NATIONAL Assessment Ce.	ntre Services.	(wef 1 Jan'os) M	NA11904552		
Date In: 1 4/19-15: 1~	Jeb descriptio		Date &Time Completed	Don	ne by
Rel No: 40/14/ 19006149/24	SAS e-filing				
Veh No: FOLTSAZL	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 4)4/19-10170	i-Motor Cla		100-120011LW	5/1/19 20	·1~
OD / (F) Reporting Only	i-Motor W/	O (Within: OD 2hr:		17.83	
TDI		urvey Report			
TP Insurer:	-		o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		***************************************		Fax:)
TP Particulars: Veh No: 3	UR UNTOB	INC ()/Non-INC()		
Owner / Driver: (1713300		Tel:)	TO SHIP SHOW
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ())/NO()		
Excess: (\$) Loading: \$			·		
General Remarks:		-	THE STATE OF THE	2755 J. T.	
TO A STATE OF THE PROPERTY OF	START GON'U. TORKEN		des Contractor (25.025	
() Walk-In Customer : Customer's		nfidential & Str	ictly NO refer of repairer	<u> </u>	
	surer URGENTLY.				
Drive-In ()/ Towed-In (); Inve	oice: YES () / I	NO(); To	owing Co: (,)
Remarks: (INC hotline: 6788 6616	i) ()		Date&Time Completed	Don	e by
	/ Courtesy Car ()		3	43-3
2) QC Check / Post Repair Inspection)	***************************************	-	
3) Upload Resurvey Photo [Repair Cost >		1			
	33000] (,			
Injury:					
Date/Time Actions			er fe skylle	STREET, SE	
	de la companya de la	27.00	BELLEVIEW CONTRACTOR OF STATE OF	ermedicustre	
					*
					
				30.6.23	
		I see see see see see see se		ATTRICE SAN	E-S75-54
NA1902500		Invoice Prep	aration Checklist	Anit (S)	Amt (\$)
laumant's Particulars :-	e de la serie	1) AR : Accident	Reporting (\$30);	Second medius	- Man Bill
		2) DA : Damage A	Assessment (\$100); INC (\$	and the latest and th	
river/Owner:		3) TF : Towing Fe 4) FT : Follow-Th		\$120	
ontact No:		5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
amaged Portion:		6) TR: Re-inspect	ainst INC Only (wef 10 Jan 200 ion	\$75	
amaged Fordon:		7) N1 : Idao DA +	SMRT Survey	\$160	
C Cheeked by (2)	-	8) NTUC Addition	nal Services:-		
C Checked by (Engr-In-Charge):		*NS: Courtesy (Car / Tpt Allowance	\$5	
		*N6: Repair Co *N7: Fost Repair		\$10	
uditors' Comments :-		THE RESERVE OF THE PARTY OF THE	ect Excess Coordination	55	1
f. 1:		TP (N11) : TP (9) N12: Idac Mobi	Nun INC) against INC	30	
1.2/3:		Invoice dated	Pee Charged	- American	and Table
74.00		Invoice dated	Fee Charged	SERVICE OF THE PARTY OF THE PAR	

Figure 11 Figure

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	08/04/2019 15:12
Date Of Accident	06/04/2019 10:30
Exact Location Of Accident	BLK 511 PASIR RIS ST 51 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL5977L
Insured/Policyholder	
Name Of Registered Owner	ROHIT RAJ GIRI
NRIC No	S9111621I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98800392
Alternative Phone No	OFFICE-98800392
Vehicle Particulars	
Manufacturer	HONDA
Model	400X MANUAL
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	5092694011-01
Cover Note Number	
Driver	
Name of Driver	ROHIT RAJ GIRI
NRIC No	S9111621I
Date Of Birth	01/04/1991
Occupation	INDOOR
Date Of Driving Pass	07/12/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98800392
Fax Number	

OFFICE-98800392

NOEMAIL

BLK 551 PASIR RIS STREET 51 Address

#01-93 510551

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

2

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

YES

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T20190406/2103.

