NATIONAL Assessment Contre	Services per	. 19.504!	3° 2		•	
Date In: 01/06/20	Job description		Date &	Time Completed	. Dic	oue pi.
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D.O.A: 30/05/20 1800	i-Motor Claim I	orm .	1	MT/10935	26-00	21
OD . TP (Ceporting Only)	i-Motor W/O (w		TP 4hrs)			
	Assessment/Surve		<u> </u>			
TP insurer:	Ass't Report by F		Owner	Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (***************************************	Tol:		Fax:	
	1R2851J	. INC (.)/N	n-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover	Гуре: ()
Confirmed by : (1	Date:		Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-2	0%; P:	21-79%. F: 80	-100%]	
Year of Registration: () W	aπanty: YES ()	/NO()			
Excess: (\$) Loading: \$1,00	0 ()/\$2,000 ()				
General Remarks:	日本できる情報	and the same of the same	1	William A		
() Walk-In Customer: Customer's Inform	nation strictly Confid	iential & St	rictly NC	refer of repaire	r	
() Total Loss Case : to e-mail Insurer						
Drive-In ()/Towed-In (); Invoice:	YES () / NO	();T	owing (0. (
	and the state of the state of		Dites	Time Completed	D Here I	one by
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2) QC Check / Post Repair Inspection	2001					
3) Upload Resurvey Photo [Repair Cost > \$3	500) (/					
Injury:					Tarres Va.	
Date/Time Actions () Retions			3000000	A SALIS AS	November 1	
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27 1 VV. 183. S.		I) AR : Accide	nt Reportir	g (530); ent (5100); INC	C (\$30)	
humanes Particulars :-	72.	2) DA : Damag 3) TF : Towing	Fee		\$40/\$45	
river/Owner:		4) FT : Follow-	Through S	urvey (Resurvey)	\$120 \$30	
Contact No:	CONTRACTOR OF THE PROPERTY OF	For claiming	erelost It	COnly (wef 10 Jan	2005) \$75	
Damäged Portion:		6) TR: Re-ius 7) NI: Idao D	A + SMRT	Survey	2160	-
	3	8) NTUC Add	itional Ser	/ioos:-		
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		*NG: Repair *N7: Post F	Co-ordina	tion	\$10 \$25	
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Dat. 2/3:		Invalue dated		Fee Cho	rged	T.Deal

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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Date Of Report 01/06/2020 15:08

Date Of Accident 30/05/2020 18:00

Exact Location Of Accident BLK 683 HOUGANG AVE 8

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN2715K

Insured/Policyholder

Name Of Registered Owner CHEONG FOOK CHAI

NRIC No SXXXX536Z

 Email Address
 FOOKCHAI106@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-81175361

 Alternative Phone No
 OTHERS-81175361

Vehicle Particulars

Manufacturer YAMAHA

Model -

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY 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 5112034639

Cover Note Number

Driver

Name of Driver CHEONG FOOK CHAI

 NRIC No
 SXXXX536Z

 Date Of Birth
 26/10/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/11/1988

Driving Experience 31 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81175361

Fax Number

Contact Number OTHERS-81175361

EMail Address FOOKCHAI106@GMAIL.COM

Page 1 of 11

Address BLK 455A ANG MO KIO STREET 44

#09-11

Postcode 561455

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 SIDE SWIPE
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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

2

NO

NO

YES

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS RIDING MY MOTORBIKE AT THE DRIVEWAY OF BLK 683 HOUGANG AVE 3.SUDDENLY VEH B REVERSED HIS VEH INTO THE PARKING LOT AND COLLIDED ONTO MY MOTORBIKE.

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 SJR2851J

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)

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>.
- 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.
- 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: (July

2000

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		BLK	683	HOUGANG	AVE 8
A-FBN2715K B-SJR2851J	TEN A				
DESCRIBE CIRCUMSTANCES OF 1	THE ACCIDENT				
Pls refu do	the statem	ent.			
DECLARATION I/We declare the foregoing particular				P	7 7
Y	Delicarla Connettura		Panort	ym or,	
Policyholder's Signature Date & Time: / Jun 2024	Driver's Signature (If driver is not the policyholder) Date & Time:		Name:		aignature.

