

NATIONAL Assessment Centre Services. [ver 1 Jan 03] **MAA905053**

Date In: 26/04/2009 14:46	Job description	Date & Time Completed	Done by
Ref No: NBAFMC190078874	SAS e-filing		
Veh No: FZ3780R	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 20/04/2009 16:40	I-Motor Claim Form	MT/104/1345-001	26/04/2009
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Vch No: **8MG 8934L** 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 Information:

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

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

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

Repair Details:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Damage: _____

Comments: _____

MAA903071

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	9) NI: Idao Mobile	\$30

QC Checked by (Engi-In-Charge): **233** **1400** **8**

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	26/04/2019 14:46
Date Of Accident	20/04/2019 16:40
Exact Location Of Accident	JUNCTION OF KJE TOWARDS CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ3750R
Insured/Policyholder	
Name Of Registered Owner	LAI HON PENG
NRIC No	S7136362G
Email Address	JUNEWMC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90289988
Alternative Phone No	OTHERS-90289988

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	REPORTING ONLY
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	5063031215-05
Cover Note Number	

Driver

Name of Driver	LAI HON PENG
NRIC No	S7136362G
Date Of Birth	30/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90289988
Fax Number	
Contact Number	OTHERS-90289988
EMail Address	JUNEWMC@HOTMAIL.COM

Address	BLK 692A CHOA CHU KANG CRESCENT #22-08
Postcode	681692
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190421/2020

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	SMG8934L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SZE TAK LOON
NRIC/Passport Number	
Contact Number	81616499
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LAI HON PENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ3750R
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.
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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

TOWARDS
KJE



A) FZ3750R
B) SMG 8934L

CHUA CHU KONG DRIVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q/S REFER TO POLICE REPORT
7/20/90421/2020

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: 26/06/2019
NRIC/FIN No.: ROSA LIA/03



**SINGAPORE
POLICE FORCE**



T/20190421/2020

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190421/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2019 12:08	Vide Report No.: J/20190420/0121	Station Diary No.: 56
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Informant's Particulars			
Name of Informant: LAI HON PENG		Address: APT BLK 692A CHOA CHU KANG CRESCENT #22-08 SINGAPORE 681692	
ID Type / ID No.: NRIC NO / S7136362G		Contact No.: Home/Office: Mobile: 90289988	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 30/09/1971	Type of Informant: Rider
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

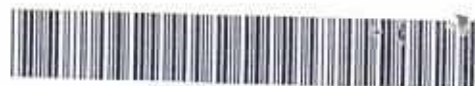
General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2019 16:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KRANJI EXPRESSWAY CHOA CHU KANG DRIVE JUNCTION OF KJE TOWARDS CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ3750R	Motorcycle	HONDA	CB400	Red		0
SMG8934L	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ3750R	NTUC Income Insurance Co-Operative Limited	5063031215-05	20/01/2019	19/01/2020



SINGAPORE POLICE FORCE



T/20190421/2020

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20190421/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAI HON PENG	ID No.	S7136362G
Related Vehicle	FZ3750R (Motorcycle)	Contact No.	90289988
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	20/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 20/04/2019 at about 1640hrs, I am riding my motorbike, FZ3750R, exiting KJE towards Choa Chu kang Dr. As it is red light, I stopped my motorbike while waiting for the traffic to turn green. There is a car in front of my motorbike and I thought that the driver is also making a right turn. When the traffic light turn green, I proceeded to make my right turn towards Choa Chu Kang Drive. When I am making the right turn, the car, SMG8934L suddenly slow down and proceeded straight towards KJE direction. During which, I stopped my motorbike and the car side swipe against my right leg but I did not fall off from my motorbike. As I felt pain on my right leg, I push my motorbike to the left side of the road. Shortly, the driver approached me and assisted to call for ambulance and Traffic Police. Ambulance arrived and I was conveyed to Ng Teng Fong General Hospital and was given 07 days of MC from 20/04/2019 to 26/04/2019.

IO In-Charge: IO Sufyan
Tel: 65476247



**SINGAPORE
POLICE FORCE**



T/20190421/2020

3 of 3

Report No. T/20190421/2020

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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 Recording The Report:

J /

Staff Sgt TOH ZHENG YAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Signature Of Informant:

Date/Time:

21/04/2019 12:08

Classification Of Case:

Authentication Stamp

NP168



MEDICAL CERTIFICATE (Ref:53953166)

ORIGINAL

NAME: LAI HON PENG

NRIC: S7136362G

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

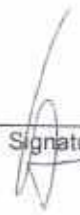
The above named is unfit for duty from **20/4/2019** to **26/4/2019** inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **20/04/2019 17:49** to **20/04/2019 19:00**.

20/04/2019
Date

Dr. Chun Hong CHU (18923E)
Issued by


Signature

Location: NTFGH EMERGENCY

rsbm

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Friday, 26 April, 2019 3:42 PM
To: LKK Bukit Merah; ODsupport
Subject: RE: MT/1041345 FZ3750R

Dear Rosli

Please quote this claim nbr when billing invoice MT/1041345-001

Thank you.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: LKK Bukit Merah [<mailto:rsbm@lkkauto.com>]
Sent: Friday, 26 April 2019 3:35 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Subject: MT/1041345 FZ3750R

Hi the above mention claims cannot create ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: 20/04/2019 (DD/MM/YYYY), TIME: 16:40 (HH:MM)

LOCATION: Exiting KJE towards choa chu kang Dr traffic light

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F23750R
 b) INSURANCE COMPANY: NTUC Income Insurance Co-operative Limited
 c) POLICY NUMBER: 5063031215-05
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA CB400
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 16:40
 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: LAI HON PENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7136362/G CONTACT: 90289988
 c) ADDRESS: CHOA CHU KANG CRESCENT B/K 692A # 22-08
S(681692)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 30/01/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14/10/2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: is driver

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: C.C.K. NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG 8934L MODEL: _____
 b) DRIVER'S NAME: SZE TAK LOON
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 81616499

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)
()

email = June wmc @ hotmail . com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7136362G



NAME
LAI HON PENG

RACE
CHINESE

Date of Birth
30-09-1971

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7136362G

NAME
LAI HON PENG

Birth Date 30 Sep 1971
Issue Date 09 Jan 2019





2213636

NRIC No S7136362G



Group Code Date of Issue
B 30-09-1971

APT BLK 692A CHOA CHU KANG CRESCENT #22-08

Issue No S7136362G Date 12-05-2006 No 401306

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	18 May 1989
Class 2A Motorcycles between 201 cc and 400 cc	14 Oct 2008
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	14 Jan 1992
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	23 Dec 2016
Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5063031215-05

Cover : Third Party

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FZ3750R |
| Chassis Number | : JH2NC39906M201051 |
| 2. Name of Policyholder | : LAI HON PENG |
| 3. Effective Date of Insurance | : 20 Jan 2019 |
| 4. Expiry Date of Insurance | : 19 Jan 2020 |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: LAI HON PENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COMMERCIAL AGENCY PTE LTD (00000614425)

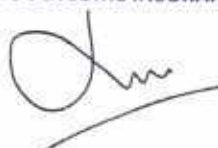
Date of issue : 14 Nov 2018 09:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive