NATIONAL Assessment Centre	Services.	[wel 1 Jan'05] .	1		,	
Dutelii: 29(05/2019 17:37	Jeb deseription		Date & Time Compl	cted .	Done	by
REFNO: NBAT INC 19009839 A	SAS c-filling	,				
Veh No. FBF 6366A	E-mail (ajula	Mars, AIC thrs)		1757		-
U.O.A. 28/5/2019 17:45	I-Motor Clal	m Form	6 MT/1046	865-	-001	30/5/19/19
OD - TB / Panager Out	I-Motor W/C	(Withle: OD 2hrs	TP 4brs)			:
OD / TP ! Reporting Only	I-Photo Uplo	aded	1			1
TP Insurer:	Assessment/St	irvey Report			,	
1 P INSUICE:	Ass't Report b	y Pax / Hand to	Owner/Wksn			
Proformed Wkep / INC Assign Wkep / QW: (Yel:	Faxt)
TP Particulars: Veh No. S	LE 97.4	OU INC	,)/Non-INC().	<u> </u>	
Owner Driver: (Tel:)	
	iod: ()	Cover Type: (
Confirmed by : (Dates,	Tlmer)	
)%; P: 21-79%. P	: 80-1009	/eJ	<u></u> -
Execus: (\$) Londing: \$1,00	Varranty: YES ()/NO(<u> </u>			
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() Total Loss Case : to e-mail Insured		· ·	7 7 13101 0710			
·Drive-In ()/ Towed-In (); Invoice:		NO():To	owing Co: (· .'		•)
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1) Apply for Transport Allowance ()/Co	ANTENNAMED DE LA CONTRACTOR DE LA CONTRA	WARDING WARRANT	HUTHIST BATTERS CLUDE	refrigation.	- Contractor	py .
2) QC Check / Post Repair Inspection	ourtesy Car (/	,*			
3) Upload Resurvey Photo [Repair Cost> \$30		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	 		7 :	
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	RATE OF THE PARTY	1) All 1 Apoldout	Reporting (\$30);	NG (270)		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 insi

 by the lodgement of this report to the insurers, you hereby consaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/05/2019 17:37
Date Of Accident	28/05/2019 17:45
Exact Location Of Accident	NEAR HAIG ROAD MARKET (CARPARK)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF6366A
Insured/Policyholder	
Name Of Registered Owner	YEO SHENG CAI
NRIC No	S8308415D
Email Address	OOJACKOO77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90062832
Alternative Phone No	OTHERS-90062832
Vehicle Particulars	
Manufacturer	HONDA
Model	T
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

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 5055858748-06

Cover Note Number

Driver

Name of Driver YEO SHENG CAI NRIC No S8308415D Date Of Birth 17/03/1983 Occupation INDOOR Date Of Driving Pass 27/10/2005

Driving Experience 13 YEARS AND 7 MONTHS

Gender

Mobile Number (LOCAL) +65-90062832

Fax Number

Contact Number OTHERS-90062832

EMail Address OOJACKOO77@GMAIL.COM

BLK 51 CHIN SWEE ROAD Address

#12-95

Postcode 160051

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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)

Passenger 1

NAME:

NO

YES

NO

2

NO

NO

: NIL

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE 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

SLE9740U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

81880819

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN

NRIC/FIN No .:

		Jear : Haig Road Market
	(carpark entry)	Food Centhe
	A	Carpark
	<u>B</u>	1 -2-1-2-1
		A - FBF6366A
		B-SLE97404
DESCRIBE CIRCUMSTANG	CES OF THE ACCIDENT	

The corpork evitry cannot open act as it say no I'll betected.
so I reverse abit and accidentally st scatch the other party.
Motorcycle A - No Domage

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.:

ACCIDENT STATEMENT

ACCIDENT DAYS JOE . SEL SOLO :
ACCIDENT DATE: (28 / 05 / 2019) (DD/MM/YYYY), TIME: (17 : 45) (HH:MM)
LOCATION: Near Hais Road Market (Carpart)
I DETAILS OF VICINGIA
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: FBF 63664
b)INSURANCE COMPANY:
C)POLICY NUMBER:
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
() TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS)
D) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, I'LEASE STATE ITHIRD PARTY CLAILA A PERCENTION
2. INSURED / POLICY HOLDER
A)NAME: YOU STONG CO (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:CONTACT:
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Who of passonge DRIVER DRIVER ALSO POLICY HOLDER
(Including driver) a)NAME: [MALE/FEMALE]
(2) SINRIC/FIN/PASSPORT: CONTACT: 9006 2832
*d)DATE OF BIRTH: (
e) OCCUPATION: (INDOOR / OUTDOOR)
DON'S OF DRIVING DACE
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VES. 140)
" NO, RECATIONSHIP OF THE DRIVER WITH INCLIDED.
O. DIVERTHER CONDITION: (CLEAR / RAINING / OTHERS
DINCAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES (NO)
7. a) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
NE of Passenger OI VEHICLE MILLIPED.
Inducting driver) b) DRIVER'S NAME: MODEL:
C) NRIC/HN/PASSPORT: CONTACT: Q C & A PR
9. THIRD PARTY VEHICLE
No of passanger d) VEHICLE NUMBER: MODEL:
Including driver) NRIC/EIN/PASSPORT
(CONTACT:
: / omail - on Tack on 77@ gmail . com.
· of phase - on Took on the giman

email = 00 Jack 00 77 @ gmail . com.
VIDBO 00 Jack 00 77 @ gmail . com.
NUTO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8308415D