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

SLR4350B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ROHIT RAJ GIRI

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBL5977L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.

Latio

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personne Signature

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 80				
refer	to	Police	report -	7/20190406/2103.
			- 8	

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' Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	IDENT DATE: 6 / 4 / 19, (DD/MM/YYY)	(), TIME:((0:35.)(HH:MM)
LOC	ATION: BIK Sh PANT RIS M 3	expulle.
	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FILT 979 L	25 V N
	b)INSURANCE COMPANY: LITTLE	
	CIPOLICY NUMBER: JOGZ69421-01.	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR e)MAKE & MODEL:	RIY / THIRD PARTY FIRE &THEFT)
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORR	V / MOTOBOVOLE / OTUEDO)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCI	AL (MOTORCYCLE)
	INPURPOSE OF USING AT ACCIDENT TIME:	private use
	1) ARE YOU CLAIMING UNDER YOUR OWN INSU	RANCE (YES/NO)
0.40	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	PORTING ONLY
2.	INSURED / POLICY HOLDER	1
	Alname: Robit Raj Gin	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: 1911 16V12 .	CONTACT: GPEANGE
	CIADDRESS: BIL DI PONTE RU HTEL	11 40193 (210221)
	* CONTINUE TO A	
THE of passenga.	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO DRIVER	LDER
(Including driver)	a)NAME:	V. 1000 -
concluding driver)	HANDIC (FINIDA SSECTE	(MALE / FEMALE)CONTACT:
	c)ADDRESS:	_CONTACT:
	*d) DATE OF BIRTH: (4 / 1991) (DD/N	MM/YYYY)
	GOCCUPATION, INDUCK / OUIDOOR)	50 AF
	f) YEARS OF DRIVING EXPRERIENCE:	<u> </u>
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES / NO).
	IT NO, KELATIONSHIP OF THE DRIVED WITH	TNICHIDED. ALIAGO
	DIWEATHER CONDITION: (CEAR / RAINING / OB)ROAD SURFACE: (DR) / WET / OTHERS_	THERS)
6.	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:_	
8.		
ne of passanger	a) VEHICLE NUMBER: SUR 43508.	_MODEL:
. Including driver)	O) DRIVER 3 NAME.	
(1.)	c) NRIC/FIN/PASSPORT:	_CONTACT:
	THIRD PARTY VEHICLE	
No of passenger	d) VEHICLE NUMBER:	_MODEL:
The state of the s	DRIVER'S NAME:	
()	f) NRIC/FIN/PASSPORT:	_CONTACT:
-	14	

Chail = rotitraj0104@gmail.com

fax =

VIDEO =





Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

T/20190406/2103

Report No. T/20190406/2 03

1015

Date/Time Report Made: 06/04/2019 16:40			Vide Report No.: G/20190406/0084	Station Diary No.: 112	
Informa	nt's Partic	ulars			
	f Informant: RAJ GIRI	8	Address: APT BLK 551 PASIR RIS ST 510551	REET 51 #01-93 SINGAPORE	
	/ ID No.: O / S91116:	211	Contact No.: Home/Office:	Mobile: 98800392	
National SINGAF	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 28	Date of Birth: 01/04/1991	Type of Informant: Rider		
Race:			Language: Institution / School Nam		
Occupat PERSO	tion: NAL TRAIN	ER	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	
				S 1c	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2019 10:30	Type of Location: Car Park
Location: Along Road 1 PASIR RIS S' AT THE OPE Weather: Clear	TREET 51° N SPACED CAR PARK (DF BLK 511 PASIR Road Surface: Dry	RIS ST 51	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
	ion:			Anyone conveyed by

Details of V	ehicle Involve	d		LONG TO SULL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL5977L	Motorcycle	HONDA	400X MANUAL	Black		0
SLR4350B	Car	_			1	0

Details of V	ehicle Insurance		STORY SERVICE	Royal Laborator
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5977L	NTUC Income Insurance Co-Operative Limited	5092694011-01	17/07/2018	22/06/2019





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

Report No. T/20190406/2103

CONTINUATION OF REPORT

Brief Details.

