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D.O.A: 11/10-11/50	i-Motor Claim Form	6W7) 1078764-001	6/1/20 18:42	
OD / PY Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
V	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	1.0. 03/0		
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report by Fax / Hand		ax:	
TP Particulars: Veh No: 516	DVODY INC		4	
Owner / Driver: (71011	Tel:)	
	Period: (Cover Type: (
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. F: \$0-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

	ACCIDENT STATEMENT
Date Of Report	06/01/2020 18:31
Date Of Accident	05/01/2020 12:50
Exact Location Of Accident	BKE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FR8792D
Insured/Policyholder	
Name Of Registered Owner	ANG MOW LIM
Passport No/FIN	FXXXX722N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90457851
Alternative Phone No	OFFICE-90457851
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE110
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	5098011703-01
Cover Note Number	
Driver	
Name of Driver	ANG MOW LIM
Passport No/FIN	FXXXX722N
Date Of Birth	01/11/1972
Occupation	INDOOR
Date Of Driving Pass	02/03/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90457851

OFFICE-90457851

NOEMAIL

Address BLK 124 GEYLANG EAST AVENUE 1

#04-39

Postcode 380124

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 Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Passenger 1

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

2

YES

Number of Passengers (Including Driver)

Number of Passengers (including Driver

NAME:

: SAM OI CHUI

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

NO

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
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKD4027X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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 ANG MOW LIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FR8792D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SAM OI CHUI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FR8792D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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:

Driver's Signature

(If driver is not the policyholder)

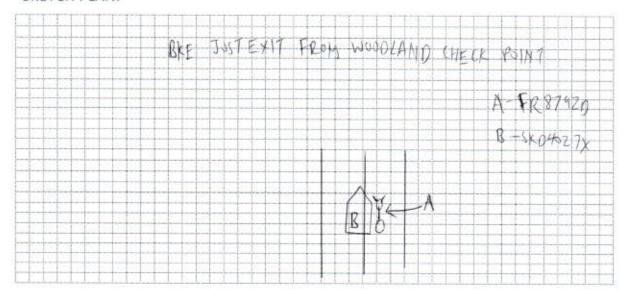
Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LONG BKE JUST EXIT FROM WOODLAND CHECK POINT.
CHECK HIS BLIND SPOT AND FILTER INTO MY LANE. TO FALL ON THE EXPRESSWAY. I AND MY WIFE WAS BADLY

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No .:

Accident Reporting Draft

VEHICLE NO: FR8792D M

MODEL: HONDA 110

DATE OF ACCIDENT	5/1/2020
TIME OF ACCIDENT	1250 HRS AM/PM
LOCATION OF ACCIDENT	BKE JUST EXIT FROM WOODLAND CHECK POINT
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	ANG MOW LIM
CONTACT NO.	90457851,97364987
NRIC	F7653722N
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	NTUC
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	Commence of the Party Time Party Time & Titel
POLICI NO.	
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE
NRIC	ANY PASSENGER: 1
DATE OF BIRTH	F: SAM OI (HU)
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	90457851,97364987 OFFICE: HOME:
ADDRESS	BLK 124 GEYLANG EAST AVE 1 #04-39 (\$380124)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO: OWNER
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO / IF (ES:)
CONTACT NO.	110 / 111
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SKD4027X ANY PASSENGER:
NAME	
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Dudou
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	Total Control of the
FMA NU.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5098011703-01

Cover : Third Party

I. Index mark and Registration Number of Vehicle
Chassis Number : NF110M0065899

2. Name of Policyholder : ANG MOW LIM

3. Effective Date of Insurance : 11 Mar 2019

Expiry Date of Insurance
 Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: 10 Mar 2020

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : N/A

EXCESS (SECTION 2) : N/A

INSURE WITH COE : N/A

NAMED DRIVER (1) : ANG MOW LIM

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : N/A

SUM INSURED : N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JG MOTOR AGENCY (00000613374)

Date of Issue : 19 Feb 2019 13:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									1031	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second			• Change	Languag	e + Cha	nge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	Accident		05/01/2020	12:50	
	Vehicle	No.(For Motor)	FR8792	20		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098011703- 01		ANG MOW LIM	F7653722N	GMC	Third Party	FR8792D	FR8792D	11/03/2019	10/03/2020
						Continue					

