Date In: (IM IS IN: 18	Jeb description		Date & Time Completed	Don	c o'i
Res No: Maline go 11560/24	SAS e-filing				
Veh No: 115 99934	E-mail (within 8	Shrs, AIC 2hrs)			
D.O.A: 4/M/9_10:45	i-Motor Clair	m Form	m11074 611-001	6/11/19	W=38
	i-Motor W/O	(Within: OD 2hr	<u> </u>		
OD TP Reporting Only	i-Photo Uplo:	aded			
	Assessment/Su	rvey Report			
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-
TP Particulars: Veh No: [MEY	してはい	INC()/Non-INC()		
Owner / Driver: (-30		Tel:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	1343.W. W. S. C.
Insured/Driver Liability: (%) [1	Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	Shaker Lines
Year of Registration: () V	Warranty: YES ()/NO()		
	000()/\$2,000				
General Remarks;-					
() Walk-In Customer : Customer's infor					
() Total Loss Case : to e-mail Insure	er URGENTLY.				18870
Drive-In ()/ Towed-In (); Invoice		IO();T	owing Co: ()
	Courtesy Car ()	Date&Time Completed	Dor	e by
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Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	())	Date&Time Completad	Dor	eby
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	()		Date&Time Completed	Dor	W-1-2-10
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	())	Date&Time Completed		W 14 15
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	())	Date&Time Completed		W 14 15
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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 aforesaid.

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PROPERTY OF THE PROPERTY OF TH	ACCIDENT STATEMENT
Date Of Report	06/12/2019 12:18
Date Of Accident	04/12/2019 20:45
Exact Location Of Accident	MAPLE BUSINESS CITY ROUNDABOUT
Country/State of Loss	SINGAPORE
C C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE9993A
Insured/Policyholder	
Name Of Registered Owner	LEE ZHEN CHENG
NRIC No	S9146294Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92475896
Alternative Phone No	OFFICE-92475896
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF150
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	5105543865
Cover Note Number	
Driver	
Name of Driver	LEE ZHEN CHENG
NRIC No.	\$91462947

 NRIC No
 S9146294Z

 Date Of Birth
 09/12/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 11/12/2014

Driving Experience 4 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92475896

Fax Number

Contact Number OFFICE-92475896

EMail Address NOEMAIL

BLK 81 MACPHERSON LANE Address

#08-33

Postcode 360081

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 - ROUNDABOUT

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

YES

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

NO

1

Number of Passengers (Including Driver)

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

REFER TO POLICE REPORT - T/20191205/7018.

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 Witness 1

Name

MORVAN TAY

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SME4503J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE YONG ON

NRIC/Passport Number

S1441096A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE ZHEN CHENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBE9993A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

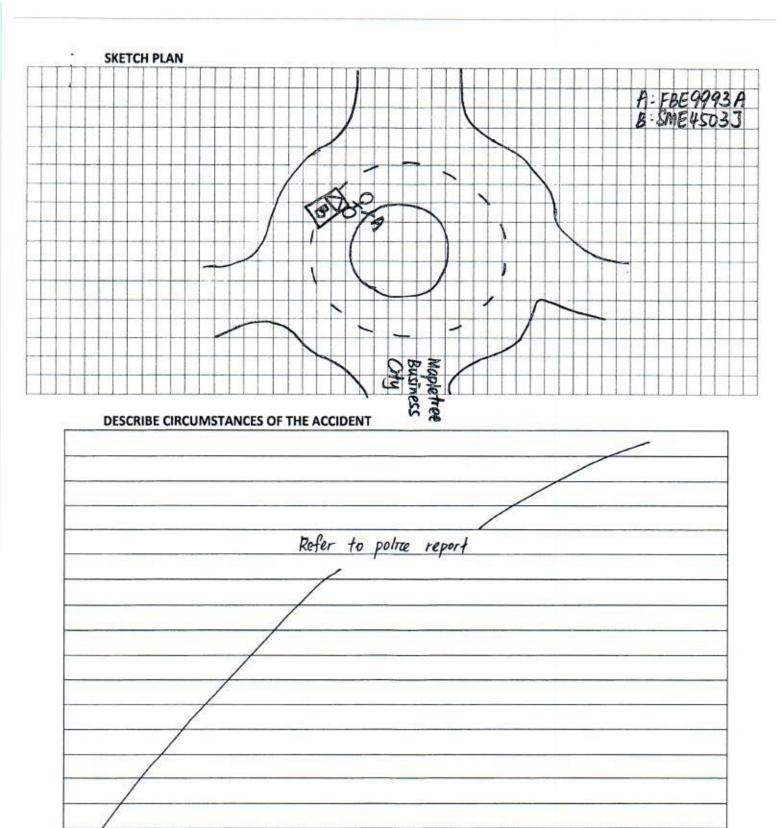
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Date / time:

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

reporting centre personnel's Signature Date / time:



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
- 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.

Date of accident	ACCIDENT DE 04/12/2019			THE RESERVE OF THE PERSON NAMED IN	
Time of accident	2046				(DD/MM/YY)
Exact location of accident	A 1 11		Triange Ser		(HH:MM)
	At the roundabout	outside	the	Mapletree	Business

Vehicle registration number	FBE 99 93 A
Vehicle make and model	Honda CBF 150
Type of vehicle	Saloon D MPV D CRV D Van D
Vehicle category	Others:
Purpose of using at said time	Private Commercial Motorcycle
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim Reporting only D

	INSURANCE IN	FORMATION	Company of the Manager of the Company of the Compan
Insurance company	NTUC		新柳叶艺术为他的 由《古代艺术
Policy number	1000		
Type of policy	Comprehensive	Third party fire & theft	T
	, and and a	rima party fire & thert	TP only

Name	INSURED / POLICY HOLDER Lee Zhen Cheng Male et	THE REAL PROPERTY.
NRIC / Fin / Passport number	S9146 294Z Males	Female [
Contact	9247 5896	
Address	Bik 81 macpherson Lane #08-33 S(360 081)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	Manual Property and	Winds Sales V.
Name		1	THE PROPERTY.
NRIC / Fin / Passport number	Ma	ale 🗆	Female
Contact			
Address			
Email address			
Date of birth	09/12/1991		
Occupation	Indoor Outdoor		
Driving date pass	11 /12 / 2014		

数446年145天天城市为2018年18日	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No p		
the insured's company?	If no, re	lationship of the	driver and insured: _	Owner
Accident captured by camera	? Yes 🗆	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger	01			(Inclusive of drive
Name	THE PARTY OF THE P	PASSENGE	11	新闻的一个
Gender	Male 🗆	Female 🗆		
Name	阿克兰拉斯	PASSENGER	2	STATE OF THE PROPERTY.
Gender				The second secon
Gender	Male 🗆	Female		
NATIONAL PROPERTY OF		PASSENGER		
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Gender	Male 🗆	Female 🗷		
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Name	/	and the second s		
Gender	Male 🗆	Female		
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Vame	ALAS VIRITORIA RATE DO CO	T. S.	- New York Control of the Control of	第49
Gender	Male 🗆	Female □		
A STATE OF THE STA		PASSENGER	5 Telephone Annual	The Sale of the Sa
lame /				导位的合物的程序
Gender	Male 🗆	Female		
All services and an automorphism	C	THER INFORMA	TION	
Vas anybody injured?	Yes 🗹	No 🗆	the property of the same and the	
Vas other vehicle damaged?	Yes	No 🗆		
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eported to police?			please state which po	olice station.
olice station name	5K.//			
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ame		The same of the last of the la		是于例如Selfall Triggery 如何是

Vehicle registration number	SM E 4503 J
Vehicle make model	0.10 (300)
Name	Lee Yong On
NRIC / Fin / Passport number	S1441096A
Contact	31.710 1011

Vehicle registration number	HIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Notice of the state of the stat	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PART	Y VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A DESCRIPTION OF THE PERSON		INJURED PERSON	or the barraneous		
Name	100	Zhen Cheng		经共享的	
Injuries sustained	Bod	u cheng			
Which vehicle person in?		9993 A			
Were seat belts worn?	Yes 🗆				
Was injured conveyed to	Yes□				
hospital by ambulance?					
能的構成是的存储的類		INJURED PERSON 2	7		2007010
Name					
Injuries sustained					
Which vehicle person in?					_
Were seat belts worn?	Yes 🗆	No □			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?		00/19/19/90/00			
数据是对对方的对方的		INJURED PERSON 3		Charles and the same	ALL REAL PROPERTY.
Name				50000000000000000000000000000000000000	156
Injuries sustained					
Which vehicle person in?			/		
Were seat belts worn?	Yes 🗆	No 🗆 /			
Was injured conveyed to	Yes □	No 🗆			
hospital by ambulance?					
AND ROLL OF THE STATE OF THE ST					
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Name		INJURED PERSON 4			Str. de
Injuries sustained		INJURED PERSON 4		建筑建筑建筑	OR SE
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Injuries sustained Which vehicle person in? Were seat belts worn?	Yes o	INJURED PERSON 4			distribution of the second
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Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆 No 🗆			
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆 No 🗆 INJURED PERSON 5			
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No No INJURED PERSON 5 No No No			
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No No INJURED PERSON 5 No No No			





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

1 of 3 Report No. T/20191205/7018

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 17:16	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	- TO SEE THE PERSON			
	Informant: EN CHENG		Address: APT BLK 81 MACPHERSON 360081	LANE #08-33 SINGAPORE		
ID Type / ID No.: NRIC NO / S9146294Z			Contact No.: Home/Office: Mobile: 92475896			
National SINGAP	ity: ORE CITIZ	EN	Email: zhencheng.tov@gmail.com			
Sex: Male	Age: 27	Date of Birth: 09/12/1991	Type of Informant: Rider			
Race: Chinese			Language: Institution / School N			
Occupation: SALES			Driving Licence Information: Class: Date of Expiry:			

General Inform	mation of the Acci	ident		SHALL BE SHOULD BE SHOULD BE		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2019 20:45	Type of Location Roundabout		
Location: AT THE ROU	INDABOUT OUTSI	DE MAPLETREE BUSINI	ESS CITY			
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:		
Traffic Flow:		Traffic Control:	Т	Traffic Volume:		
Type of Collis	ion:		а	myone conveyed by mbulance:		

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
FBE9993A	Motorcycle	HONDA	CBF150	Black		0		
SME4503J	Car					0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FBE9993A	NTUC Income Insurance Co-Operative Limited	5105543865	30/01/2019	09/06/2020			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191205/7018

CONTINUATION OF REPORT

Details of Perso	n Involved		STATE OF THE PARTY OF	OF THE REAL PROPERTY.	SHARE	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Rider		A PROPERTY.	THE REAL PROPERTY.	BILLIAN	20000	A STATE OF THE STATE OF
Name	LEE ZHEN CHENG	ID No		S9146294Z		
Related Vehicle	FBE9993A (Motorcycle)				ct No.	92475896
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	
Driver	MATERIAL STREET	STATE OF THE	CHARLES THE		E-300 9	
Name	LEE YONG ON			ID No.		S1441096A
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Da		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the stated date and time, I was travelling along the roundabout outside the Mapletree Business City on my bike (FBE9993A). I was in the inner lane. There was another vehicle (SME4503J) travelling along the roundabout in between two lanes. Vehicle (SME4503J) abruptly cut into my lane and collided with the rear left portion of my bike. I fell onto the road.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191205/7018

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

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: 05/12/2019 17:16
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

eBaoTech	5953	· Change Language · Change Password					+ Log Out				
Hello, NAC_PAYA_UBI_80	0601										
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date o	f Accident	(4/12/2019 2	0.45	
	10000	No.(Far Motor)	FBE999	3A		Certific	ate Number	1			
					13	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105543865		LEE ZHEN CHENG	S9146294Z	GMC	Third Party	FBE9993/	FBE9993A	30/01/2019	29/01/2020

olicy No.	5105543865	Policyholder Name	LEE ZHEN CH	IENG	Policyholder NRIC	S9146294Z	
ertificate							
ddress	BLK 81 #08-33 MACPHERSON	LANE MACPHER	SON VIEW ST	NGAPORE 360081			
roduct	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
ame olicy ssue Date	15/11/2018	Effective Date	30/01/2019	00:00	Expiry Date	29/01/2020 23:	59
xcess		All Claims Excess Own			Windscreen		
Third Party Excess	0	damage Excess OS	0		Excess		
Additional Excess Outside Singapore		Premium Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
OD Excess Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
090000000000000000000000000000000000000	holder Mailing Address	Add	ress 2	MACPHERSON LA	NE	Address 3	MACPHERSON VIEW
Address 1	BLK 81 #08-33	5.76-13	ress Type	Singapore address	5	Post Code	360081
Address 4			ted Policy	5105543865			
Unit No.	08-33	Nun	nber				
♪ Insur	ed Object: FBE9993A						
♥ Endo	rsements		Endorsemen		Endorseme	a Ctobur	Endorsement Content
1	07/11/2019 00:00		sic Information forsement	Entry	Rejected		opportunity to serve you. We confirm that from 07 Nov 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$13.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches be
2	14/11/2019 00:00		isic Informatic indorsement	on Ent	ry Rejected		cash, credit card or NETS. Thank you for giving us the opportunity to serve you. We confirm that from 14 Nov 2019, the following amendment(s) is/arr made to this policy: In view of this amendment, an additional premium of \$12.01 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also mak payment at any of our branches cash, credit card or NETS. Thank you for giving us the opportunity to serve you. We confirm that the Period of

