NATIONAL Assessment Cent	THE DET FICES. [Met 1 Janos]	MNAII9015060	
Date In: 31 /1/19-17:53	Jeb description	Date &Time Completed	Done by
Ref No: NA JINC 1900210114	SAS e-filing		
Veh No: Pranget on	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/19-07:20	i-Motor Claim Form	ומ-מינטוורת	31/1/9 18:21
OD : P Reporting Only	i-Motor W/O (Within: OD 2	The state of the s	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: Jk	M38 Jok INC		
Owner / Driver: (1770 · · · · ·	Tel:)
Policy No: () P	eriod: (Cover Type: (
Confirmed by: (Date:	Time:	1
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-		00%1
Year of Registration: ()	Warranty: YES ()/NO (2076, F. 21-7976. F. 50-1	0076]
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General Remarks,-		Garage Commence	See See
() Walk-In Customer: Customer's info	ormation strictly Confidential & S	trictly NO refer of repairer.	
() Total Loss Case : to e-mail Insur			
		Pouring Co. (
21110 III (), TOWNER III (), III VOIC	E. IES () / NO ();	Fowing Co: (
Remarks: (INC hotline: 6788 6616)		1 - 4 (d. F. in 1)	7 PAN 8 SEA
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	A CONTRACTOR OF THE PROPERTY O	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/	Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Allone by
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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 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.

- 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

aforesaid.	
A Professional State of the Comment	ACCIDENT STATEMENT
Date Of Report	31/01/2019 17:53
Date Of Accident	31/01/2019 07:20
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS TPE (SLE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD9550A
Insured/Policyholder	
Name Of Registered Owner	CHUA SOON HENG
NRIC No	S9222892D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92787474
Alternative Phone No	OFFICE-92787474
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15
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

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 5067420647-03

Cover Note Number

Driver

Name of Driver CHUA SOON HENG

NRIC No. S9222892D Date Of Birth 26/06/1992 Occupation OUTDOOR Date Of Driving Pass 18/04/2012

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92787474

Fax Number

Contact Number OFFICE-92787474

EMail Address NOEMAIL Address

BLK 125 HOUGANG AVENUE 1

#07-1478

Postcode

530125

Was driver an employee of the Insured's Company NO

OWNER

If No, Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO

involved in the accident

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

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

ON STATED DATE AND TIME. MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF THE STATED VENUE, AS THERE WAS INCOMING VEHICLES TRAVELLING ALONG MAIN RD. SUDDENLY VEHICLE B WAS TOO CLOSE TO MY VEHICLE AND SIDE SWIPE ONTO MY VEHICLE RIGHT PORTION. AFTER AN IMPACT, MY VEHICLE FELL TO THE LEFT AND HIT ONTO VEHICLE C. VEHICLE C HIT ONTO VEHICLE D.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKM3810K

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

10

Passenger 1

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLX9678S

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)

82

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:
 - 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Hutement.	

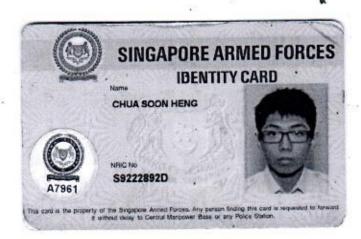
DECLARATION

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.:









eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Languag	e • Chan	ge Password	› Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date	of Accident		31/01/2019	07:20	
	Vehicle	No.(For Motor)	FBD95	50A		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5067420647- 03		CHUA SOON HENG	S9222892D	GMC	Third Party	FBD9550/	FBD9550A	23/05/2018	22/05/2019
					- 1	Continue					

Policy No.	5067420647-03	Policyholder Name	CHUA SOO	N HENG	Policyholder NRIC	S9222892D	
Certificate No.		M300300					
Address	BLK 125 #07-1478 HOUGANG	AVENUE 1 SIN	GAPORE 530	125			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/05/2018	Effective Date	23/05/2018	3 00:00	Expiry Date	22/05/2019 23	: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	TELESALES-DIRECT MARKETI	NC Agent Tel.			GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
nfo	holder Mailing Address						
Certificate Info Policy Address 1	holder Mailing Address BLK 125 #07-1478	Addr	ess 2	HOUGANG AVENUE	1	Address 3	SINGAPORE 530125
nfo Policy Address 1		2.93000	ess 2 ess Type	HOUGANG AVENUE		Address 3 Post Code	SINGAPORE 530125 530125
Policy Address 1 Address 4		Addr	ess Type ed Policy	SARET WARD AND RESTREET		5000 (0000000000 C)	27500000
nfo Policy Address 1 Address 4 Unit No.	BLK 125 #07-1478	Addr Relat	ess Type ed Policy	Singapore address		5000 (0000000000 C)	27500000
Info Policy Address 1 Address 4 Unit No.	BLK 125 #07-1478 07-1478 ed Object: FBD9550A	Addr Relat	ess Type ed Policy	Singapore address		5000 (0000000000 C)	27500000

ricy No.					
to the late of the	5067420647-03	Vehicle No.	FB09550A	GST Registration No.	
tificate No.					
icyholder Name.	CHUA SOON HENG			Policyholder NRIC	592228920
duct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
tact No.(Mobile)	92787474	Contact No. (Office)	0	Contact No.(Home)	0
ell Address		Special Remark		eCode	Nr. 🗸
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
port Date	31/01/2019 18:24	Acadent Report Within 24 hrs	Vec	Accident Type	Side Swipe
e of Accident	31/01/2019	Time of Accident hhumm	07:20	Country of Acadent	Singapore
porting Centre		Orange Force		ICM No.	
odent Location	SLIP RD PIE (CHANGE) TWOS TPE (SLE)				
Excess					
in damage Excess	0.00	Additional Excess		Windscreen Excess	
named Driver Excess		Cutside Singapore CO Excess			
rd Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform			(12 <u>12-2</u> 16) (100-10)		
F Registered	No		GST Registration Date GST Status Verified	Yes	
T Registration No. dification History			Cupi Status Vernicu	10	
The state of the s					
Policyholder Hailing Ad	ddress				
dress 1	BUK 125 #07-1478	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE \$30125
dress 4		Address Type	Singapore address	Post Code	530125
it No.	07-1478	Related Policy Number	5067420647-03		
OI Driver Info					
ver Name	CHUA SOON HENG	Driver Type	Main Driver		
named driver Name		Driver NRIC	592228920	Driver DOB	26/06/1992
gister Date of Oriver License	18/04/2012	Driver Age	26	Driving Experience	6
mact No. (Mobile)	92767474	Contact No.(Office)	•	Contact No.(Home)	0
dress 1	BLK 125	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530125
dress 4		Address Type	Singapore address	Post Code	\$30125
it No.	07-1478				
es ne own a Singapore gistered car?	O Yes @ No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
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Claim 001 OD-MX Ner	ОО-МХ	Insured Name	CHUA SOON HENG	Insured NRIC	592228920
Claim 001 OD-MX Net		Contact No.(Home)		Contact No.(Office)	
in Type * ntact No.(Mobile)	GD-MX 92787474	Contact No.(Home) Of Vehicle Number	FBD9550A		\$92228920 \$KM1810K
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im Type * ntact No.(Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact pure Finalisation a Registered	GD-MX V	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SKM1810K
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