a)WEATHER CONDITION: (CLEAR / RAINING / O) b)ROAD SURFACE: (DRY / WET / OTHERS	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS) CONTACT: MODEL:
4. 5. 6. 7. 8. 4 No of passenger (Including driver) 9.	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / O) b) ROAD SURFACE: (DRY / WET / OTHERS	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
4. 5. 6. 7. 8. 4 He of passenger (Including driver) 9. 4 No of passenger (Including driver)	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / 6) POAD SURFACE: (DRY / WET / OTHERS_ WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
4. 5. 6. 7. 8. (Including driver) 9. (Including driver) (Including driver) (Including driver)	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / 6) POAD SURFACE: (DRY / WET / OTHERS_ WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
4. 5. 6. 7. 8. 4 He of passenger (Including driver) 9. 4 No of passenger (Including driver)	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / 6) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
4. 5. 6. 7. 8. 4 No of passenger (Including driver) 9. 4 No of passenger (Including driver)	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / Ob) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGF 474 (D. b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: b) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: f) NRIC/FIN/PASSPORT:	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS
4. 5. 6. 7. 8. 4 No of passenger (Including driver) () 9. 4 No of passenger (Including driver) () () raiting police R	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING / 6) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	ED'S COMPANY? (YES / NO) TH INSURED: Spouse. OTHERS





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

1 0/3 Report No. T/20181222/2118

REPORT	OF A TRAFFI	C ACCIDENT			
Date/Time Report Made: 22/12/2018 20:42		Made:	Vide Report No.:	Station Diary No. 62	
Informa	nt's Partic	ulars			
Name o CHAN F	f Informant: PHEI LIANG		Address: APT BLK 107D EDGEFIELD 824107	PLAINS #10-142 SINGAPORE	
ID Type NRIC N	/ ID No.: O / S72466	47J	Contact No.: Home/Office:	Mobile: 97465001	
National SINGAP	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 46	Date of Birth: 07/12/1972	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
	Occupation: FOOD DELIVERY RIDER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2018 13:15	Type of Location Car Park
Location: Along Road 1 KAKI BUKIT I				
Weather: Clear		Road Surface: Dry	R	load Speed Limit:
	I de la	Traffic Control:		raffic Volume:
Traffic Flow: One Way		Not Controlled	L	ight

Details of Vehicle Involved					
Туре	Make	Model	Color	Condition	No of Passenger
Motorcycle					0
Car					0
	Type Motorcycle	Type Make Motorcycle	Type Make Model Motorcycle	Type Make Model Color Motorcycle	Type Make Model Color Condition Motorcycle

Details of Person Involved	
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

Report No. T/20181222/2118

CONTINUATION OF REPORT

Rider	THE RESERVE OF THE PARTY OF THE	District Control	STATE OF THE PARTY	THE RESERVE OF THE PARTY OF THE
Name	CHAN PHEI LIANG	ID No.	S7246647J	
Related Vehicle	FBM2309E (Motorcycle)	Contact	No. 97465001 gr n	
Hospital/Clinic	CHANGI GENERAL HOSPITA	AL	Class of Driving Licence Expiry D	Date of Expiry: NIL &
Date Treatment	22/12/2018	Date Disc	narge 2	2/12/2018
No. of Days gran	ted Medical Leave 03	Degree of	Injury S	Slight
Pillion	All control of the second	2000年日日	一次人民任日	
Name	CHEONG PEI JINE		ID No.	S7805938I
Related Vehicle	FBM2309E (Motorcycle)		Contact	No. 84885001
Hospital/Clinic	CHANGI GENERAL HOSPITA	AL	Class of Driving Licence Expiry D	Date of Expiry: NIL &
Date Treatment	22/12/2018	Date Disch	narge 2	2/12/2018
No. of Days grant	ed Medical Leave 03	Degree of	Injury S	Slight

Brief Details.

On 22/12/2018 at about 1.15pm I was riding into the carpark, there was a hump on the road and I slowed my scooter down. After I crossed the hump I was hit from behind by a car. My pillion and I fell of the scooter. The driver came out to provide assistance to us and we exchanged particulars. There was no traffic police or ambulance at scene. I went to Changi General Hospital for treatment and was given 3 days of medical leave.



