NATIONAL Assessment Ce		Date & Time Completed	Done by	a Section
Date In: Miolig - 18:20	Jeb description	Date & Time Completed	Done by	*
Ref No: NA HC 190/85 7874	SAS e-filing	1		
Veh No: FBP 24234	E-mail (within Shrs, AIC 2hrs)			a
D.O.A: 20/10/19. 701 15	i-Motor Claim Form	m11067857 01	20/12/19 18:	1/2
OD : (P) Reporting Only	i-Motor W/O (Within: OD 2)	ics, TP 4hrs)		
OD : (IT) reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
II lisuroi.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No: 1	HC1331C . INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () Warranty: YES ()/NO ()		
	\$1,000()/\$2,000()			
General Remarks:-			2019	٠.
() Walk-In Customer: Customer's	information strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail In:	surer URGENTLY.			Total State
			Address of the latest of the l	
Drive-In ()/ Towed-In (); Inv	roice: YES() / NO();	Fowing Co: ()
		- 1	(See Panelly))
Remarks: (INC holline: 6788 6610	6) ` :	Towing Co: (Doneby)
Remarks: (INC hotline: 6788 6610		- 1	Done by)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection	6) \	- 1	Done by	,
Remarks: (INC hotline: 6788 6610	6) \	- 1	Done by)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection	6) \	- 1	Done by)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	6) \() \(\	Date& Time Completed)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	6) \() \(\	- 1)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	6) \() \(\	Date& Time Completed)
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Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	6) \() \(\	Date& Time Completed)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	6) \() \(\	Date& Time Completed		
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost : Injury: Date/Time Actions	6)) / Courtesy Car () () > \$3000] ()	Date& Time Completed	Ant(S) A	int(3)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	6)) / Courtesy Car () () > \$3000] () Invoice Pre	Date& Time Completed Paration Checklist Reporting (\$30);	Ant (S) A	Ma Para
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars:	() > \$3000] () Invoice Pro 1) AR: Acciden 2) DA: Darrage	Paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$8	Am(t(S)) A fit Bill A	int(3)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Actions	Invoice Production	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$8	Ant(S) A 151 Bill A 10) 1/545 5120	int(3)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars:- river/Owner:	Invoice Product	Date & Time Completed paration Checklist Reporting (530); Assessment (5100); INC (58 Fee 540 Through Survey Through Survey (Resurvey)	Ani((S)) A 15: Bill A 0)	int(3)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars: river/Owner:	Invoice Proints Invoice Pr	Date & Time Completed paration Checklist. At Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	Ant(S) A \$18 Bill A 00 0545 \$120 \$30) \$75	int(3)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars: river/Owner:	Invoice Product	Date & Time Completed paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) section + SMRT Survey	Ant(S) A 151 Bill A 100 1/545 5120 530)	int(3)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost : Injury: Date/Time Actions Liminant's Particulars: inver/Owner: ontact No: amaged Portion:	Invoice Proints Invoice Pr	Date & Time Completed paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) section + SMRT Survey	Amit((\$)). A \$6.Bill. A 0)./\$45 \$120 \$30) \$75 \$160	int(3)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost : Injury: Date/Time Actions Actions Actions	Invoice Product	Date& Time Completed paration Checklist. A Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2005 action + SMRT Survey ional Services y Car / Tpt Allowance	Ant((\$)) A (\$i Bill A) (5) A (5) Bill A) (5) A (5) Bill A) (5) A (6) Ant((\$)) A	int(3)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost : Injury : Date/Fime Actions Laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Proints	Date & Time Completed paration Checklist. It Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) betton + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection	Amit (\$) A \$6.Bill A 00 0545 \$120 \$30 0 \$75 \$160 \$51 \$51 \$51 \$51 \$51 \$51 \$525	int(3)
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Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost : Injury: Date/Fime Actions Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Proints Invoice Pr	Date& Time Completed Date& Time Completed Paration Checklist At Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection bleet Excess Coordination P (Non INC) against INC	Ant((5)) A (6) Bill A (7) Ant((5)) A (8) Bill A (9) Ant((5)) A (10) Ant((5) A (10) Ant((5)) A (10) Ant((5) A (10) Ant((5) A (10) Ant((5) A (10) Ant((Sat (3)

