Date In: 1 to Street		1,11	(34 1/000 VIA)		D-	L.
Date In: 13/1/10-15:12	Jeb description		Date & Time Compl	eted	Dei	ne by
Ref No: NA INC 20000658/24	SAS e-filing		1	_		
Veh No: FOW	E-mail (within Shrs,	AIC 2hrs)				4
D.O.A: 9/1/20-10:00	i-Motor Claim F	orm	m11079471-0	01 10	11/20	15:27
OD (TP) Reporting Only	i-Motor W/O (wi	thin: OD 2hrs,	TP 4hrs)			
0	i-Photo Uploade	d				
TP Insurer:	Assessment/Survey	Report				
	Ass't Report by Fa	x / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (italia sendanai	Tel:	Fax:		
TP Particulars: Veh No: SIOTA	AZY	. INC ()/Non-INC()	120	
Owner / Driver: (Tel:)	70 000 0100
Policy No: () Peri	od: ()	Cover Type: (MAN DI MONT)	
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO):	N: 0-20	%; P: 21-79%. F:	30-1009	%]	
Year of Registration: () W	arranty: YES () /	NO()				
Excess: (S) Loading: \$1,000	0()/\$2,000()				
General Remarks:-				2012a		40
() Walk-In Customer : Customer's inform	nation strictly Confide	Market State	Add SAND AND ADDRESS OF THE OWNER, WHEN THE PARTY OF THE	the state of the state of		
() Total Luss Case : to e-mail Insurer		nual & Oth	My NO Taler of repa		-	
Drive-In ()/ Towed-In (); Invoice:		\ . To:	wing Co: (
	1E3()/ NO(),10	wing co. (,
Remarks:- (INC hotline: 6788 6616)		P#MRC3058000000000000				
The state of the s	Allega de energia de arrega		Date&Time Complet	d	Don	chy
The second secon	urtesy Car ()		Date&Time Complet	id	Don	e by
1) Apply for Transport Allowance ()/Con	urtesy Car ()		Date&Time Complet	id :	Don	e by
Apply for Transport Allowance ()/Cor QC Check / Post Repair Inspection	()		Date&Time Comple	id \$: Don	ehy
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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.
- 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

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
ASSESSMENT OF SERVICE AND ADDRESS.	ACCIDENT STATEMENT
Date Of Report	10/01/2020 15:12
Date Of Accident	09/01/2020 10:00
Exact Location Of Accident	JUNC MARYMOUNT RD & THOMSON RD
Country/State of Loss	SINGAPORE
· · · · · · · · · · · · · · · · · · ·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ2022Y
Insured/Policyholder	
Name Of Registered Owner	FUN HEI CHOY
NRIC No	SXXXX696C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96412648
Alternative Phone No	OFFICE-96412648

Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

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 5087383618-02

Cover Note Number

Driver

Name of Driver FUN HEI CHOY NRIC No SXXXX696C Date Of Birth 01/01/1966 Occupation INDOOR Date Of Driving Pass 02/09/1986

Driving Experience 33 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96412648

Fax Number

Contact Number OFFICE-96412648

EMail Address NOEMAIL Address BLK 263 BISHAN STREET 22

#09-259

Postcode 570263

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 - HEAD TO REAR

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?

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?

YES

If Yes, Please state which Police Station

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given? NO

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200109/2125.

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

DAMIAN LEE

Phone Number

81839131

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKD5254A

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 FUN HEI CHOY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBJ2022Y

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - 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

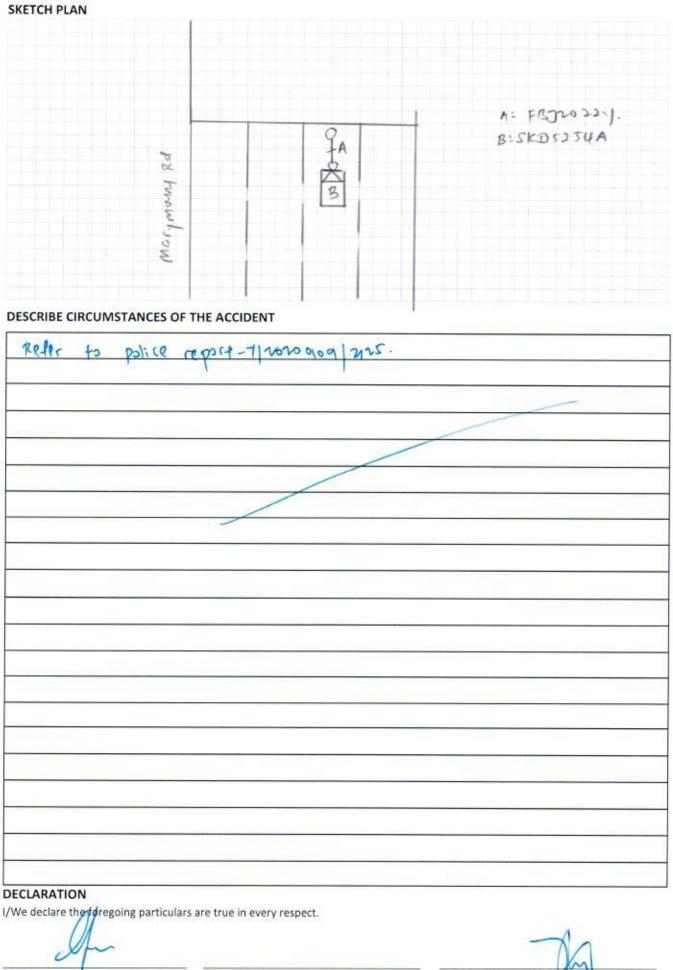
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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 .:

G158MC SKERCHROW FORM SE





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 1 of 3 Report No. T/20200109/2125

Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 16:52	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		56 F T D
Name of FUN HE	Informant:		Address: APT BLK 263 BISHAN STI 570263	REET 22 #09-259 SINGAPORE
The state of the s	/ ID No.: O / S260469	96C	Contact No.: Home/Office:	Mobile: 96412648
National MALAYS	***		Email:	
Sex: Male	Age: 54	Date of Birth: 01/01/1966	Type of Informant: Driver	ie.
Race: Chinese			Language: Chinese	Institution / School Name:
Occupat Chef	ion:		Driving Licence Information Class: 2B,3	n: Date of Expiry:

Type of Accident:	Injury Drink Date/Time of Onveyed By Ambulance Drive: Accident: No 09/01/2020 10:		Type of Location X-Junction			
MARYMOUN TOA PAYOH		a		01	5	
Weather: Clear		1 7 4 3 4 5 5 5 5 6 1 1 4 CHA 1	Surface:	*.	Roa	d Speed Limit:
Traffic Flow: Two Way			Control: Light - Wo	rking	Traf	fic Volume:
Type of Collis Moving vehicl	ion: e against stopped vehicle					one conveyed by oulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре ·	Make	Model	Color	Condition	No of Passenger
FBJ2022Y	Motorcycle	KTM	200 DUKE	Orange		0

Details of V	ehicle Insurance			nite and the same of
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2022Y	NTUC Income Insurance Co-Operative Limited	5087383618-02	27/01/2019	26/01/2020





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

2 of 3 Report No. T/20200109/2125

CONTINUATION OF REPORT

Details of Perso			THE PARTY OF	7	-0-1/10	500
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Lise of Po	dontria	- 0	1200111
Driver	the expension and the	AND THE RESERVE	Use of Pe	uesma	Cross	sing: NA
Name	FUN HEI CHOY			ID No),	S2604696C
Related Vehicle	FBJ2022Y (Motorcy	/cle)		Conta	act No.	96412648
Hospital/Clinic	TAN TOCK SENG	HOSPITAL		Class Drivin Licen	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/01/2020		Date Disci			/2020
No. of Days gran	ted Medical Leave	05	Degree of		NIL	72020

Brief Details.

On 09/01/2020 at about 1000hrs, I was traveling in my motorcycle (FBJ2022Y) along Marymount Road towards Novena. I came to a stop at the junction of Marymount Road and Toa Payoh Rise as the traffic light was red. I felt an impact from the back which pushed me forward towards the right and I fell on the grass patch at the center divider. There were several other male subjects who came to check on me and one of them handed me a name card and told me that his in-car camera had captured the incident and he is willing to be my witness. One male Indian came to check on me and told me that he was the driver of the vehicle that hit me from behind. However, I did not manage to get his particulars and car registration plate number as I was giddy and in pain. Subsequently, ambulance came and I was sent to TTSH for treatment. I was discharged on the same day and given 5 days MC.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20200109/2125

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 2 CHONG WEI LING, SERENE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2020 16:52
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp NP168	5N 061

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_800	0601						• Change	e Languag	e · Char	nge Password	· Log Out
My Desktop	Poli	cy Query									93
Notice of Loss	Policy N	No.				Date	of Accident	3	09/01/2020	10:00	
	Vehicle	No.(For Motor)	FB3202	22Y		Certifi	cate Number	8			
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087383618- 02		FUN HEI CHOY	S2604696C	GMC	Third Party, Fire & Theft	FBJ2022Y	FBJ2022Y	27/01/2019	26/01/2020
					C	Continue					

Address 4	DFV 503 #0A-52A	1042-213	s Type	BISHAN STREET 22 Singapore address		Address 3 Post Code	SINGAPORE 570263
Address 1	BLK 263 #09-259	Addres	- 2	Maria da Maria de Maria	0 000	page of the se	92920304 14225 1423 1437 1437
Info Policyh	older Mailing Address						
Certificate							
Open Policy Info							
insurance Flag	No						
Co-	N/-				-		
Agent	SIX PHASE E & T	Agent Tel.	65523600		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Excess		Premium	0				
Excess Additional		Excess			Excess		
Third Party	0	Own damage	0		Windscreen		
Excess Type		All Claims Excess					
Policy issue Date	11/01/2019	Effective Date	27/01/201	19 00:00	Expiry Date	26/01/2020	23:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 263 #09-259 BISHAN ST	REET 22 SINGAR	ORE 57026	53			
Certificate No.							
	5087383618-02	Policyholder Name	FUN HELD	CHOY	Policyholder NRIC	S2604696C	