On 06/04/2019 at about 1030hrs, I was riding on my motorcycle, a black colored Honda CB400X bearing the registration number of FBL5977L, at open spaced car park of Blk 551 Pasir Ris St 51. I intended to leave the car park. However, on the way out, a black colored Honda Shuttle bearing the registration number of SLR4350B, collided onto me.

The Honda Shuttle was driving out of the car park lot as I was driving pass it. This caused the front portion of the Honda Shuttle to collide onto my left side. I then lost balance and fell off the motorcycle.

I sustained a laceration on my knee, elbow and lip, and some aches. An ambulance and Traffic Police attended to my scene. I was then conveyed to Changi General Hospital. I was given 3 days of MC, from 06/04/2019 to 08/04/2019. The Traffic Police advised me to lodge a Traffic Accident report and I was given a report number G/20190406/0084.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 3 Report No. T/20190406/2103

CONTINUATION OF REPORT

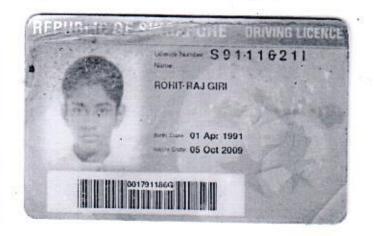
Sketch Plan

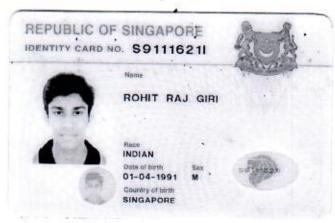
Informant is not able to provide sketch plan

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 Reco	ording The Report:	Signature Of Informant:			
Sgt 2 PHYLLIS TAN SI N	MAN (1)	Relie			
Signature Of Interpreter:		Date/Time:			
Not applicable		06/04/2019 16:40			
Officer In Charge Of Case	e:	Classification Of Case:			
Staff Sgt MUHAMMAD K	HAIRIL BIN KAMAL				
Contact No.: 65476131	J. V.				
Authentication Stamp NP168	SINGAPORE POLICE FORCE				

SIGNATURE









eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change L	anguage	• Chang	e Password	· Log Out
My Desktop	Policy	Query									,
Notice of Loss	Policy No					Date	of Accident	06	3/04/2019 1	0:30	
	Vehicle N	a.(For Mator)	FBL597	7L		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0 5	092694011- 01		ROHIT RAJ GIRI	S91116211	GMC	Comprehensive	FBL5977L			22/06/2019
					1	Continue					

Jnit Na. ▶ Insure ▼ Endor	The second of th						
	ed Object: FBL5977L						
	ed Object: FBL5977L						
talk Ma	01-93	Relat Num	ed Policy ber	5092694011-01			
Address 4		Addr	ess Type	Singapore address		Post Code	510551
Address 1	BLK 551 #01-93	Addr	ess 2	PASIR RIS STREET	51	Address 3	SINGAPORE 510551
Policy	holder Mailing Address						
Certificate nfo							
Open Policy Info							
lag							
Co- nsurance	No						
Agent	KELVIN GOH SHANG FEI	Agent Tel.	93467364		GST Flag	Υ	
xcess		TP Excess				0.2	
Singapore		Outside Singapore				Young/	Inexperience Driver Excess
Excess		Premium	0				
excess Additional		Excess OS			Excess		
Third Party	0	Own damage	500		Windscreen		
Excess Type		All Claims Excess					
Policy ssue Date	16/06/2018	Effective Date	17/07/2018	3 00:00	Expiry Date	22/06/2019 23	:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 551 #01-93 PASIR RIS S	TREET 51 SING	APORE 51055	51			
Certificate No.					264667		
	5092694011-01	Policyholder Name	ROHIT RAJ	GIRI	Policyholder NRIC	S9111621I	

