Date In: 20 19-17112	Jeb description		Date &Time Completed	Don	e by
	SAS e-filing		+		
Veh No: FC 25 660					-
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D.O.A: m/din-19:50	i-Motor Cla		em/104201-001	who in	17:25
OD TP Reporting Only i-Motor W/O (Within: OD 2hrs, TP 4hrs)					
	i-Photo Upl		1		
TP Insurer:		Survey Report	j.		
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report	by Fax / Hand t			WILL DESIGNATION OF
				ax:	
Owner / Driver: (	W cted	, INC (			
	i-2-1		Tel:	)	
Confirmed by : (	eriod: (	)	Cover Type: (	)	
	Note Bet Status	Date:	Time:	)	
	Warranty: YES (		0%; P: 21-79%. F: \$0-1	00%]	-
Excess: (\$ ) Loading: \$1,			)		
General Remarks.	NUMBER TO CARRE	THE PERSON NAMED IN	A STREET, AND THE STREET, A	183 K PT 1151	-
( ) Walk-In Customer : Customer's info	N. 0016 (C. 1918)			Scott Burner	
( ) Total I - C	ominadon strictly Ct	ormoential & Str	icuy NO raier di repairer.		
( ) Total Loss Case : to e-mail Insur	er URGENTLY.		• •	-	
Drive-In ( )/ Towed-In ( ); Invoice	c: YES( )/		owing Co: (		)
, , , , , , , , , , , , , , , , , , ,			3.	Dane	)
Remarks:- (INC hodine: 6788 6616)			Dates: Time Completed	Done	) by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(			3.	Done	) by
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection	Courtesy Car (		3.	Done	) by
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Remarks: (INC hodine: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  NA(90747).  Inimant's Particulars:	Courtesy Car (	Invoice Prep.  1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$8)	Anit (5) fit Bill (5)	Ami (3)
Remarks: (INC hodine: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Na(90741).  Inimant's Particulars:	Courtesy Car (	Invoice Prep.  1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-The	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$88); sough Survey	Anit (\$) fit Bill 0) \$45	Ami (3)
Remarks: (INC hodine: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Na(90747).  Inimant's Particulars::  intact No:	Courtesy Car (	Invoice Prep.  1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age	Date Time Completed  Date Time Completed  aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$8) cough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005)	Ant (\$) fit Bill 0) \$45 120 \$30	Añi (3)
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  Nations  Nations  Inimant's Particulars:  Inter/Owner:  International Portion:  Checked by (Engr-In-Charge):	Courtesy Car (	Invoice Prep.  Invoic	Dates: Tarrie Completed  Dates: Tarrie Completed  ar ation Checklist  Reporting (\$30); ssessment (\$100); INC (\$8: 540, rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2003) ion  SMRT Survey (\$ al Services:  ar / Tpt Allowante ordination r Inspection ct Excess Coordination Non INC) against INC	Ant (S)  Tit Bill  )  S45 120 530  \$75 160  \$510 \$225 \$33 \$220 30	Am. (5)

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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	22/05/2019 17:10
Date Of Accident	21/05/2019 19:50
Exact Location Of Accident	JUNC BALESTIER RD & PEGU RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FC2366U
Insured/Policyholder	
Name Of Registered Owner	LYE JIAN CHENG, KEITH
NRIC No	S9025510Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92312829
Alternative Phone No	OFFICE-92312829
Vehicle Particulars	
Manufacturer	VESPA
Model	PX15
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093446260-01
Cover Note Number	
Driver	
Name of Driver	LYE JIAN CHENG, KEITH
NRIC No	S9025510Z
Date Of Birth	17/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92312829
Fax Number	nt from an angular si fing parang panggang panggang taggang ta
Contact Number	OFFICE-92312829

NOEMAIL

BLK 185B WOODLANDS STREET 13 Address

#28-675

Postcode 732185

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 COLLISION - CHANGE/CROSS LANE

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 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190522/7015.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLE8075M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