T/20181222/2118

3 of 3

Report No. T/20181222/2118

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

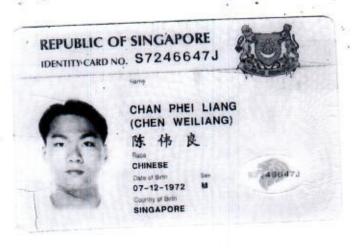
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

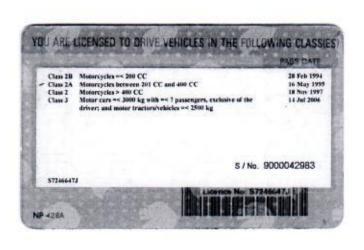
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Informant:
Date/Time: 22/12/2018 20:42
Classification Of Case:
URE









eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						+ Change	Languag	e • Chang	e Password	+ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy	No.				Di	ate of Accident	2000	22/12/2018 1	5:44	
	Vehicle	No.(For Motor)	FBM2	309E		Ce	ertificate Number				
						Searc	h				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094020831- 01		CHEONG PEI JINE	S7805938I	GMC	Comprehensive	FBM2309	FBM2309E	05/09/2018	04/09/2019
		1000				Continu	ie l			0300 000 0000 000	

Policy No.	5094020831-01	Policyholder Name	CHEONG PE	EI JINE	Policyholder NRIC	S7805938I	
Certificate No.							
Address	BLK 107D #10-142 EDGEFIEL	D PLAINS SING	APORE 82410	07			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/08/2018	Effective Date	05/09/2018	00:00	Expiry Date	04/09/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	500		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 107D #10-142	Addre	ss 2	EDGEFIELD PLAINS		Address 3	SINGAPORE 824107
		Addre	ss Type	Singapore address		Post Code	824107
Address 4							
rsentari	10-142	Relate Numb	ed Policy er	5094020831-01			
Jnit No.	10-142 ed Object: FBM2309E			5094020831-01			
Address 4 Unit No. Insure Endors	d Object: FBM2309E			5094020831-01			