Date & Time:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	CIDENT DATE: (30, 5, 30) (DD/MM/YYYY), TIME: (1800))(HH:MM)
	ATION: BLK 683 Hougay AVE &	
1	DETAILS OF VEHICLE FEN 2715 K	æ
	b)INSURANCE COMPANY: NTUC	
8	c)POUCY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY F	IRE &THEFT)
	e)MAKE & MODEL:	
	f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLEY	OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE	
	HIPURPOSE OF USING AT ACCIDENT TIME: DRIVATE USE	<u></u>
	I ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	HT 200
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.	INSURED / POLICY HOLDER	
	AINAME: cheony Fook Clai (MALE/)	FEMALE)
	b)NRIC/FIN/PASSPORT: 568735367 CONTACT: 811	75361
	CLADDRESS: BLK 415A AN MO KTO AVE 8 #47 ST	46
SI SI 3	409-11	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
*He of persong.	DRIVER Cheon Fook Che,	000000000000000000000000000000000000000
(Including driver)	MALE /	FEMALE)
(1)	DINKIC/FIN/FASSFORT.	
(1)	CIADDRESS: BLK KISH ANY NO KTO AVER STER	
	*d)DATE OF BIRTH: (>6/ (9/ (968)(DD/MM/YYYY)	1-17-11-11
× 3	e)OCCUPATION: (INDOOR / OUTDOOR)	•
	f) YEARS OF DRIVING EXPRERIENCE: 30 YEAR	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
575	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
8.	a) VEHICLE NUMBER: STR 2851J MODEL: TOVOTA	A Vios
		7 703
(Including driver)	b) DRIVER'S NAME:	
()	c) NRIC/FIN/PASSPORT:CONTACT:	
9.	THIRD PARTY VEHICLE	
tho of passenger	d) VEHICLE NUMBER:MODEL:	matter age of the control of the con
(Indudion deliver	DRIVER'S NAME: NRIC/FIN/PASSPORT: CONTACT:	-
	ZT) NKIC/FIN/PASSPORT:CONTACT:	
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	and - Fak draitob@gmail	

email = Fork chairob@gmail!

VIDEO =

eBaoTech GeneralClaim · Change Language Hello, NAC_PAYA_UBI_800601 Change Password · Log Out Policy Query Notice of Loss Policy No. Date of Accident 01/06/2020 12:54 Certificate Number Vehicle No.(For Motor) FBN2715K Search Policyholder Name CHEONG FOOK CHAI Certificate Number Policyholder Product Cover Type Vehicle No. Insured Object Commence Expiry Date Select Policy No. GMC Third Party, FBN2715K FBN2715K 27/08/2019 26/08/2020 Fire & Theft O 5112034639 56873536Z Continue