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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.
- 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.

aloresalo.	
精力的 第二人称 法 的复数 3000000000000000000000000000000000000	ACCIDENT STATEMENT
Date Of Report	21/10/2019 18:20
Date Of Accident	20/10/2019 20:15
Exact Location Of Accident	BUKIT BATOK EAST AVE 2
Country/State of Loss	SINGAPORE
Market State of the Control of the C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP2457U
Insured/Policyholder	
Name Of Registered Owner	HAN GHIM THAI
NRIC No	S0072664H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96601463
Alternative Phone No	OFFICE-96601463
Vehicle Particulars	
Manufacturer	YAMAHA
Model	CZD300A / XMAX300
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107880521
Cover Note Number	
Driver	
Name of Driver	HAN GHIM THAI
NRIC No	S0072664H
Date Of Birth	03/03/1953
Occupation	INDOOR
Date Of Driving Pass	24/11/1977
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96601463
Fax Number	
Contact Number	OFFICE-96601463

NOEMAIL

Address BLK 250 BUKIT BATOK EAST AVENUE 5

#09-162

Postcode 650250

Was driver an employee of the Insured's Company NC

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

17

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

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

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

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

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Address

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191020/7025.

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

SHC1331C

Vehicle Make/Model/Colour

HYUNDAI IONIQ

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

HAN GHIM THAI Name

Approximate Age

BODY Injuries Sustain

FBP2457U Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

I IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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 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

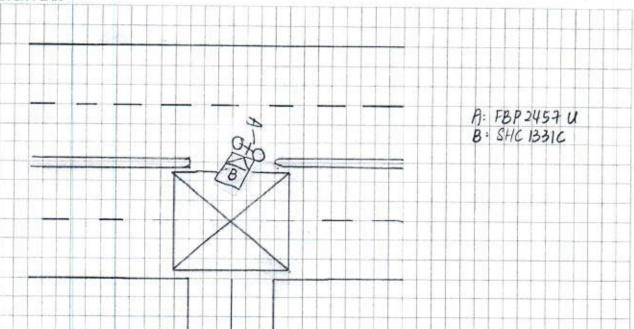
Me

Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Page 5

SKETCH PLAN



DESCRIBE CIRC	CUMSTANCES OF THE ACCIDENT	
	Refer to police report	
	<u>'</u>	
/		
/		

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.

ACCIDENT DETAILS				
Date of accident	20/10/2019	(DD/MM/YY)		
Time of accident	2015 hrs	(HH:MM)		
Exact location of accident Bukit Batok East Ave 2				

第四次是这种自己的对象的对象	DETAILS OF VEHICLE
Vehicle registration number	FBP2457u
Vehicle make and model	XMAX 300
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Mirate use
Are you claiming under your own insurance company?	Yes No Reporting only Reporting only

INSURANCE INFORMATION				
Insurance company	NTUC		-	
Policy number				
Type of policy	Comprehensive	Third party fire & theft	TP only	

海影型外外系统是为时间的	INSURED / POLICY HOLDER		
Name	Han Ghim Thai	Male 🗷	Female 🗆
NRIC / Fin / Passport number	50072664H		
Contact	96601463		
Address	BIK 250 Bukit Batok East AVL 5 #09-18	2 (1365) 5	(650250)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)			
Name	Male 🗆	Female 🗆		
NRIC / Fin / Passport number				
Contact				
Address				
Email address	jintai53@ gmail.com	-		
Date of birth	03/03/1/53			
Occupation	Indoor D Outdoor D			
Driving date pass	24/11/1977			

