Date In: 110 9 - 09:38	Jeb descripti	ion	Date & Time Completed	Don	e by
Ref No: WALLY CIGO 18451/24	SAS e-filin	ıg			
Veh No: FRHTITIE	E-mail (with	hin Shrs, AIC 2hrs)			-
D.O.A: 18/10/19-19:00		laim Form	Wallo 67 847 -001	nolig	1429
	i-Motor W	O (Within: OD 2hrs		2119114	
OD TP Reporting Only	i-Photo Up				
TDI		Survey Report			-
TP Insurer:	Ass't Report	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (				ax:	
TP Particulars: Veh No: W	85300	INC (	)/Non-INC( )		00-1-1
Owner / Driver: (			Tel:	)	
Policy No: ( ) F	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,		0()			
General Remarks:-			Contract Contract	145 6 1	-
Remarks: (INC horline: 6788 6616)	ce: YES ( ) /		wing Co: (  Date&Time Completed ()	Done	by )
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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.

aluresalu,	
<b>基的的主义的对象</b> 医克勒氏试验检尿病	ACCIDENT STATEMENT
Date Of Report	21/10/2019 09:58
Date Of Accident	18/10/2019 19:00
Exact Location Of Accident	YIO CHU KANG RD TWDS LENTOR AVE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH5371E
Insured/Policyholder	
Name Of Registered Owner	LEONG CHIN WAN
NRIC No	S2599660G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94562322
Alternative Phone No	OFFICE-94562322
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16ST
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	5107588773
Cover Note Number	
Driver	
Name of Driver	LEONG CHIN WAN
NRIC No	S2599660G
Date Of Birth	27/03/1963
Occupation	INDOOR
Date Of Driving Pass	26/03/1991
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94562322
Fax Number	
Contact Number	OFFICE-94562322

NOEMAIL

Address BLK 404 YISHUN AVENUE 6

#08-1234

Postcode 760404

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 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?

NO YES

Was any other material or property damaged?

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

#### REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

vvas triere arry video captured by Car Carriera?

NO

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

YP8530D

Vehicle Make/Model/Colour

MITSUBISHI FUSO

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver PANCHAVARNAM RAVI

NRIC/Passport Number F8184211Q

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

LEONG CHIN WAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

FBH5371E

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- 3) 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.
- 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 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:
  - (I) 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.

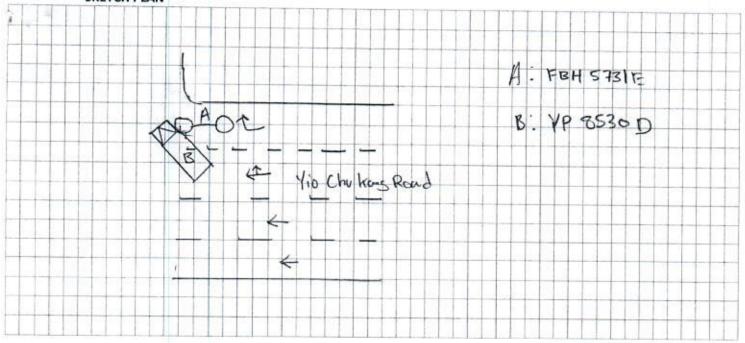
Policy holder's signature Date / time: Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	and the second	on the extreme		at the Time	V 20	in Chi. Long
Road was	iting to tu	in an attempt	o Lentor Aven	we . Suddenty	Vehicle B	abrupty mad
my motor	cycle left.	Despite Vehicle	B after col	iding on to	my motor co	yole, Vehide B

#### DECLARATION

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

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.

<b>的一种主义。</b>	ACCIDENT DETAILS	
Date of accident	18-10-2019	(DD/MM/YY)
Time of accident	1900HRS	(HH:MM)
Exact location of accident	Yio Chokany Road (Junction Towards Lenter Ave)	(**************************************

<b>基本的基本的基本的基本的基本的基本的</b>	DETAILS OF VEHICLE						
Vehicle registration number	FBH 5371 E						
Vehicle make and model	Yumata F216						
Type of vehicle	Saloon □ MPV □ CRV □ Van □ Lorry □ Bus □ Motorcycle₁☑ Others:						
Vehicle category	Private Commercial Motorcycle						
Purpose of using at said time	Travelling Home						
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim Ø Reporting only □						

<b>建设设计量</b> 第一条 1000 mg	INSURANCE IN	FORMATION	MANUFACTURE AND A STATE OF
Insurance company	NIUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only D

INSURED / POLICY HOLDER							
Name	Leong Chin Wan Male b	Female					
NRIC / Fin / Passport number	52599660 G						
Contact	9456 2322						
Address	APT BIK 404 Yishun Avenue 6 \$108-1234 (5) 760406	ł					

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Male □ Female						
NRIC / Fin / Passport number							
Contact							
Address							
Email address							
Date of birth	27-03-1963						
Occupation	Indoor Outdoor						
Driving date pass	26-03-1991						