YEO SHENG CAI

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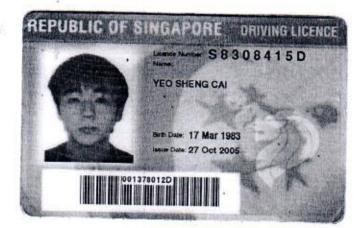
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CHINESE

Date of birth 17-03-1983

Country of birth SINGAPORE





3595823





NRIC No. \$8308415D

14-07-2004

APT BLK 51 CHIN SWEE ROAD #12-95

SINGAPORE 160051

NRIC No: \$8308415D Date: 21/12/2011

No: 6996118



FOT LYN NAC USE ONLY

Hello, NAC_BUKIT_MER	AH_800676						+ Change	Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.		7 7 7 7		Date o	f Accident		28/05/2019 1	7:45	
	Vehicle No.(For Motor)		FBF6366A			Certificate Number		I			
					15	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5055858748- 06		YEO SHENG CAI	583084150	GMC	Third Party	FBF6366A		23/09/2018	22/09/2019

Sequen	ce Date of Endorsement	t I	Endorsemen	t Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
D Insure	d Object: FBF6366A						
Unit No.		Relate Numb	d Policy er	5055858748-06			
Address 4			ss Type	Singapore address		Post Code	160051
Address 1	BLK 51 #12-95	Addre	ss 2	CHIN SWEE ROAD		Address 3	SINGAPORE 160051
Policyh	older Mailing Address						
Info							
Open Policy Info Certificate							
Co- Insurance Flag	No						
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	ō	Own damage Excess	0		Windscreen Excess		
Excess Type		All Claims Excess					
Policy ssue Date	26/09/2018	Effective Date	23/09/201	8 00:00	Expiry Date	22/09/2019 2	3:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 51 #12-95 CHIN SWEE ROA	D SINGAPOR	160051				
Certificate No.					-		
Policy No.	5055858748-06	Policyholder Name	YEO SHEN	G CAI	Policyholder NRIC	S8308415D	

Claim Handling Accident MT/1046865

Policy No.	505505000000000000000000000000000000000	NESCHOOL OF THE PROPERTY OF TH				
Certificate No.	5055858748-06	Vehicle No.	FBF6366A		GST Reg	istration N
Policyholder Name	VEG CUENO ALL					
Product Code	YEO SHENG CAI				Policyhol	der NRIC
	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading	
Contact No.(Mobile) Email Address	90062832	Contact No.(Office)	0		Contact I	No.(Home)
		Special Remark			eCode	
KFK	No Yes	TCA	No Yes		eCode Re	eason
NCD Protection	No	NCD Entitlement(%)	20		Private H	lire
Accident Details						
Report Date	30/05/2019 14:19	Accident Report Within 24 hrs	Yes		Accident	Type
Date of Accident	28/05/2019	Time of Accident hh:mm	17:45			of Accident
Reporting Centre		Orange Force			ICM No.	O/. (1000001))
Accident Location	NEAR HAIG ROAD MARKET (CARPARK)				3,000,000	
Own damage Excess	0.00	Additional Excess			Windsore	en Excess
Unnamed Driver Excess		Outside Singapore OD Excess			Williastre	EII EXCESS
Third Party Excess	0.00	Outside Singapore TP Excess				
		500 to				
GST Registered Informa	tion					
GST Registered	No		GET Bank	etestine Data		
GST Registration No.				stration Date us Verified		Yes
Modification History						res
Policyholder Mailing Add	ress					
Address 1	BLK 51 #12-95	Address 2				
Address 4			CHIN SWEE ROAD		Address 3	3
Unit No.		Address Type	Singapore address	Ě	Post Code	3
OI Driver Info		Related Policy Number	5055858748-06			
Driver Name	VEO CHENIC CAL					
Unnamed driver Name	YEO SHENG CAI	Driver Type	Main Driver			
Register Date of Driver License	27/10/2005	Driver NRIC	S8308415D		Driver DO)B
Contact No.(Mobile)	27/10/2005 90062832	Driver Age	36		Driving E	xperience
Address 1	BLK 51	Contact No.(Office)	0		Contact N	lo.(Home)
Address 4	BCK 91	Address 2	CHIN SWEE ROAD		Address 3	•
Unit No.	#12-95	Address Type	Singapore address	Ė	Post Code	
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.			Driver Ins	urer Com
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	- V N-			
Keadingr	i i	any mary	Yes No			
Modification History						
Claim 001 OD-MX New	1					
Claim Type *				OD-MX	▼ Insured	YEO SH
Contact No.(Mobile)				90062832	Name	
				50002632	No. (Home)	
Email Address					OI Vehicle Number	FBF636
Claim Description				FBF6366A / SLE9740	-0.000000000000000000000000000000000000	
Preferred					The state of the s	
Workshop	Insured Liability Partially at Fa					
Contiect No. Yes	Repair Option Preferred Workshop, Nam	ne unknown GIA report Received	•		Claim	
Date Registered	E.			30/05/2019 14:27	Close	
Report Taken By					Date Workshop	
50000000000000000000000000000000000000					Repairer	
Print AK letter					- Apparial	