## **DETAILS OF INJURED PERSON 1**

Name LYE JIAN CHENG, KEITH

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? FC2366U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

W

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER -	TO POLICE	REPORT	
		REPORT 1/20190522/7015	

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature

Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature Name:

NRIC/FIN No.:

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

10.0			ACCIDENT DETAILS						
1/0	5 25	019				(D	D/MM/YY)		
950							(HH:MM)		
UNCT	10N	OF	BALESTIAR	ROAD	AND	PEGU			
	1 4000	950	950	950	950	950	(B		

	DETAILS OF VEHICLE				
Vehicle registration number	FC 2366 U				
Vehicle make and model	PIAGGIO VESIA PX 150				
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:				
Vehicle category	Private   Commercial   Motorcycle				
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □				

	INSURANCE IN	FORMATION	
Insurance company	NTNC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER					
Name	KEITH LYE JIAN CHENG Male Female				
NRIC / Fin / Passport number	59025510Z				
Contact	923 2829				
Address	1858 WOODLANDS STREET 13 #28-675 5732185				

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	17 -07 - 1990	
Occupation	Indoor  Outdoor	
Driving date pass	16 NOV 2016	

Was driver an employee of			OF THE ACCIDENT	
the insured's company?	Control of the Contro	o of the	driver and insured:	DWNER
Accident captured by camera?	Yes - No		ariver and insured.	- 44-2
Weather condition	The second secon	Raining	Others:	
Road surface	1000	et 🗆	Others.	
No of passenger	U, U	Ct L		(Inclusive of driver
o. passenger				(inclusive of driver
		PASSENGE	1	3.27
Name		PASSENGE	1	
Gender	Male = F	emale 🗆		
		PASSENGE	2.2	
Name		PASSENGE	1 2	
Gender	Male 🗆 🕒 F	emale 🗆		
(0)		PASSENGER	2	
Name		PASSENGE		
Gender	Male 🗆 F	emale 🗆		
Cindei	Iviale a	emale u		/
7 - 4		PASSENGER	24	
Name		PASSENGE	.4	
Gender	Male □ F	emale 🗆		
	TVIOLE 1	ciriaic 🗆		
		PASSENGER	G	
Name		TASSENGE		
Gender	Male 🗆 F	emale 🗆	/	
	Wide B	/		
		PASSENGER	6	
Name		PASSIANCIA	. 0	
Gender	Male □ F	emale 🗆		
		/ Lindie D		
	OTI	IER INFORM	ATION	
Was anybody injured?			ATION	
Was other vehicle damaged?	100	0 🗆		
Trus other remeie damagea.	103,23	<b>9</b> L		
	DETAILS OF	DOLICE STA	TION ACTION	
Reported to police?	Yes No		TION ACTION	h nalisa station
Police station name	resper ivi	II ye	s, please state whic	n police station.
		WITNESS :		
Name		WILMESS		
		WITHERE		
Name		WITNESS 2		
realife				

	TIUDO DA DEVAJENCIA
	THIRD PARTY VEHICLE 1
Vehicle registration number	SLE 8075H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Comuct	
	THIRD DARTY VEHICLE A
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1
Name		LYE JIAN CHENG, CEITH
Injuries sustained		nect & boet
Which vehicle person in?		F (2366 U
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No.
hospital by ambulance?		
	-55	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		-
		INJURED PERSON 3
Name		Madried Fersolt 3
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	163.0	NO L
morphian by annualance.		
		INJURED PERSON 4
Name		INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No Ø
hospital by ambulance?	163 [	NO
announce.		
		INITIDED DEDCOME
Name		INJURED PERSON 5
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	ies 🗆	NO LI
mospital by ambalance.		
Name		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		