A PROPERTY OF THE PARTY OF THE	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No Ø
the insured's company?	If no, relationship of the driver and insured:Owner
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	(Inclusive of driver
passage.	(inclusive of driver
MANUFACTURE STREET SAME	PASSENGER 1
Name	
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male Female
Betarage Total Company	PASSENGER 3
Name	
Gender	Male - Female -
and the second s	
Control of the second	PASSENGER 4
Name	
Gender	Male D Female D
WARRY CONTRACTOR	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
The state of the s	OTHER INFORMATION
Was anybody injured?	Yes, No.
Was other vehicle damaged?	Yes p No -
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
Marie Committee	WITNESS 1
Name	
and the same and t	
MC SACRAS CHI SACRAS CONTRACTOR	WITNESS 2
Name	

发现的现在分词发现它还是这种	THIRD PARTY VEHICLE 1
Vehicle registration number	SHC1331C
Vehicle make model	Hyundaj Ionic
Name	
NRIC / Fin / Passport number	
Contact	
R. A. Shiring and A. Shiring and A. Shiring	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
State of the state	THIRD PARTY VEHICLE 3
Vehicle registration number	THE PART AVEINGES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
SAME STREET, S	THIRD DARTY VEHICLE A
Vahiala variatustian mumban	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
经验证的 医皮肤 医多种性肾上腺炎	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	1/
and the second second second	
Property and the second	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
A CONTRACTOR OF THE PARTY OF TH	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

有意思的意思。这是一点"实际"		INJURED PERSON 1
Name	Han	Ghiju Thai
Injuries sustained	Bodi	
Which vehicle person in?	FBP24	
Were seat belts worn?	Yes 🗆	No 🗆 ,
Was injured conveyed to	Yes 🗆	No Ø
hospital by ambulance?		
SECULIAR SECU	新	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
网络尼亚岛 加州岛西部巴西岛	TERRY	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
基金技术等等等	STREET ST	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	Nó 🗆
Was injured conveyed to	Yes 🗆	/No □
hospital by ambulance?		
The state of the s	ENCHARACE S	INJURED PERSON 5
Name	/	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
概認結構的結構的文字的公式工作	# 100000	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?	12 years men	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20191020/7025

REPORT OF A TRAFFIC ACCIDENT

20/10/2019 23:14		viade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	または、大学を表現しています。	1. 人名英格兰 · · · · · · · · · · · · · · · · · · ·	
Name of Informant: HAN GHIM THAI			Address: APT BLK 250 BUKIT BATOK EAST AVENUE 5 #09-162 SINGAPORE 650250		
ID Type / ID No.: NRIC NO / S0072664H			Contact No.: Home/Office:	Mobile: 96601463	
Nationality: SINGAPORE CITIZEN		EN	Email: jintai53@gmail.com		
Sex: Male	Age: 66	Date of Birth: 03/03/1953	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupat Props	ion:		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/10/2019 20:15	Type of Location Straight Road		
BUKIT BATO Weather: Clear	K EAST AVENUE 2	Road Surface: Dry		Road Speed Limit:		
		Traffic Control: Not Controlled				
Traffic Flow: One Way				Traffic Volume: No Traffic		

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBP2457U	Motorcycle	YAMAHA	CZD300A / XMAX300	Silver	Slightly Damaged	0		
SHC1331C	Car				Slightly Damaged	0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FBP2457U	NTUC Income Insurance Co-Operative Limited	5107880521	28/02/2019	27/02/2020			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191020/7025

CONTINUATION OF REPORT

Details of Perso	n Involved			Carl on		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL	Use of Per	destriar	Cross	sing: NA	
Rider			A THE REAL PROPERTY.	PARTY.		
Name	HAN GHIM THAI	ID No		S0072664H		
Related Vehicle	FBP2457U (Motorcycle)			ct No.	96601463	
Hospital/Clinic	NIL	Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave 04	Degree of		Slight		

Brief Details.

On stated time and date, I was the rider of vehicle carplate number bearing FBP2457U travelling at bukit batok east ave 2.

I am turning right into the carpark at my right, the taxi vehicle bearing carplate number SHC1331C came out from the carpark and also turning right to my lane and collided into me.

Due to the accident, I suffered from injuries and consult a doctor and get a 4 days MC.





