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	i-Motor W/O (Within: O			1
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TD	Assessment/Survey Rep	ort		
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Preferred Wksp / INC Assign Wksp / QW: (Fax:	_
TP Particulars: Veh No: 1	wall IN	NC()/Non-INC()		-
Owner / Driver: (66 2017	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%]	
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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,
- Information provided must be as <u>truthful and accurate</u> 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	06/06/2019 14:55
Date Of Accident	30/05/2019 06:00
Exact Location Of Accident	ALONG AYE (TUAS)
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	AR5006U
Insured/Policyholder	
Name Of Registered Owner	TAN KEE HENG PETER
NRIC No	S1085523C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97400917
Alternative Phone No	OFFICE-97400917
Vehicle Particulars	
Manufacturer	VESPA
Model	SPRI
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	0073830430-15
Cover Note Number	
Driver	
Name of Driver	TAN KEE HENG PETER
NRIC No	S1085523C
Date Of Birth	08/05/1947
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1967
Driving Experience	51 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97400917
Fax Number	
Contact Number	OFFICE-97400917
EMail Address	NOEMAIL

BLK 113 POTONG PASIR AVENUE 1 Address

#04-838

Postcode 350113

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)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

YES

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)

NO 1

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/20190605/2024.

Attachment(s)

Are accident photos available for attachment?

Was there any audio recorded?

YES

Was there any video captured by Car Camera? NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN8836H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Name TAN KEE HENG PETER Approximate Age Injuries Sustain BODY Injured person in which vehicle? AR5006U Were seat belts worn? Was this injured conveyed to hospital by ambulance? 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.

Policyholder's Signature

Date & Time:

Driver's Signature

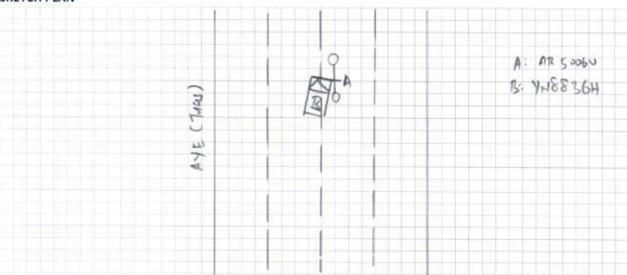
(If driver is not the policyholder)

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rett to potice report - 7/20/90605/2014.	

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.:





T/20190605/2024

1 of 3

Report No. T/20190605/2024

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

REPORT O	F A TRAFFIC	ACCIDENT					
	ne Report M 19 09:58	lade:	Vide Report No.: Station Diary No				
Informa	nt's Particu	ulars					
	Informant: E HENG PE	TER	Address: APT BLK 113 POTONG PASI SINGAPORE 350113	R AVENUE 1 #04-838			
	/ ID No.: O / S108552	23C	Contact No.: Home/Office:	Mobile: 97400917			
National SINGAP	ity: PORE CITIZ	EN	Email:				
Sex: Male	Age:	Date of Birth: 08/05/1947	Type of Informant: SCOOTER				
Race: Chinese			Language:	Institution / School Name:			
Occupa	tion:		Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Drive: Accident:				
Location: Along Road 1 AYER RAJAH Weather: Clear	H EXPRESSWAY	Road Surface:		Road Speed Limit:			
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate			
One Way				Anyone conveyed by			

Details of V	ehicle Involve	<u> </u>			The second second	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AR5006U	SCOOTER	VESPA	SPRI	White		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190605/2024

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and location

I was travelling on my scooter along AYE on the left lane of the straight road. On the left side lies a road that connects to the main road (AYE). As I was riding steadily, a pickup vehicle suddenly erected itself without any sign. This caused a collision between the pickup vehicle and my scooter. The police and ambulance arrived shortly after. I was conveyed to National University Hospital and was granted 23 days medical leave.





T/20190605/2024

3 of 3

Report No. T/20190605/2024

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

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:	Signature Of Informant:
NG JIN SHENG	1/1/
Signature Of Interpreter:	1000
Not applicable	Øate/Time:
Not applicable	05/06/2019 09:58
Officer In Charge Of Case:	Ol III
TP/GIT/	Classification Of Case:
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN	SINGAPORE
Contact No.: 65476206	POLICE FORCE
Authentication Stamp	
IP168	` /

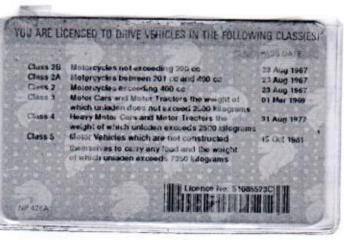
Signature:





