

NATIONAL Assessment Centre Services. Part 1: Jobing. MMA 119049655.

|  |  |                       |         |
|--|--|-----------------------|---------|
| Date In: 16/4/19 15:21                                 | Job description                          | Date & Time Completed | Done by |
| Ref No: NAI AIG 19006768164                            | SAS e-filing                             |                       |         |
| Veh No: FR 2816J                                       | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 16/4/19 10:45                                   | 1-Motor Claim Form                       |                       |         |
| OD: <input checked="" type="checkbox"/> Reporting Only | 1-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|  | 1-Photo Uploaded                         |                       |         |
|  | Assessment/Survey Report                 |                       |         |
| TP Insurer:  | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: ( ) | Tel: ( )   | Fax: ( )              |
| TP Particulars:                            | Veh No: SDQ 9933L  | INC ( ) / Non-INC ( ) |
| Owner / Driver: ( )                        | Tel: ( )   |                       |
| Policy No: ( )                             | Period: ( )  | Cover Type: ( )       |
| Confirmed by: ( )                          | Date: ( )  | Time: ( )             |
| Insured/Driver Liability: ( ) %            | [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%] |                       |
| Year of Registration: ( )                  | Warranty: YES ( ) / NO ( )                               |                       |
| Excess: (\$ )                              | Loading: \$1,000 ( ) / \$2,000 ( )                       |                       |

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC Rodline: 07380616)

|   |  |  |
|---|--|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |  |
| 2) QC Check / Post Repair Inspection ( )                |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |  |

Injury: \_\_\_\_\_

| Date/Time | Action |
|-----------|--------|
|           |        |
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|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| WP 1902752                      | Invoice/Preparation Checklist                   | Am't (\$)   | GAH (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30)                | 30.00       |          |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100) INC (\$30)     |             |          |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |          |
| Damage Portion:                 | 4) PT: Follow-Through Survey \$120              |             |          |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Auditor's Comments:             | For claiming against INC Only (wef 10 Jan 2005) |             |          |
|                                 | 6) TR: Re-Inspection \$75                       |             |          |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:                    |             |          |
|                                 | ON:   |             |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$3           |             |          |
|                                 | *N6: Repair Coordination \$10                   |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$3       |             |          |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |          |
|                                 | 9) N12: Idao Mobile \$0                         |             |          |
|                                 | Invoice dated                                   | Fee Charged |          |
|                                 | Invoice dated                                   | Fee Charged |          |



## 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 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. 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   | 16/04/2019 15:21                     |
| Date Of Accident   | 16/04/2019 10:45                     |
| Exact Location Of Accident   | OXLEY BIZHUB EXIT TO UBI RD 1        |
| Country/State of Loss  | SINGAPORE                            |
| DETAILS OF OWN VEHICLE   |                                      |
| Vehicle Registration Number  | FR2816J                              |
| Insured/Policyholder   |                                      |
| Name Of Registered Owner   | TAN CHEE HONG                        |
| NRIC No  | S7786654Z                            |
| Email Address  | NOEMAIL                              |
| Mobile Phone No  | (LOCAL) +65-94387133                 |
| Alternative Phone No   | OFFICE-94387133                      |
| Vehicle Particulars  |                                      |
| Manufacturer   | HONDA                                |
| Model  | CB400 SF 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  | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | 1800100081                           |
| Cover Note Number  | -                                    |
| Driver   |                                      |
| Name of Driver   | TAN CHEE HONG                        |
| NRIC No  | S7786654Z                            |
| Date Of Birth  | 03/04/1977                           |
| Occupation   | INDOOR                               |
| Date Of Driving Pass   | 04/01/2011                           |
| Driving Experience   | 8 YEARS AND 3 MONTHS                 |
| Gender   | MALE                                 |
| Mobile Number  | (LOCAL) +65-94387133                 |
| Fax Number   |                                      |
| Contact Number   | OFFICE-94387133                      |
| Email Address  | NOEMAIL                              |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 536 JURONG WEST ST 52 #12-501 |
| Postcode  | 640536                            |
| 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   | 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?   | 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)   | 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 ATTACHED STATEMENT.