Accident MT/1074611 Policy No.	5105543865	Vehide No.	EDECOGO1A		3000-000			
ertificate No.		Verifice 140.	FBE9993A		GST Registration	n No.		
Micyholder Name	LEE ZHEN CHENG							
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Book		Policyholder NR3	KC-	S9146294Z	
intect No.(Mobile)	92475896		Third Party		Loading		0	
nall Address	26472030	Contact No.(Office)	0.0		Contact No.(Hon	ne)	0	
*	6 I. 64	Special Remark			eCode		1.0	
ID Protection	® No ⊜ Yes	TCA	® No ○ Yes		eCode Reason			
	No	NCD Entitlement(%)	0		Private Hire		No	
Accident Details								
port Date	06/12/2019 12:37	Acadent Report Within 24 hrs	i Yes		Accident Type		Collision - Change / Cro	ss lane
te of Accident	04/12/2019	Time of Accident Hhomm	20;45		Country of Accid	ent	Singagore	
porting Centre		Orange Force			IOM No.		and the second	
Odort Location	MAPLE BUSINESS CITY ROUNDABOUT							
Excess								
m damage Excess	0.00	Additional Excess			Windscreen Exce	-0.0		
named Driver Excess		Dutside Singapore OD Excess			The second second			
nd Party Excess	0.00	Outside Singapore TP Excess						
Senefits								
GST Registered Inform	ation							
Registered	No							
Registration No.	1000		GST Registration Date					
ification History			GST Status Venfied		Yes			
STRANGE OF STREET								
Policyholder Hailing Ar	Idress							
Iress I	8UK 81 #08-33	Address 2	MACRUPACONICAL					
dress 4	SINGAPORE 360081	Address Type	MACPHERSON LANE		Address 3		MACPHERSON VIEW	
t No.	08-33		Singapore address		Post Code		360061	
OI Driver Info		Related Policy Number	5105543865					
ver Name	Lee Zhen Cheng	- 4000000000000000000000000000000000000	V2000-4K (0.07)					
named driver Name	and alternative	Driver Type Driver ARDC	Main Driver 591462942					
ister Date of Onver Ucense	11/13/2014				Driver DOB		00/12/1991	
tact No.(Mobile)	92475896	Driver Age	27		Oriving Experience		4	
reas 1		Contact No.(Office)			Contact No. (Hom	4)	0	
	BDK 81	Address 2	MACPHERSON LANE		Address 3		MACPHERSON VIEW	
ress 4	SINGAPORE 360081	Address Type	Singapore address		Post Code		360081	
t No.	08-33							
as he own a Singapore pistered car?	○ ves ® No	- Montana Control Control						
		Driver Vehicle No.			Driver Insurer Co.	mpany		
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trachment	Lipios	eded By/Date	Category	7	Urgency		Description	(CO)	
BI	NAC_PAYA_UBI_800601(NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 6 Dec 2019 12:39	NR3C/ Driving License	(y)	Normai	NRIC/ Dri	ving License 2019-12-6		
193	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:39		SAS		Normai		AS 2019-12-6		
N. S.	NAC_PAYA_UB1_BDDS01(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:39		Photos		Normal	Normal Photos 2019-12-6			
8	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI- CES) on 06 Dec 2019 12:38		Photos		Normal	Photos 2019-12-6			
1	NAC_PAYA_UBL_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:38		Photos		Normal	Photos 2019-12-6			
60	NAC_PAYA_UNI_800e01(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:18		Photos		Normal	Ph	Photos 2019-12-6		
西	NAC_PAYA_UBI_BD06D1(NATIONAL ASSESSMENT CENTRE SERVI CES) to 06 Dec 2019 12:38		Photos		Normal	Photos 2019-12-6			
6	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVE CES) on 06 Dec 2019 12:38		Photos:		Normal	Pho	Photos 2019-12-6		
图	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:38		Photos		Normal	PTN	Photos 2019-12-6		
E	NAC_PAYA_LIBL_RD0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:38		Photos		Normal	Photos 2019-12-6			
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2019 12:38		Photos		Normal	Photos 2019-12-6			
6	NAC_PAYA_UBI_BOODDI(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:18		Photos		Normal	Pho	Photos 2019-12-6		
4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:38		Photos		Normal	Pho	Photos 2019-12-6		
3,	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12:38		Photos		Normal	Photos 2019-12-6			
1	NAC_PAYA_URL_800601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Dec 2019 12-78		Photos		Normal	Photos 2019-12-6			
deo List									
	Uploaded By/Date	Folder Date	n.	e Name		P	Source		4