1 of 3

Report No. T/20190522/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2019 15:56		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: N CHENG,		Address: APT BLK 185B WOODLAND SINGAPORE 732185	OS STREET 13 #28-675		
ID Type / ID No.: NRIC NO / S9025510Z			Contact No.: Home/Office:	Mobile: 92312829		
National SINGAP	ity: ORE CITIZ	EN	Email: lyekeith@ymail.com			
Sex: Age: Date of Birth: 17/07/1990			Type of Informant: Rider			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: 2B Date of Expiry: 16/11/2016			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2019 19:50	Type of Location	
Location: BALESTIER I Weather: Clear	ROAD	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Side	8	Anyone conveyed by ambulance:	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FC2366U	Motorcycle	VESPA	PX15	Gold		0		
SLE8075M	Car	MERCEDES BENZ	CLA 180			0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FC2366U	NTUC Income Insurance Co-Operative Limited	5093446260-01	15/08/2018	14/08/2019			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190522/7015

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				Sell of	
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of Pe	destria	Cross	sing: NA
Rider		Jonathin)		a c c i i c i	101000	onig. NA
Name	LYE JIAN CHENG, KE	ITH		ID No		S9025510Z
Related Vehicle	FC2366U (Motorcycle)			Conta	act No.	92312829
Hospital/Clinic	NIL	<u> </u>		Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: 16/11/2016
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	03	Degree of		Slight	
Driver		1516		,,	oligin	
Name	Unknown Driver			ID No.		NIL
Related Vehicle	SLE8075M (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	ischarge NIL		
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On the stated date , time and location .

I was traveling straight along balestier road . Vehicle (SLE8075M) which is making a u-turn did not check that the road is clear before doing so and he collided onto my front portion of my vehicle which caused my bike to fall on his vehicle .

After the incident, I felt discomfort back and leg and was given 3 days of medical certificate.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190522/7015

### CONTINUATION OF REPORT

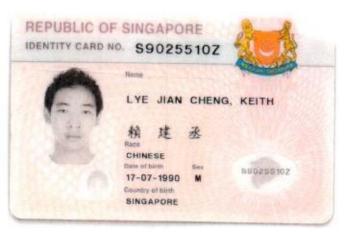
Sketch Plan	
Informant is not able to provide sk	etch nla

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2019 15:56
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:









<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			STATE OF THE PERSON NAMED IN			> Change	Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									3
Notice of Loss	Policy 1	No.				Date	of Accident		21/05/2019	19:50	
	Vehicle	No.(For Motor)	FC2366	SU		Certifi	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093446260- 01		LYE JIAN CHENG, KEITH	S9025510Z	GMC	Third Party	FC2366L	CONRUS.	15/08/2018	14/08/2019
						Continue					

Sequen	ce Date of Endorseme	ndorseme	dorsement Type Endorsement			Status Endorsement Conter		
	ements							
) Insure	d Object: FC2366U							
Init No.	12-3060	Relate Numbe	d Policy er	5090584816-02				
ddress 4	SINGAPORE 560150	Addres	s Type	Singapore addres	5	Post Code	560150	
Address 1	BLK 150 #12-3060	Addres	s 2	ANG MO KIO AVE	ENUE 5	Address 3	YIO CHU KANG GROVE	
Policy!	nolder Mailing Address							
nfo								
nfo Certificate								
Open Policy								
nsurance lag	No							
Co-	TELESALES-DIRECT MARKETIN	NC Agent Tel.			GST Flag	Y		
Agent	TELECAL CO DIRECT MARKET	2.150/00/0500000				Non-		
Singapore OD Excess		Singapore TP Excess				Youn	g/Inexperience Driver Excess	
Outside		Outside						
Additional Excess		OS Premium	0					
Excess	U	damage Excess	0		Windscreen Excess			
Third Party	0	Own			the a			
Excess Type		All Claims Excess						
Policy issue Date	24/07/2018	Effective Date	15/08/20	18 00:00	AF 07 19	14/08/2019	23:59	
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 150 #12-3060 ANG MO K	CIO AVENUE 5 YI	O CHU KA	NG GROVE SINGAPO	DRE 560150			
Certificate No.					(3000 B)			
Policy No.	5093446260-01	Policyholder Name	LYE JIAN	CHENG, KEITH	Policyholder NRIC	S9025510Z		