Policy No.	5098011703-01	Policyholder Name	ANG MOW I	IM	Policyholder NRIC	F7653722N	
Certificate No.		11/000					
Address	1 KAKI BUKIT AVENUE 6 #01-8	2 AUTOBAY @	KAKI BUKIT	SINGAPORE 417883			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	19/02/2019	Effective Date	11/03/2019	00:00	Expiry Date	10/03/2020 23	:59
Excess Type		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	JG MOTOR AGENCY	Agent Tel,	63440727		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	nolder Mailing Address						
Address 1	1 KAKI BUKIT AVENUE 6	Addre	ss 2	#01-82 AUTOBAY (KAKI BUKI	Address 3	SINGAPORE 417883
Address 4		Addre	ss Type	Singapore address		Post Code	417883
Unit No.	01-82	Relate Numb	d Policy er	5098011703-01			
	d Object: FR8792D						
) Insure							
▶ Insure ▼ Endors	ements						

Marchane	Accident MT/1078769									
Marie Mari										
Marchand Conference	Policy No.	5098011703-01		Vehicle No.	FR8792D		GST Registration	No.		
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Marie Mari		05/01/2020			12:50			ant.	Singapore	
March Marc	Personal Property Commencer	Dec		Grange Force			ICM No.			
Care Single-Prince Care S		000								
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## APPLY NOTE DO ADDRESS OF PERSONS PERSO										
Part			0.00							
Tagginzarion	2 Benefits									
Magnification No.	GST Registered Informa	dion.								
	T Registered	No.			GST	Registration Date				
## Address 1 1,040 (BMET AVENUE 6 Address 2 451.42 AUTODAY 8) PACE BUCK Address 3 STRUCHORE 4 (1788)	T Registration No.				GST	Status Verified	Yes			
## Add BOURT AVENUE 6 Addies 3 401-62 AUTODAY 6 FOOT BUST ADDRESS 3 SPECIACION 6 17883 PER COSE ## Addies 1 A	dification History									
## Add Compare we define so ## Cope 42383 1928	Policyholder Hailing Ad	dress								
The Coll Entries Info Oct 1-12	dress 1	1 KAKI BUKIT AVENUE 6		Address 2	#01-82 AU	TOBAY @ KAKI BUKI	Address 3		SINGAPORE	417883
## OB Driver Info OF 19 Driver	dress 4			Address Type	Singapore	eddress	Post Code		417883	
Mail Direct	it No.	01-82		Related Policy Number	509801170	13-01				
## Special Part of Driver Market Driver MAIC	OI Driver Info									
Driver Age		ANS MOW LIM								
Design						ė.				Ŕ.
Design 1										
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Any Injury Was No Driver Value No Driver Value No Driver Injury Company Contact on Strategies O mg Any Injury Was No Strategies O mg Any Injury Was No Strategies O mg Any Injury Was No Strategies O mg O Mg V Drawed Name ANG MOR LIM Injury ANG P659722N Strategies O man No No No No No No No N				Address Type	Singapore a	iddress	Past Code		380124	
Claim 601 New aim Type * On-MX										
Any Injury	egistered car?	○ Yes @ No		Driver Vehicle No.			Driver Insurer Co	mpany		
ANG MON LIM Insured Natic PRESSZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	claration									
ANG MOW LIM Insured ARIC F769372291 aim Type * OG-MK		0 mg		Any injury?	⊕ Yes ○	40				
ANG MOW LIM Insured ARIC F765372291 am Type * DG-MX										
am Type *	odification History									
Contact No. (Hobile) Contact No. (Office) Type of Benefit * Please Select Type of Benefit * Type of Benefit * Please Select Type of Benefit * Type of Benef	Claim 001 New									
Contact No. (Hobble) Contact No. (Home) 63447432 Contact No. (Office) Type depends of the following contact No. (Home) Still 47832 Contact No. (Office) Type depends of the following contact No. (Home)										
DI Vehicle Number FRB792D TP Vehicle Number SK04027X Name Type Clamant Type * Please Select			and the same of th	Insured Name	AND SERVE	LIM				
Attachment Attachment Pease Select Attachment Pease Select Attachment Pease Select Attachment Pease Select Attachment Attachment Pease Select Attachment Attachment Pease Select Attachment Pease Select Attachment Attachment Pease Select Attachment Browse Browse Browse Browse Case Pease Select Attachment Browse Case Pease Select Attachment Browse Browse Case Pease Select Attachment Browse Case Pease Select Attachment Browse	em Type *	00-MX	v		ANG MUN	70.0	Insured NRIC		F7653722N	
Andere Name *		00-MX	· ·		-			e)	F7653722N	
Andre Address Im Description FR8792D / SKD 027X ON 5 Jan 2020 Fremet Monkshop Contact Insured Liabitity * Not at Pault June Finalisation Free Politics Insured Liabitity * Not at Pault June Finalisation Free Politics Insured Liabitity * Not at Pault June Finalisation Free Politics Free Pol	roact No. (Mobile)	OD-MX	<u> </u>	Contact No.(Home)	63447432		Contact No.(Office			
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