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()[) Reporting Only	I-Photo Uploaded		• •
	Assessment/Survey Repo	ort	
TP Insurer:	Ass't Report by Fax / Ha	and to Owner/Wksp	,
Proformi Wksp / INC Assign Wksp / QW: (Description of the second seco	Tol:	Fax:)
TP Particulars: Veh No: 51	HD 9817K IN	C()/Non-INC()	3
Owner/Driver: (Tel:)
Policy No: () Peri	od: () Cover Type: ()
Confirmed by ; (Dater	Thne:)
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1) Apply for Transfort Allowance ()/Co	urtesy Car ()		
2) QC Check / Post Repair Inspection	(·)-		
1) Upload Resurvey Photo [Repair Cost > \$30	00] ()]	<u> </u>	- : 4
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amaged Portion:	7) N1 : Idao 8) NTUC A	nspection DA + SMRT Survey dditional Services:-	3/13
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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.
- 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.

The state of the s		
	ACCIDENT STATEMENT	
Date Of Report	24/08/2019 10:03	
Date Of Accident	23/08/2019 19:35	
Exact Location Of Accident	BENDEMEER RD B4 JUNC BOON KENG RD	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM1346D	
Insured/Policyholder		
Name Of Registered Owner	GOH THIAM POH	
NRIC No	S0031229J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97887055	
Alternative Phone No	OFFICE-97887055	
Vehicle Particulars		
Manufacturer	YAMAHA	
Model	the state of the s	
Exact Purpose for which vehicle was being used at time of accident	t 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 FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	5092769844-02	
Cover Note Number	**************************************	
Driver		
Name of Driver	GOH THIAM POH	
NRIC No	S0031229J	
Date Of Birth	28/05/1954	
Occupation	INDOOR	
Date Of Driving Pass	22/04/1974	
Driving Experience	45 YEARS AND 4 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97887055	
Fax Number		
Contact Number	OFFICE-97887055	
EMail Address	NOEMAIL	

Address BLK 34 TEBAN GARDENS RD #13-278

Postcode 600034

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 - HEAD TO REAR

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?

NO

Was any injured conveyed to hospital by

ambulance?

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

I WAS RIDING ALONG BENDEMEER RD ON THE SECOND LANE, SUDDENLY I FELT AN IMPACT FROM BEHIND, I KEEP MY BALANCING TO AVOID FALL DOWN, AFTER THE INCIDENT, STOP, I THE TAXI NEVER QUICKLY CHASE AFTER HIM, AT LAST I STOP HIM AT THE TRAFFIC JUNC INFRONT, I ASK THE TAXI DRIVER, AFTER HITTING MY BIKE WHY NEVER STOP, HE DENY HAVE HIT ONTO MY BIKE. I SAW INSIDE THE TAXI HAVE PASSENGER AND THE TAXI DRIVER KEEP MENTION HE WAS IN RUSHING AND HE JUST LEAVE THE SCENE WITHOUT EXCHANGE ANY PARTICULAR.

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 SHD9817K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:
 - 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.

Policyhoder's Signature

Date Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN	
Jone.	A = FBM 1346D B = SHD 9817K
Bus	Bendemeer Rd
SCRIBE CIRCUMSTANCES OF THE AC	CIDENT
Please Refe	r to statement
CLARATION	. 1
Ve declare the foregoing particulars are tru	e in every respect.
9/2	<i>("\</i>

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.:





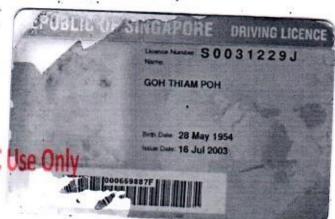
GOH THIAM POH



28-05-1954 Country of birth

SINGAPORE

For LKK/NAC Use Only





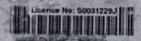
23-08-2007

APT BLK 34 TEBAN GARDENS ROAD #13-278 BINGAPORE 600034

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING LEA.