#### 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         | SDQ9933L    |
| 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 | TAN CHEE HONG |
|------|---------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LEG, SHOULDER

FR2816J



## 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**.
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 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:
  - (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:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Oxley Bizhub

Ubi Rd 1

A = FR 2816J

B = SDQ 9933L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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.:

I STOP AT THE OXLEY BIZHUB EXIT POINT TO CHECK ON THE UBI RD 1 TRAFFIC, VEH B WAS BESIDE OF ME, SUDDENLY VEH B MAKE A LEFT TURN HIT ONTO MY BIKE RIGHT HAND SIDE. I WISH TO STATE I WAS STATIONARY WHEN THE POINT OF TIME.



## ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 4 / 19) (DD/MM/YYYY), TIME: (10 : 45) (HH:MM)

LOCATION: Q Oxley Bizhub. exit to Ubi Rd 1.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FR 2816J  
b) INSURANCE COMPANY: AIG.  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Tan Chee Hong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9438 7133  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: A. Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO) Leg, shoulder.

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDQ 9933L MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

waiting CI

Email = To701622@gmail.com

fax =

VIDEO = No.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7786654Z



Name  
TAN CHEE HONG

陈治宏

Race  
CHINESE

Date of birth  
03-04-1977

Sex  
M

Country of birth  
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7786654Z

Name: TAN CHEE HONG

Birth Date: 03-Apr 1977

Issue Date: 17 Sep 2010




9104294



NRIC No. S7786654Z



Nationality  
MALAYSIAN

Date of issue  
31-08-2010

APT BLK 536 JURONG WEST STREET 52 #12-501  
SINGAPORE 640536

NRIC No: S7786654Z Date: 19/04/2017

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

EFFECTIVE DATE

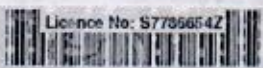
|          |   |             |
|----------|---|-------------|
| Class 2B | Motorcycles <= 200 CC   | 28 May 2007 |
| Class 2A | Motorcycles between 201 CC and 400 CC   | 04 Jan 2011 |
| Class 3  | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 28 May 2007 |

S7786654Z

S / No. 9000135390

NP 428A

Licence No: S7786654Z



AIG

## CERTIFICATE OF INSURANCE

## MOTORCYCLE AUTOVANTAGE MOTORCYCLE

Name of Policyholder : TAN CHEE HONG  
 Period of Insurance : 17 Aug 2018 To 16 Aug 2019  
 Engine No. : NC4201400999  
 Chassis No. : NC421900991

Vehicle No. : FR08163  
 Policy No. : 1800100081  
 Endorsement No. : 1  
 Issued Date : 17 Aug 2018

## ABOUT THE COVER

Make/Model : HONDA CB400SF  
 Engine Capacity/Tonnage : 399.00 CC  
 Driver Restriction : Named Driver Basis  
 Person or Classes of Persons Entitled to Drive\*

Sum Insured  
 Off Peak Car

Marked Value  
 No

First Year of Registration : 2018  
 Insuring with COE/PARE : Yes

a) The Policyholder  
 b) Any person who is named as a "named driver" under this Policy

Age Condition : Not Applicable

Limitation as to use\*

\*Use only for lawful transport and pleasure purposes and for the Policyholder's business

The Policy does not cover:

1) Use for hire or reward;  
 2) Use for racing, speed, driving test, racing, pace-making, reliability trial or similar testing;  
 3) Use for the carriage of goods (other than samples) in connection with any trade or business; and  
 4) Use for any purpose in connection with Motor Trade.

\* Conditions imposed pursuant to Section 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

Section 1  
 Fire - \$0; Own Damage - \$500; Theft - \$0

Section 2  
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

TAN CHEE HONG - \$500 (Own Damage)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having 3 (three) reports carried out at the time Agent's workshop.  
 For other Authorized Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, You may refer to AIG website www.aig.com or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: BIKE PRODUCTION PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 180) the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1990 (Malaysia).

Please note that this vehicle  
 is under hire purchase with  
**Bike Production Pte Ltd**  
 No transfer or endorsement is allowed  
 unless with our written consent

090056010

CDWELL - BIKE PRODUCTION

8 BURN ROAD #06-05 TRIVEX

SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

BIKE PRODUCTION PTE LTD

Co Reg No: 200007407G

610 Serangoon Road

Singapore 218216

Tel: 63922555 Fax: 62975400

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

1800100081