

NATIONAL Assessment Centre Services.

(last 1 Jan 2005)

NA9019013886

Date In: 02/10/2005 17:23	Job description	Date & Time Completed	Done by
Ref No: NA9019013886	SAS e-filing		
Veh No: 14443	E-mail (Job 2hrs, A/C 2hrs)		
DOA: 01/10/2005 16:35	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SG 6105E	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 ()	

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

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Location	Notes

NA9019013886	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee 340/345	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) : TP (N) INC against INC \$20	
	9) NI2: Idao Mobile \$0	
	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	02/10/2019 17:23
Date Of Accident	01/10/2019 16:35
Exact Location Of Accident	JUNCTION OF LOYANG WAY AND LOYANG LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1444J
Insured/Policyholder	
Name Of Registered Owner	LU JUNCHENG
NRIC No	S8315175G
Email Address	ALEXLUJC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91126914
Alternative Phone No	OTHERS-91126914
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING SHOPPING AT LOYANG POINT SHOPPING CENTRE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNMC2018-00002367-01
Cover Note Number	

Driver

Name of Driver	LU JUNCHENG
NRIC No	S8315175G
Date Of Birth	01/05/1983
Occupation	INDOOR
Date Of Driving Pass	31/05/2005
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91126914
Fax Number	
Contact Number	OTHERS-91126914
Email Address	ALEXLUJC@GMAIL.COM

Address	BLK 505 JELAPANG ROAD #12-438
Postcode	670505
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE TO ATTACHMENT AND POLICE REPORT T/20191001/7042

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG6105E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LU JUNCHENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBL1444J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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:

021019 1619hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AS PER AMPEH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT

DECLARATION

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



Policyholder's Signature
Date & Time:

02/10/19 16:19hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time:


02/10/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20191001/7042

1 of 4

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

Report No. T/20191001/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 23:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LU JUNCHENG			Address: APT BLK 505 JELAPANG ROAD #12-438 SINGAPORE 670505		
ID Type / ID No.: NRIC NO / S8315175G			Contact No.: Home/Office: Mobile: 91126914		
Nationality: SINGAPORE CITIZEN			Email: ALEXLUJC@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 01/05/1983	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Singapore Armed Forces personnel		Driving Licence Information: Class: 2A,3A,2B		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/10/2019 16:30	Type of Location: T-Junction
Location: LOYANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: between moving vehicle against stationary				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1444J	Motorcycle	HONDA	400X MANUAL	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1444J	FWD Singapore Pte. Ltd	PNMC2018- 00002367-01	28/06/2019	27/06/2020



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

Report No. T/20191001/7042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LU JUNCHENG	ID No.	S8315175G
Related Vehicle	FBL1444J (Motorcycle)	Contact No.	91126914
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,3A,2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

The accident happen on the 1st Oct 2019 at about 1633hrs.

I am travelling along Loyang way and stop at the junction of Loyang way and Loyang lane (my front was Loyang Tua Pek Kong temple) as the traffic light is not in flavour for me to proceed straight.

The traffic light is in flavour to left turn vehicle with a green left turning arrow.

My position is at the right side of the lane (still within the lane).

First car made the left turn.

'Go Ahead' bus number 6 with the Licence plate of SG 6105E, follow on with the left turn. Almost coming to complete the turn, the rear right of the bus knock onto my left handlebar. The large impact causes me to loss my balance and fall to my right-hand side.

The bus did not stop to render any assistance.

After recovering my bike with an uncle, I move forward and check my bike.

My front brake hose was leaking oil and the brake wasn't responsive.

The other visual damage was the left and right-side of my hand guard and scratches on exhaust pipe.

As the bus captain did not stop, there was nothing I can do expect to contact the bus company to check on how I can go about to make the claim and then contacted my bike shop to tow my bike to his workshop for repair.

Currently, as I made this report, there is not serious injury but some pain to my right hand and right knee. Which could be due to the impact during the fall.

(i have a video for this accident)