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

3 of 3 Report No. T/20191020/7025

CONTINUATION OF REPORT

Sketch F	Plan
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NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2019 23:14
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	

eBao Tech		T Mile								Gener	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop		Policy Query Change Password							• Log Out		
Notice of Loss	Policy No Vehicle I	o. No.(For Motor)	FBP245	FBP2457U			Date of Accident Certificate Number			20/10/2019 20:15	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107880521		HAN GHIM THAI	S0072664H	GMC	Third Party, Fire & Theft	FBP2457U	FBP2457U	28/02/2019	27/02/2020
					C	ontinue					

	the state of the s						
Policy No.	5107880521	Policyholder Name	HAN GHIM	THAI	Policyholder NRIC	S0072664H	
Certificate No.							
Address	BLK 250 #09-162 BUKIT BAT	OK EAST AVENU	E 5 SINGAPO	RE 650250			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/02/2019	Effective Date	28/02/2019	00:00	Expiry Date	27/02/2020 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/	Inexperience Driver Excess
Agent	WTT INSURANCE AGENCIES	PTE Agent Tel.	62965445		GST Flag	Y	
Co- insurance Flag Open	No						
Policy Info Certificate							
Info	nolder Mailing Address						
Info	nolder Mailing Address BLK 250 #09-162	Addre	ss 2	BUKIT BATOK EAST	AVENUE 5	Address 3	SINGAPORE 650250
Info Policyt Address 1		C 300 C 300	ss 2 ss Type	BUKIT BATOK EAST Singapore address	AVENUE 5	Address 3 Post Code	SINGAPORE 650250 650250
Info Policy		Addre	ss Type ed Policy	Control of the Control of Control of Control	AVENUE 5	A STATE OF THE STATE OF	
Info Policy Address 1 Address 4 Unit No.		Addre Relate	ss Type ed Policy	Singapore address	AVENUE 5	A STATE OF THE STATE OF	
Info Policyt Address 1 Address 4 Unit No.	BLK 250 #09-162 d Object: FBP2457U	Addre Relate	ss Type ed Policy	Singapore address	AVENUE 5	A STATE OF THE STATE OF	