March Company of the Control	GENERAL	INFORMATION	OF THE ACCIDENT	<b>新春城林市中华地区</b>
Was driver an employee of	Yes 🗆	No⊈		~
the insured's company?	If no, rela		driver and insured: _	Owner
Accident captured by camera?		No-cy/		
Weather condition	Clear	Raining	Others:	
Road surface	Dryte	Wet 🗆		
No of passenger	01			(Inclusive of driver)
	1 200 300			
AND THE PROPERTY OF THE PARTY O	<b>并是</b> 第五字章	PASSENGE	R1	ARTHUR DISTRICT
Name				
Gender	Male 🗆	Female		
STATE OF THE PARTY		PASSENGE	R 2	
Name				
Gender	Male 🗆	Female		
	W			
PARTY NEW YORK OF TAKE		PASSENGE	R3	NEW PROPERTY WITH EASIER
Name				
Gender	Male 🗆	Female		
	1			
	TELESCO LONG	PASSENGE	P.4	
Name		7.551411015		
Gender	Male	Female		
- Control	///	, cindic L		
	The same of the sa	PASSENGE	R C	
Name		7.554105		
Gender	Male 🗆	Female		
-	111010	, , , , , , ,		
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	his actions	PASSENGE	0.6	
Name		PASSENGE	N O	
Gender	Male 🗆	Female		
Одист	TWIGHT L	Terriale E		
	444	OTHER INFORM	MATION	SUPERIOR CONTRACTOR
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
The state of the s	1.00			
A STATE OF THE STA	DETAIL	S OF POLICE ST	ATION ACTION	The recognision of the same
Reported to police?	Yes 🗆	Name and Address of the Owner, where the Owner, which is th	s, please state which	nolice station
Police station name	162 []	NO II YE	s, piease state willen	police station.
, once station name				
	AND THE STATE	WITNESS	1 Contraction of the Contraction	DESCRIPTION OF THE PROPERTY OF
Name	ENTERNA ENTERNA	WIINESS	<b>一</b> A的人的自己的一个人	Compact Control of the State of the Asia Park
Haine				
TOTAL CONTRACTOR OF THE PARTY O	ACCUSED THE	WITNESS		CASE CASE CONTRACTOR OF THE PARTY OF THE PAR
Name	to ASSAMON SINK	WITNESS	Language of the property of	
Name				

Marian State of State	THIRD PARTY VEHICLE 1
Vehicle registration number	YP 8530 D
Vehicle make model	Midsusishi Fuso
Name	Panchavarnam Ravi
NRIC / Fin / Passport number	F818 4211 Q
Contact	
WHITE COMPANY OF THE PROPERTY OF THE PARTY O	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Bank Carlo and the color	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
and the second s	
<b>的</b> 是是我们是一个一个一个	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Was also as a second	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>以外的</b>	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>网络</b> 加州 经通过 (1995年)	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Market State of the State of th	INJURED PERSON 1
Name	Leong Chin Wan
Injuries sustained	Lower Body
Which vehicle person in?	F8H 5371 E
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No R
hospital by ambulance?	
<b>特特</b> 基于通过的企业	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
<b>建筑的高层的大台湾及北京各位</b>	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes D No D
hospital by ambulance?	
A SHARE TO SHARE TO THE SOUTH	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 / No 🗅
hospital by ambulance?	
No.	INJURED PERSON 5
Name Injuries sustained	<del>\</del>
Which vehicle person in?	/
Were seat belts worn?	Voc. 5. No. 5.
Was injured conveyed to	Yes No D
hospital by ambulance?	Yes D No D
nospital by ambulance:	
A STATE OF THE STA	INTEREST DESCON 6
Name /	INJURED PERSON 6
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	100



## THE SCHEDULE

# Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

- any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number The Policyholder

: 5107588773

: LEONG CHIN WAN

BLK 404 #08-1234 YISHUN AVENUE 6 SINGAPORE 760404

Period of Insurance

: 16 Feb 2019 To 15 Feb 2020

Sum Insured

Premium (inclusive GST)

: 5\$205.62

Interest Insured

Cover Type

: Third Party

Named Driver (1)

: LEONG CHIN WAN

Named Driver (2)

: LEONG HO YIN

Make/Model

: YAMAHA/FZ 16

Capacity

Registration Number

: 150cc

: FBH5371E

Chassis Number

: ME145S0B5D2008836

Excess (Section 1)

: N/A

Excess (Section 2)

: N/A : N/A

Hire Purchase Company

Number of Seater Registration Year

: 2 : 2013

Insure with COE

: N/A

NCD Entitlement

: 20%

Loyalty Discount

Memo A: Vehicle Make/Model: YAMAHA / FZ16ST

Engine Capacity: 153 cc

Endorsement Operative: M1

Agency

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 15 Feb 2019 16:38 hrs

#### **DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

<b>eBao</b> Tech								語言		Genera	alClaim
Hello, NAC_PAYA_UBI_80060 My Desktop		Policy Query Change Password							• Log Ou		
Notice of Loss	Policy No. Vehicle No.(For Motor)		r) FBH5371E			Date of Accident Certificate Number			18/10/2019 19:00		
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107588773		LEONG CHIN	52599660G	GMC	Third Party	FBH5371E	FBH5371E	16/02/2019	15/02/2020

Policy No.	5107588773	Policyholder Name	LEONG C	HIN WAN	Policyholder NRIC	S2599660G	
Certificate No.		Traine .			NRC		
Address	BLK 404 #08-1234 YISHUN AV	ENUE 6 SINGA	ORE 7604	04			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/02/2019	Effective Date	16/02/20	19 00:00	Expiry Date	15/02/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	TELESALES-DIRECT MARKETIN	C Agent Tel.			GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 404 #08-1234	Addres	s 2	YISHUN AVENUE 6		Address 3	SINGAPORE 760404
Address 4		Addres	s Type	Singapore address	1	Post Code	760404
Jnit No.		Related Numbe	Policy	5107588773			
▶ Insured	1 Object: FBH5371E						
▽ Endorse	ements						
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Content Name					Related Policy Numbe	er.	51075887	73		
Direct Name   Specific Name		LEONO CUE								
### Date of Driver License		LEUNG CHIP	wan.							
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