**SINGAPORE
POLICE FORCE**



T/20191001/7042

3 of 4

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

Report No. T/20191001/7042

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191001/7042

4 of 4

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

Report No. T/20191001/7042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

NP168


Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

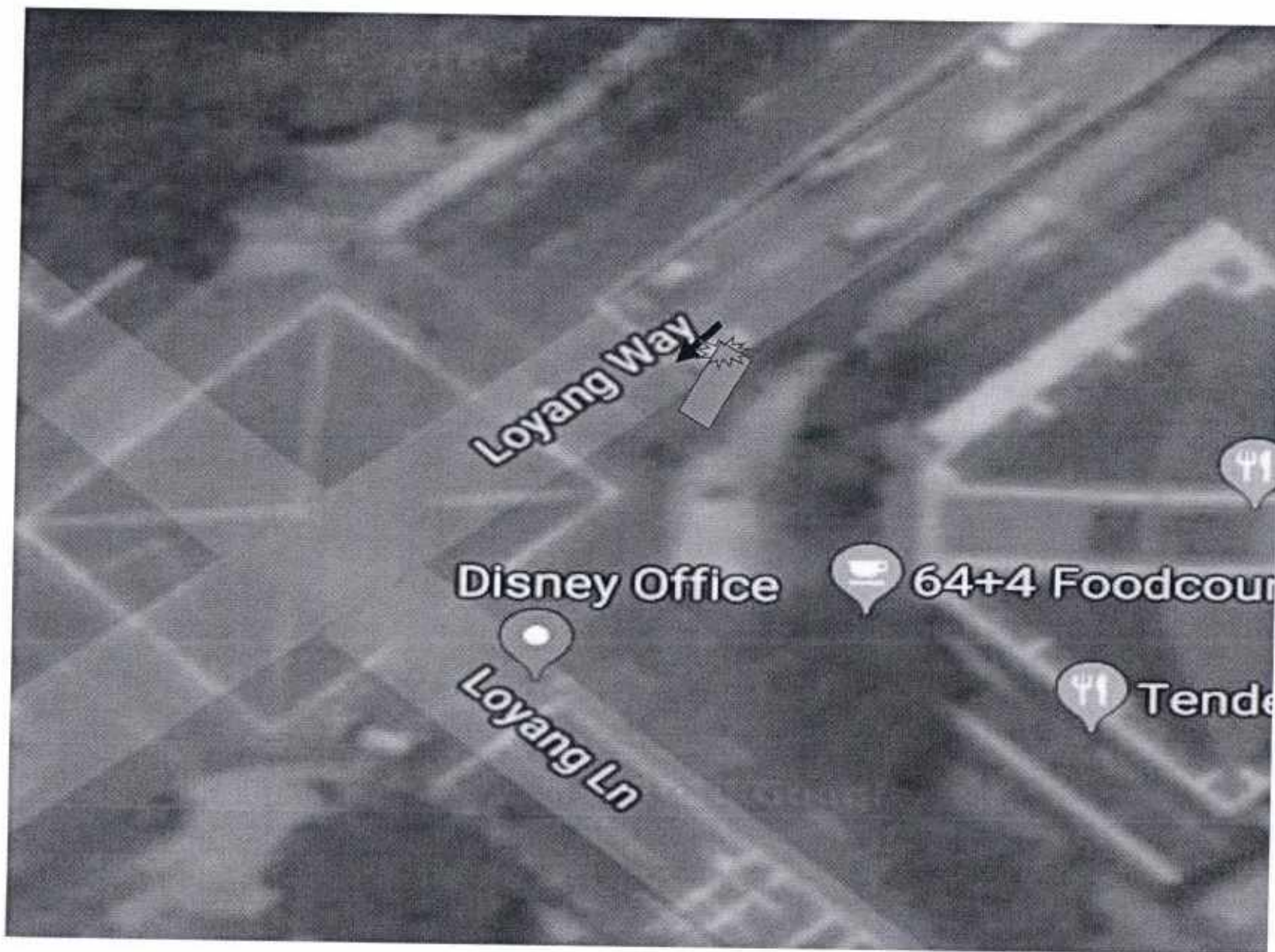
Date/Time:
01/10/2019 23:40

Classification Of Case:

Report. Statement of account

- The accident happen on the 1st Oct 2019 at about 1633hrs.
- I am traveling along Loyang way and stop at the junction of Loyang way and Loyang lane (my front was Loyang Tua Pek Kong temple) as the traffic light is not in flavour for me to proceed straight.
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- The bus did not stop to render any assistance.
- After recovering my bike with an uncle, I move forward and check my bike.
- My front brake hose was leaking oil and the brake wasn't responsive.
- The other visual damage was the left and right-side of my hand guard and scratches on exhaust pipe.
- As the bus captain did not stop, there was nothing I can do expect to contact the bus company to check on how I can go about to make the claim and then contacted my bike shop to tow my bike to his workshop for repair.
- Currently as I made this report, there is not serious injury but some pain to my right hand and right knee. Which could be due to the impact during the fall.


Rahman
Rahman



← My location

■ Bus

★ Impact

at 10/20/2018
Redevelopment



02/02/2019
Rishi Wadhwa

Video shot of the bus with licence plate



an 01/10/2019
Resh motor

Visual Damages



Green colour
painting from the
bus

Left side hand guard



Right side hand guard



Exhaust pipe

gn/02/12/2019
Rohit Wadkar

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 10 / 19) (DD/MM/YYYY), TIME: (16 : 33) (HH:MM)

LOCATION: Loyang way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 1444 J
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNMC 2018-00002367-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CB 400 X
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL TO LOYANG POINT SHOPPING CENTRE
 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: LU JUNCHENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8315175G CONTACT: 91126914
 c) ADDRESS: 505 JELAPANG ROAD #12-438 670 505

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LU JUNCHENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8315175G CONTACT: 91126914
 c) ADDRESS: 505 JELAPANG ROAD #12-438 670 505

* d) DATE OF BIRTH: (31 / 05 / 2005) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SQ6105E MODEL: AUS
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

email =

VIDEO



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNMC2018-00002367-01

Plan Name: Comprehensive

Motorcycle plate number: FBL1444J

Your name (As the policyholder): LU JUNCHENG

Coverage start date: 28/06/2019

Coverage end date: 27/06/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

Finance company: Yew Heng Credit Enterprise Pte

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 06/06/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.