Cy No.	5092694011-01		Vehicle No.	FBL5977L	GST Registration No.	
ficite No.						
yholder Name	ROHIT RAJ GIRI				Policyholder NR3C	591116211
uct Code	MOTORCYCLE INSURAN	vos	Cover Type	Comprehensive	Loading	0
ract No.(Mobile)	98800392		Contact No.(Office)	d	Contact No. (Home)	0
el Address			Special Remark			
	® No ○ Yes		TCA	W. Commission of the Commissio	eCode	PE MI
Protection				® No ○ Yes	eCode Reason	
Accident Details	No		NCD Entitlement(%)	20	Private Hire	No
ort Date	08/04/2019 20:40		Academ Report Within 24 hrs	Yes	Accident Type	Collision - Mejor Minor Road
of Accident	06/04/2019		Time of Accident hh:mm	10:30	Country of Accident	Singapore
orting Centre			Orange Force		JCH No.	
dent Location	BUK S11 PASIR RIS ST	SI CARPARK				
Excess						
demage Excess		500.00	Additional Excess		Windscreen Excess	
arried Driver Excess			Outside Singapore OD Excess		Tribute and Lands	
d Party Excess		0.00	Outside Singapore TP Excess			
Benefits		.0.00	Cotision Singapore in excess			
GST Registered Inform						
Registered	No			GST Registration Date		
Registration No.				GST Status Verified	Yes	
Fication History						
Policyholder Mailing Ad	dress					
ess 1	8LK 551 #01-93		Address 2	PASIR RIS STREET SI	Address 5	dudinar Trees
reas 4					Address 3	SINGAPORE 510551
No.	01-93		Address Type	Singapore address	Post Code	510551
	-01-93		Related Policy Number	5092694011-01		
OI Driver Info			112000200			
er Name	ROHIT RAJ GIRI		Driver Type	Main Driver		
amed driver Name			Driver NRJC	591116211	Driver DOB	01/04/1991
inter Date of Driver License	07/12/2012		Driver Age	28	Driving Experience	6
tact No.(Mobile)	96800392		Contact No. (Office)	0	Contact No.(Home)	9
ress 1	BLK 551		Address 2	PASIR RIS STREET 51	Address 3	SINGAPORE S10551
ress 4			Address Type	Singapore address	Post Code	510551
t No.	01-93					******
es he own a Singapore	Clare Care		Diffusion Methoda No.		From other Engineering Change & p. c.	
es he own a Singapore patered car?	☐ Yes ® No		Onver vehicle No.		Driver Insurer Company	
pstered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
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jatered car? laration athlewsor or Blood Test			V SO TANKS	® Yes ○No	Driver Insurer Company	
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estered car? anation Whatyser or Blood Test ding? Acation History Laim 001 New Type *	0 mg	V	Any injury?			591116211
aration Ithalyser or Blood Test sing? fication History alm 001: New In Type *	0 mg	V	Any injury? Insured Name		Insured NRIC	\$91116211 SUR43508
eration thalaser or Blood Test sing? fication History alm 001 New In Type * act No. (Mobile) if Address	0 mg	>	Any injury? Insured Name Contact No.(Home)	NOHIT RAJ GIRI	Insured NRIC Contact No.(Office)	
eration thalaser or Blood Test sing? fication History aim 001 New In Type * act No. (Motive) if Address nant Type Claimant Type *	0 mg		Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ROHIT RAJ GIRI FBLS977s	Insured NRIC Contact No.(Office)	
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aration sthatyser or Blood Test sing? fication History ailm 001 New Type * sect No.(Mobile) if Address mant Type Claimant Type * mant Address	0 mg	22	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit, *	ROHIT RAJ GIRI FBLS977s	Insured NRIC Contact No.(Office) TP Vehicle Number	
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