22 Apr 1974 22 Apr 1974 22 Apr 1974 20 Aug 1973

For LKK/NAC Use Only





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: 5092769844-02

: FBM1346D

1. Index mark and Registration Number of Vehicle

FBM1346D

Chassis Number

: LBPRE101000058538

Cover : Third Party, Fire & Theft

2. Name of Policyholder

GOH THIAM POH

3. Effective Date of Insurance

: 18 Jul 2019

4. Expiry Date of Insurance

: 17 Jul 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

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: GOH THIAM POH

NAMED DRIVER (2)

: GOH THIAM LAI

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 08 Jul 2019 13:46 hrs

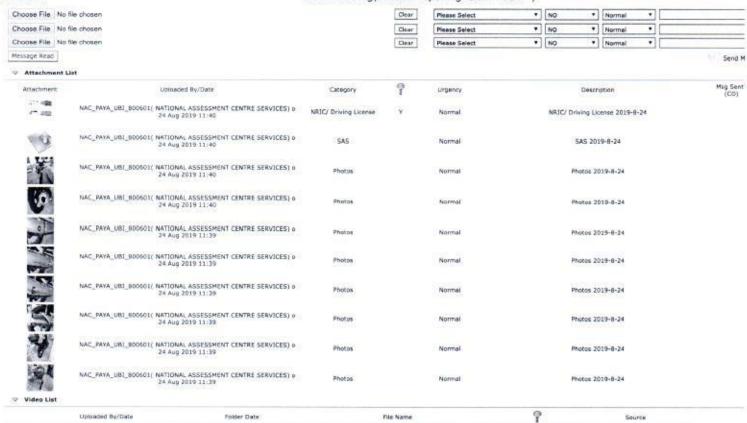
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling Accident MT/1059232 Policy No. 5092769844-02 Vehicle No. FBM1346D GST Registration No. Certificate No. GON THIAM POH Policyholder NRIC 500312292 Loading Third Party, Fire & Theft Product Code MOTORCYCLE INSURANCE Cover Type Contact No.(Mobile) Contact No.(Office) Contact No.(Home) No * Special Remark eCode Email Address TCA ■ No ○ Yes eCode Reason KFK + No Yes Private Hire NCD Protection No: NCD Entitlement(%) 20 P Accident Details Collision - Head to Rear Accident Type Report Date 24/08/2819 11:37 Accident Report Within 24 hrs Ves Time of Accident hh:mm Country of Accident 19:35 Date of Accident 23/08/2019 Reporting Centre Orange Force 3CM No. BENDEMEER RD 84 JUNC BOON KENG RD Total Excess Applicable Windscreen Excess Excess Type Per Accident 0.00 TP Standard Excess OD Standard Excess 0.00 YIED OD Excess 0.00 YIED TP Excess 0.00 Driver is Covered? Not Covered Additional Excess Total OD Excess Applicable Total TP Excess Applicable - Benefits GST Registered Information GST Registration Date GST Registered GST Registration No. GST Status Verified Modification History Policyholder Mailing Address TEBAN GARDENS ROAD Address 3 SINGAPORE 600034 Address 2 Address 1 BLK 34 #13-278 Address 4 Address Type Singapore address Post Code 600034 5092769844-02 Related Policy Number Unit No. 13-278 □ OI Driver Info Main Driver GOH THEAM POH Oriver Type Driver Name Unnamed driver Name Driver NRIC \$00312293 Driver DOB 28/05/1954 Driving Experience 45 Driver Age Register Date of Driver License 22/04/1974 65 Contact No.(Mobile) 97887055 Contact No.(Office) Contact No.(Home) TEBAN GARDENS ROAD Address 3 SINGAPORE 600034 Address 1 BLK 34 #13-278 Post Code 600034 Address Type Singapore address Address 4 Unit No. 13-278 Driver Insurer Company Driver Vehicle No. Yes a No Declaration Breathalyser or Blood Test Reading? Any injury? Yes a No Modification History Claim 001 New Insured GOH THIAM POH Insured 500312293 Claim Type * OD-MX Contact No. (Home) Contact No. (Office) Contact No.(Mobile) 97887055 OI Vehicle FBM1346D Number Vehicle Number SHD9817K Claim Description FBM1346D / SHD9817K ON 23 Aug 2019 Preferred Workshop Bolluen No. Finalisation Preference Liability Not at Fault GIA Preferred Workshop, Name unk Date 24/08/2019 00 24/08/2019 11:39 Date Registered LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment Claim No. MT/1059232 001 Accident No. Last Doc. Received * Yes O No Upload Date 24/08/2019 11:40 Category * Confidential Urgency * Description * NO * Normal Choose File No file chosen Clear Please Select Clear Please Select ▼ NO * Normal Choose File No file chosen * Normal T NO . Choose File No file chosen Clear Please Select



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