Accident MT/1079471 Policy No.	5087383618-02		Vehicle No.	FB32022Y		CET Basements	Mark Co.		
Certificate No.			100000	PHILIPPE		GST Registration	No		
Policyholder Name	FUN HELCHOY					Policyholder NR30	60	5260469	22.7
Product Code	MOTORICYCLE INSUR.	ANCE	Cover Type	Third Party, Fire & Th	alter:	Loading	D-1		60
Contact No. (Mobile)	96412648		Contact No.(Office)	0		Contact No.(Hom	2	0	
Emeil Address			Special Remark	670		eCode	w)	11.0	
KEK	® No ○ Yes		TCA	® No ○Yes		cCode Reason		13	
NCD Protection	No		NCD Entitlement(%)	20		Private Hire		No	
Accident Details								0.000	
Report Date	10/01/2020 15:24		Accident Report Within 24 hrs	Yes		Accident Type		Cottision	Head to Rear
Date of Accident	09/01/2020		Time of Academ hhumm	10:00		Country of Acode	int.	Singapore	
Reporting Centre			Ovange Force	100000		ICM No.	DH.	Singapore	
Accident Location	JUNE MARYMOUNT RE	D & THOMSON RD	Section Control			port reg.			
T Excess									
Own damage Excess		0.00	Additional Excess			Windscreen Exces			
Unnamed Driver Excess			Outside Singapore OD Excess			Military and Labor	**		
Third Party Excess		0.00	Outside Singapore TP Excess						
₩ Benefits									
□ GST Registered Inform	ation								
ST Registered	740			GST Registratio	in Date				
ST Registration No.				GST Status Ver		Yes			
fodification History									
☑ Policyholder Hailing Ad	fdress								
Address 1	BLK 263 #09-259		Address 2	BISHAN STREET 22		Address 3		SINGAPO	RE 570263
Address 4			Address Type	Singapore address		Post Code		570263	
Jnit No.			Related Policy Number	5087383618-02				C. 18 80 E	
⊕ OI Driver Info									
Iriver Name	FUN HEL CHOY		Driver Type	Main Driver					
Innamed driver Name			Driver NR3C	52604696C		Driver DOB		01/01/196	ta .
egister Date of Driver License	02/09/1966		Driver Age	54		Driving Experience		33	
antact No.(Mobile)	96412648		Contact No.(Office)	0		Contact No. (Home		a	
doress 1	BLK 263		Address 2	BISHAN STREET 22		Address 3		SSNGAPOR	E 520263
ddress 4			Address Type	Singapore address		Past Code		570263	12.37.0203
Antt No.	09-259							112000108	
oes he own a Singapore	Own Own								
Registered car?	Yes (No		Oriver Vehicle No.			Driver Insurer Con	прапу		
Registered car?	() Yes (®) No		Oriver Vehicle No.			Driver Insurer Con	npany		
Registered car? Reclaration Sneathalyser or Blood Test	0 mg			® Yes ○ No		Driver Insurer Con	прапу		
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Video List									
TO	NAC_PAYA_UBI_BD00B1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27 NAC_PAYA_UBI_BD00B1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27 NAC_PAYA_UBI_BD00B1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		Photos Normal		Photos 2020-1-10				
70			Photos Normal		Photos 2020-1-10				
100			Photos	Photos Normal Phot		Photo	otes 2020-1-10		
165	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		Photos		Normal	Photos 2020-1-10			
100	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		Photos		Normal	Photos 2020-1-10			
26	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		Photos		Normal	Photos 2020-1-10			
5	NAC, PAVA, UBI, 800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		Photos		Normal	Photos 2020-1-10			
3	NAC_PAYA_UBL_800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		Photos		Normal	Photos 2020-1-10			
1	NAC_PAYA_UBI_BOOGO1 NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jan 2020 15:27		Photos		Normal	Photos 2020-1-10			
34	NAC_PAYA_UBL_800601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		Priotes.		Normal	Photos 2020-1-10			
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6	NAC_PAYA_UST_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		Photos	Photos Perimai		Photos 2020-1-10			
10	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:27		SAS	SAS Normal		SAS 2020-1-10			
5.00	NAC_PAYA_UBL 800801(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Jan 2020 15:28		NRIC/ Driving Ucense	Y	Normal	NR3C/ Driving License 2020-1-10			
Attachment	Uploaded By/Date		Category	1	Urgency	Description		(00)	