For LKK/NAC Use Only





eBao Tech										Genera	alClaim
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	Vehicle	No (For Motor)	AR500	6U		Certif	icate Number	D			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	0073830430- 15		TAN KEE HENG PETER	S1085523C	GMC	Third Party	AR5006U	AR5006U	01/09/2018	31/08/2019
						Continue	I				

Policy No.	0073830430-15	Policyholder Name	TAN KEE H	HENG PETER	Policyholder NRIC	S1085523C	
Certificate No.		Hame			NKIC		
Address	BLK 113 #04-838 POTONG PASI	R AVENUE 1	SINGAPORE	350113			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	26/07/2018	Effective Date	01/09/201	8 00:00	Expiry Date	31/08/2019 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	INCOME-CUSTOMER RELATIONS	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy	holder Mailing Address						
Address 1	BLK 113 #04-838	Addre	ss 2	POTONG PASIR	AVENUE 1	Address 3	SINGAPORE 350113
		Addre	ss Type	Singapore addr	ess	Post Code	350113
Address 4			ed Policy	0073830430-1	S		
		Numt	rui.				
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Address 4 Unit No. Insure Endors	A STATE OF COLUMN	Numt					

mail Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Coreact popure Finalisation ate Registered toport Taken By Attachment	AR5006U / YNBR36H ON 3 Yes 06/06/2019 15:54 Jackson MT/1047828 Yes \cap No Path	[4]	Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Upload Date	Not at Pault Preferred Workshop, Name unknown Save Submit Oot O5/05/2019 15:55 Category *	Name of Preferred Workshop GIA report Date Received Confidential Urgenic	Received D8/06/2019 00:00 D9/06/2019 00:00 Description *
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mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description whered Workshop Coreact	AR5006U / YN8836H ON 3	30 May 2019	Insured Liability +	Not at Pault	Name of Preferred Workshop	
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mail Address aimant Type Claimant Type •						
mail Address		22	Claimant NRIC *			
	Please Select	v	Type of Benefit •	Please Select	To a strain, distribution	110203011
The state of the s			Ot Vehicle Number	AR5006U	TP Vehicle Number	YNBB36H
ontact No.(Mobile)	97400917		Contact No.(Home)	62846157	Insured NRIC Contact No.(Office)	\$1085523C
larm Type *	CO-MX	[0]	Insured Name	TAN KEE HENG PETER	toward NO.	
Claim 001 New						
Claim 001 New						
	4043		section of the			
Breathalyser or Blood Test Reading?	0 mg		Any injury?	® Yes ○ No		
Peclaration						
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
Mit No.	04-838				***************************************	1000000
Address 4			Address Type	Singapore address	Post Code	SINGAPORE 350113 350113
Address 1	BLK 113		Address 2	POTONG PASIR AVENUE 1	Contact No. (Home) Address 3	0
Contact No. (Mobile)	97400917		Contact No.(Office)	0	Driving Experience	5t
tegister Date of Driver License	23/08/1967		Driver Age	\$1085523C 72	Driver DOB	08/05/1947
Inver Name Innamed driver Name	TAN KEE HENG PETER		Driver Type Driver NR3C	Main Driver	1128178200H	V2280000V
G OI Driver Info			To deliver the second second			
mr No.			Related Policy Number	0073830430-15		
Address 4			Address Type	Singapore address	Post Code	390113
Address 1	BLK 117 #04-838		Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350113
□ Policyholder Malling Ad	dress					
Addition History				and the state of t		
GST Registration No.				GST Status Verified	Yes	
GST Registered	No			GST Registration Date		
GST Registered Informa	ation					
9 Benefits			anyapore in excess			
Third Party Excess		0.00	Outside Singapore TP Excess			
Unnamed Driver Excess		000	Dutaide Singapore OD Excess		Windscreen Excess	0.00
Own damage Excess		0.00	Additional Excess			
9 Excess	ALONG AVE (TUAS)					
Reporting Centre Accident Location			Orange Force		ICM No.	
Date of Accident	30/05/2019		Time of Accident hh:mm	06:00	Country of Acodent	Singapore
Report Date	06/06/2019 15:52		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
□ Accident Details						
NCD Protection	No		NCD Emitlement(%)	20	Private Pire	No
KPK	® No ○ Yes		TCA	® No ○Yes	eCode Reason	11717-1000
Email Address			Special Remark		eCode	Tit. V
	97400917		Contact No.(Office)	0	Contact No.(Home)	0
Contact No. (Mobile)	MOTORCYCLE INSURANCE	CE	Cover Type	Third Party	Loading	51085523C
Product Code Contact No.(Mobile)	TAN KRE HENG PETER				Policyholder NRIC	500000
Policynoider Name Product Code	0073830430-15		Vehicle No.	AR5006U	GST Registration No.	
Product Code			Contractor and Contractor	or we appear to	SAN AND AND AND A COLUMN CO.	