Claim Handling						
occident MT/1067853	FUNDACOSTA		Paul Paul			
olicy No. ertificate No.	5107880521		Vehicle No.	FBP2457U	GST Registration No.	
olicyholder Name	HAN GHIM THAI				Policyholder NRIC	50072664H
Yoduct Code	MOTORCYCLE INSURAN	ICE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Motive) mail Address	96601463		Contact No.(Office)	0	Contact No. (Home)	0
PK	00		Special Remark		eCode	THE V
	® No ○Yes		TCA	® No ○ Yes	eCode Reason	
CD Protection Accident Details	Na		NCD Entitlement(%)	0	Private Hire	No
eport Date	N. W. S. S. S. S.		ACCOUNTS OF THE PRODUCT OF THE PROPERTY OF			
	21/10/2019 18:39		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
ate of Accident	20/10/2019		Time of Accident hh:mm	20:15	Country of Academ	Singapore
eporting Centre	P. 101 P. 201 P. 102 A. 11 P. 11		Orange Force		ICM No.	
♥ Total Excess Applicable	BUKIT BATOK EAST AVI	1				
cess Type	Per Accident		52000 30			
ceas lype	Per Accident		Windscreen Excess			
Standard Excess		0.00	TP Standard Excess	0.00		
ED OD Excess		0.00	YIED TP Excess	0.00	Date of Course	****
dditional Excess		50250		0.00	Driver is Covered?	Not Covered
tal OD Excess Applicable		0.00	Total TP Excess Applicable	9.44		
P Benefits		Market .	reserve ancese applicable	0.00		
GST Registered Informa	ation					
T Registered	No			GST Registration Date		
T Registration No.				GST Status Verified	Yes	
dification History						
	2000					
Policyholder Mailing Ad						
idress 1	BLK 250 #09-162		Address 2	BUKIT BATOK EAST AVENUE 5	Address 3	SINGAPORE 650250
Idress 4			Address Type	Singapore address	Post Code	650250
nit No.			Related Policy Number	5107880521		
OI Driver Info						
iver Name	HAN GHIM THAI		Driver Type	Main Driver		
named driver Name			Driver NRIC	90072664H	Driver DOB	03/03/1953
gitter Date of Driver License			Driver Age	66	Driving Experience	41
ntact No.(Mobile)	96601463		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 250		Address 2	BUKIT BATOK EAST AVENUE 5	Address 3	SINGAPORE 650250
dress 4			Address Type	Singapore address	Post Code	650250
et No.	09-162					
es he own a Singapore gistered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company	
claration						
eathalyser or Blood Test ading?	0 mg		Any injury?	Yes ○ No		
aung.				0.440		
election illerance						
dification History						
Claim 001 New						
195.9		_				N
m Type *	ОО-МХ	~	Insured Name	HAN GHIM THAI	Insured NRIC	50072664H
stact No. (Mobile)			Contact No.(Home)	96601463	Contact No. (Office)	PERSONAL PROPERTY.
ali Address	jintal63@gmail.com		OI Vehicle Number	FBP2457U	TP Vehicle Number	SHC1331C
mont Type Claimant Type •	Please Select	~	Type of Senefit +	Please Select		
mart Name *		>>	Claimant NRIC *			
mant Address					No. of Contract of the	<u> </u>
m Description	PBP2457U / SHC1331C C	W 20 Oct 2019	A SHANN A SHANNAN		Name of Preferred Workshop	
erred Workshop Contact			Insured Liability *	Not at Fault		
uire Finalisation	Yes	V	Preferened Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	21/10/2019 18:40		Claim Close Date		Date Received	21/10/2019 00:00
ort Taken By	Jackson					dia .
Print AK letter						
100			9	Save Submit		
Itachment						
			8205005	9,93		
odent No.	MT/1067853		Claim No.	001		
t Doc. Received	● Yes ○ No		Upload Date	21/10/2019 18:41		
	Patr	*		Category •	Confidential Urger	rcy * Description
			Browse	Clear Please Select	V Normal	V
			Browse	Clear Please Select	▼ NO Y Normal	V
		برادات	Browse	Clear Please Select	♥ Normal	V
	SIGNAL CONTRACTOR		Browse	Open Please Select	₩ NO V Normal	V
	OF THE OWNER OF THE OWNER.	No. of the latest	Browse	Clear Please Select	♥ No V Normal	
		-	S	The second	V Increas	

Attachment	List							
Attachment		Uploaded By/Date	Category	9	Urgency	,	Description	Msg Sent? (CD)
		0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:41	NRIC/ Driving License	Y	Normal	NRIC/ Drivin	ng License 2019-10-21	
THE	NAC_PAYA_UBI_BO	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:41	NRJC/ Driving License	Y	Normal	NR1C/ Drivin	ng License 2019-10-21	
5	MAC_PAYA_UBI_80	0601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:41	NRIC/ Driving License	У	Normal	NR3C/ Drivin	ng License 2019-10-21	
	NAC_PAYA_UBI_80	0501(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:41	NRIC/ Driving License	٧	Normal	NR3C/ Drivin	ng License 2019-10-21	
1		0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:41	SAS		Normal	SAS	3 2019-10-21	
	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:41	Photos		Normal	Phot	ne 2019-10-21	
1	NAC_PAYA_UBL_80	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Det 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
7	NAC_PAYA_UBI_BO	0601(NATIONAL ASSESSMENT CENTRE SERVI CBS) on 21 Oct 2019 18:40	Photos		Normal	Photo	98 2019-10-21	
3	NAC_PAYA_UBI_BO	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
V	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
1	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
		0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
LE.	NAC_PAYA_UB1_BD	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
1	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
17	NAC_PAYA_UBI_BO	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
1	NAC_PAYA_UBI_BO	0601(NATIONAL ASSESSMENT CENTRE SERV) 2ES) on 21 Oct 2019 18:40	Photos		Normal	Photo	s 2019-10-21	
	NAC_PAYA_UBI_BOO	0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	os 2019-10-21	
1		0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:40	Photos		Normal	Photo	ns 2019-10-21	
Video List						P		