Claim Handling					
licy No.	5093446260-01	Vehicle No.	PC2366U	CST Designation No.	
tificate No.	CONTRACTOR CE.	201000100	PCESORO	GST Registration No.	
cyholder Name	LYE HAN CHENG, KETTH				9200000
duct Code	HOTORCYCLE INSURANCE	Cover Type	Third Party	Policyholder NRIC	590255102
tact No.(Mobile)	92312829	Cornect No. (Office)	0	Loading	ů .
H Address	0.000	Special Remark		Contact No.(Home)	0
	® No ⊜ Yes	TCA		eCode	[at A]
Protection	No.		® No ⊜Yes	eCode Reason	
Accident Details		NCD Employment(%)	10	Private Hire	No
ort Date	22/05/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Accident	21/05/2019	Time of Accident hh:mm	19:50	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	JUNC BALESTIER RD & PEGU RD				
Excess					
damage Excess	0.00	Additional Excess		Windscreen Excess	
named Driver Excess		Outside Singapore OD Excess			
rd Perty Excess	0.00	Outside Singapore TP Excess			
Benefits		199			
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venthed	Yes	
Affication History			nerven Andribanes	10200	
Policyholder Mailing Ad	dress				
resix 1	BLK 150 #12-3060	Address 2	ANG MO KIO AVENUE 5	Address 3	YID CHU KANG GROVE
dress 4	SINGAPORE 560150	Address Type	Singapore address	Post Code	560150
it No.	12-3060	Related Policy Number	5090584816-02	1300,3000	200120
OI Driver Info		A Michigan Company			
er kame	LYE ITAN CHENG KEITH	Driver Type	Main Driver		
amed driver Name		Driver NR3C	S9025510Z	Driver DDS	17/07/1990
later Date of Driver License	16/11/2016	Driver Age	28	Driving Experience	2
tact No.(Mobile)	92312629	Contact No.(Office)	0		-
ress 1	BLK 1858	Address 2		Contact No. (Home)	0
ress 4	SINGAPORE 732185	Address Type	WOODLANDS STREET 13	Address 3	MARSILING GREENVIEW
t No.	28-675	Address Type	Singapore address	Post Code	732185
es he own a Singapore					
istered car?	○ Yes ® No.	Driver Vehicle No.		Driver Insurer Company	
laration					
athalyser or Blood Test	2275	eses ner werke	SERVICE OF		
ding?	D mg	Any injury?	® Yes ○ No		
incation History					
100 6					
laim 001 New					
m Type +	00-MX V	Insured Name	LYE JIAN CHENG, KEITH	Innued NAMA	FRANCEION
tact No.(Mobile)	92312829	Contact No.(Home)	ELECTION CHESTO, RELIA	Insured NRIC	\$9025510Z
il Address	LYEKEITH@YMAIL.COM		D773461	Contact No. (Office)	
nant Type Claimant Type *	Please Select	OI Vehicle Number Type of Senetic *	PC2366U	TP Vehicle Number	SLE8075M
nant Name *			Please Select		
	22	Claimant NRIC *			
nant Address	mentages and property and an arrange				
n Description erred Workshop Contact	PC2366U / SLEB075M ON 21 May 2019			Name of Preferred Workshop	
Transp contact		Insured Liability *	Not at Fault		
ire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	22/05/2019 17:25	Claim Close Date		Date Received	22/05/2019 00:00
ort Taken By	Jackson			Caralle Caralle Caralle	
Print AK letter	1/2				
The second secon					
		1	Save Submit		
tachment					
dent No.	MT/1045613	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	22/05/2019 17:27		
	Path *		Category *	Confidential	
		Browse	I process processes and the same of the sa	Confidential Urgen	
			I process process	Normal Y	
		Browse		MC V Normal	<u> </u>
		Browse.	Clear Please Select	Normal V Normal	¥
		Per Section Co.	The second secon		