Policy No.					
	5094020831-01	Vehicle No.	FBM2309E	GST Registration No.	
Pertificate No.				200100000000000000000000000000000000000	
Slicyholder Name	CHEONG PET 23NE			Policyholder NRJC	\$76059381
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive		
ontact No.(Mobile)	97465001	Contact No.(Office)		Loading	0
mail Address	2772301		0	Contact No.(Home)	0
rk	2110	Special Remark		eCode	N. V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
eport Date	24/12/2018 10:11	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ne of Accident	22/12/2018	Time of Accident Nh:mm	13:15	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	25 KAKI BUKIT RD 4 CARPARK ENTRANCE				
Excess					
wh damage Excess	600.00				
named Driver Excess	500.00	Additional Excess		Windscreen Excess	
		Outside Singapore OD Excess			
and Party Excess	0.00	Outside Singapore TP Excess			
7 Benefits					
GST Registered Inform	ation				
T Repistered	No		GST Registration Date		
T Registration No.			GST Status Vented	yes	
idification History				100 Ex	
Policyholder Mailing Ad	ldress				
dress 1	BLX 1070 #10-142	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 824107
idress 4	AND THE PROPERTY OF THE PROPER	Address Type			
et No.	10-142		Singapore address	Post Code	824107
OI Driver Info	9M-174	Related Policy Number	9094020831-01		
		02.00/02/03			
ver Name	CHAN PHEI LIANG (CHEN WEILIANG)	Onver Type	Main Oriver		
named driver Name		Driver MR3C	57246647)	Driver DOB	07/12/1972
gister Date of Driver License	16/05/1995	Driver Age	45	Driving Experience	23
ntact No.(Mobile)	97465001	Contact No. (Office)	0	Contact No. (Home)	0
dress 1	BLK 107D	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 824107
gress 4		Address Type	Singapore address	Post Code	824107
ok No.	10-142	Constitution of the Consti	Service Services	Peat Cook	82*107
ses he own a Singapore		12.000 to 2000 to 20			
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test	0 mg	Any injury?	Yes ○ No		
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
reathlyser or Blood Test leading? diffication History	0 mg	Any injury?	® res ○ No		
eathalyser or Blood Test ading?	0 mg	Any injury?	® τes ○ No		
halfhalyser or Bland Test ading? Inflication History	0 mg	Any injury?	® tes ○ No		
halhalyser or Blood Test ading? Iffication History	0 mg	Any injury?	® tes ○ No		
hathalyser or Blood Test acting? difficultion History Claim 001 New					
hathalyser or Blood Test acting? dification History Claim 001 New im Type *	ор-мк	Any injury?	® Yes ○ No CHEGING PET JONE	Insured NRIC	578059381
hathalyser or Blood Test acting? dification History im Type *				Insured NRIC Contact No. (Office)	\$7905938f
in Type *	ор-мк	Insured Name	CHEGING PELICINE		\$7805938£
hathalyser or Blood Test acting? Iffication History Iffication Mew Iffication Type * Iffication (Mobile) Iffication (Mobile) Iffication (Mobile)	OD-MX B4885003 Janin_c2000@yahoo.com	Insured Name Contact No.(Home)	CHECKIG PET JUNE NUL PEM2309E	Contact No. (Office)	
athalyser or Blood Test sting? If cation History Italm 001 New Im Type * Nact No (Mobile) at Address mant Type Clamant Type *	OD-MIX B4885005 Jasin_c2000@yahoo.com Please Select	Insured Name Contact No.(Home) OI Valucie Number	CHECKIG PET JUNE NUL PEM2309E	Contact No. (Office)	
athalyser or Blood Test sting? If cation History Italm 001 New Im Type * Nact No (Mobile) at Address Imant Type Clamant Type * Imant Name *	OD-MX B4885003 Janin_c2000@yahoo.com	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	CHECKIG PET JUNE NUL PEM2309E	Contact No. (Office)	
athalyser or Blood Test sting? If cation History Italm 001 New Im Type * Nact No (Mobile) If Address Imart Type Clamant Type * Imart Name * Imart Address Imart Address	OD-MX 84885005 grain_c2000@yshoo.com Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	CHECKIG PET JUNE NUL PEM2309E	Contact No. (Office) TP Vehicle Number	
athalyser or Blood Test sting? Infratish History Itelm 001	OD-MIX B4885005 Jasin_c2000@yahoo.com Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	CHEGING PET JUNE NUL FBM2309E Please Select	Contact No. (Office)	
athalyser or Blood Test acting? Infrastism History Italim 001	OD-Mix S4885005 S991n_c2000@yshoo.com Please Select S2	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	CHECKIG PET JUNE NUL PEM2309E	Contact No. (Office) TP Vehicle Number	
athalyser or Blood Test scing? Infration History Italim 001	OD-MX 84885005 grain_c2000@yshoo.com Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	CHEGING PET JUNE NUL FBM2309E Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	
athalyser or Blood Test sking? Infration History Italim 001	OD-Mix S4885005 S991n_c2000@yshoo.com Please Select S2	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	CHEGNIG PET JUNE NUL FBM2309E Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SGF47410
athalysier or Blood Test sting? Infrasisin History Infrasisin History Infrasisin History Infrasisin History Infrasis Hess Infrasis Address Infrasis A	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preference Repair Option	CHEGNIG PET JUNE NUL FBM2309E Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
athalyser or Blood Test sting? Infrarison History Infrarison History Infrarison History Infrarison History Infrarison History Infrarison Infrar	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preference Repair Option	CHEGNIG PET JUNE NUL FBM2309E Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
athalyser or Blood Test string? Infratish History Italim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preference Repair Option	CHEGNIG PET JUNE NUL FBM2309E Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
athalysier or Blood Test sting? Infrarison History Infrarison History Infrarison History Infrarison History Infrarison I	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preference Repair Option Claim Close Date	CHEGNIG PET JUNE NUL FBM2309E Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
athalyser or Blood Test acting? Iffication History Italim 001 New Im Type * Imact No (Mobile) Imact Address Imact Address Imact Address Imact Address Imact Address Imact No (Mobile) Imact No (OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preference Repair Option Claim Close Date	CHEONG PET JINE NDL FBM2309E Please Select Not at Fault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
sathalyser or Blood Test acting? Sification History Chaim 001 New Im Type * mact No (Mobile) air Address Immart Name * Immart Name * Immart Address Im	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preference Repair Option Claim Close Date	CHEONG PET JINE NDL FBM2309E Please Select Not at Fault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
sathalyser or Blood Test acting? Claim 001 New Im Type * mact No (Mobile) all Address Immant Type Claimant Type * Immant Address Immant Address Immant Address Im Description ferred Workshop Contact pure Finalisation ie Registered oort Taken By Print AK letter Attachment	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preference Repair Option Claim Close Date	CHEONG PET JINE NDL FBM2309E Please Select Not at Fault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
claim 001 Kssw Claim 001 Kssw Imm Type * Mick No (Mobile) Mick	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CHECKING PET JUNE NUL FBM2309E Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
nathalyser or Bland Test acting? diffication History Claim 001 New Image:	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	CHECONG PET JONE NUL PBM2309E Please Select Not at Pault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
nathalyser or Bland Test acting? diffication History Claim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CHECKING PET JUNE NUL FBM2309E Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410
sathalyser or Blood Test acting? Claim 001 New Im Type * mact No (Mobile) all Address Immant Type Claimant Type * Immant Address Immant Address Immant Address Im Description ferred Workshop Contact pure Finalisation ie Registered oort Taken By Print AK letter Ittachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	CHECONG PET JONE NUL PBM2309E Please Select Not at Pault Preferred Workshop, Name unknown. Save Submit 001 24/12/2018 10:14 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGF47410 Received 24/12/2018 00:00
athalyser or Blood Test string? Infratish History Item 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	CHECONG PET JONE NUL PBM2309E Please Select Not at Pault Preferred Workshop, Name unknown 001 24/12/2018 10:14 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	SGF47410 Received 24/12/2018 00:00
claim 001 New Claim 001 New Imm Type * mack No (Mobile) air Address Imman Type Claimant Type * Imman Address Imman Addr	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	CHECKING PET JONE NUL PRIM2309E Please Select Prease Select Preferred Workshop, Name unknown. Seve Submit 001 24/12/2018 10:14 Category * Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received Confidential Urger	Received