Claim Handling

Marcian Marc									
Micropate Name	Policy No.	5112034639		Vehicle No.	FBN2715K		GST Regist	tration No.	
Description	Certificate No.								
Control Application	Policyholder Name	CHEONG FOOK CHAI					Policyholde	r NRIC	5687353
Control Application	Product Code	HOTORCYCLE INSURAN	VCE .	Cover Type	Third Party, Fire B	Theft	Loading		
Special Management Special								(Home)	
The Content of Deces					100				
Mode					5001467.00000				140.00
March Date Mar	KFK :	No Yes		TCA	No Yes				
Accident Type See 16 See	NCD Protection	No		NCD Entitlement(%)	20		Private Hir	e	No
The of Accident Pouline 18-05									
Description	Report Date	01/06/2020 16:03		Accident Report Within 24 hrs	Yes		Accident T	ype	Side Swip
Control Cont	Date of Accident	30/05/2020		Time of Accident hh:mm	18:00		Country of	Accident	Singapor
Total Excess Applicable					0.12333				20 5 7 7 3
March Marc		N. C.	F W	Oranga rovos			10.1		
DOSA Profee Funces		DCK IBS HOUGANG AVI	E 0-:						
0.08 TP Standard Events									
VELO DE Excess 0.00 Driver is Covered. Not Co	Excess Type	Per Accident		Windscreen Excess					
VELO DE Excess 0.00 Driver is Covered. Not Co	00 Standard Excess		0.00	TP Standard Excess		0.00			
Major Majo							Decree in C		Wat Caus
Total Of Exists Applicable 0,00 Total TF Excess Applicable 0,00			0.00	TIED IF EXCESS		0.00	Driver is C	avered.	NOT COVE
### Contact No.				THE COURSE BY STANDING STANDING					
257 Registered Information 150			0.00	Total TP Excess Applicable		0.00			
SST Registration Date	→ Benefits								
GST Stand Vermed Vest Ve	▽ GST Registered Informa	tion							
### Palicyholder Mailing Address ### ### ### #### ###################	SST Registered	No			GST Regis	tration Date			
### Policyholder Malling Address ### Address 1	SST Registration No.				GST Statu	s Verified		Yes	
Address 3	Nodification History								
Address 3		2000							
Address 4 Strict APONE 961-955 Address Type Singapore address Post Code \$61-95		W WY Street was considered		***		PT 14	19300000	ii	-
Related Policy Number		BUK 455A #09-11				ET 44			
OF	Address 4	SINGAPORE 561455		Address Type	Singapore address		Post Code		561455
Driver Name	Unit No.			Related Policy Number	5112034639				
Unnamed driver Name Register Date of Driver Ucense 10/12/1988 Driver Apie 51 Driver Dolls 26/10 Register Date of Driver Ucense 10/12/1988 Driver Apie 51 Driver Dolls 26/10 Address 2 BLK 4554 Agoress 2 NAG MD KID STREET 44 Address 3 TECK Address 4 SINGAPORE 56/1455 Agoress Type Singapore address Pest Code 56/145 Unit No. 409-11 Does No on an Singapore Ves No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company **Description** **Description** **Description** **Contact No. (Mubile) **Example Apie 51 **Contact No. (Mubile) **Email Address 4 **Description** **Description** **Preferred British Contact Resource Preferred Workshop, Name Livinous Preferred Source Sou	■ OI Driver Info								
Register Date of Driver License 10/121/1988 Driver Age 51 Driving Experience 31 Contact No. (Methole) 811/15/161 Contact No. (Office) 0 Contact No. (Methole) 0 Contact No. (M	Driver Name	CHEONG FOOK CHAI		Driver Type	Main Driver				
Contact No. (Mebile) Bit 455A Address 2 Bit 455A Address 3 Address 4 SincianOse 501455 Address 4 Driver Insured Company Dri	Unnamed driver Name			Driver NRIC	568735362		Driver DO	9	26/10/1
Contact No (Mebile) Bit 455A Address 2 Bit 455A Address 3 Bit 455A Address 3 Address 4 Sintance 50 lats 5 Address 7 Address	Register Date of Driver License	19/11/1988		Driver Age	51		Driving Ex	perience	31
Address 1 Bix 455A Address 2 ANG MD KID STREET 44 Address 3 TECK of Address 4 SINIAPORE 561455 Address 7yoe Singspore address Per Code 56145 Address 4 SINIAPORE 561455 Address 7yoe Singspore address Per Code 56145 Does he gond a Singspore New Yes No Driver Vehicle No. Driver Menicle No. Driver Insurer Company Per No. Driver Insurer Company No.							Contact No	o.(Hame)	
Address 4 SINGAPORE 56145 Address Type Singapore address Pist Code 56145 Unit No. #09-11 Does he grant a Singapore Yes = No Driver Vehicle No. Driver Insurer Company Detartion Detartion Detartion Detartion Detartion Mack Claim 091 00-MX Next Notification History Claim 19pe * Contact No. (Mobile) Email Address DOMK Insured CHONG FOOK CHAI Report Type * Contact No. (Mobile) Email Address DOMK Pingapore Chemical State Pingapore Chemical						STAR.		2,420.020	
Unit No.						E1 Well			
Does he own a Singapore Registred car? Yes No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Omg Any myun/? Yes No Modification History Claim 001 00-MX Nex Claim Type * Contact No (Mobile) Bisseys43 No.				Address Type	Singapore address		Post Code		361455
Declaration Declaration Declaration Declaration Modification History Claim 001 00-MX New Claim 7/pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Preferred Workshop The Preferred Workshop, Name unknown Preferred Wor		#09-11							
Dreathalyser of Blood Test	Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.			Driver Ins	urer Company	
Dreathalyser of Blood Test									
Modification History Claim 081 00-MX	Declaration								
Claim Type * Contact No. (Mobile) Email Address Check Mobile B1589843 No. (More) G5540768 G554076	Broathalyser or Blood Test	0 mg		Any injury?	250				
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Preferred Workshop, Name unknown very Claim Object Taken By Claim At letter Contact No. (Mobile) B1599843 No. (Home) OI Wehicle Number FBN2715K / SJR2851J ON 30 May 2020 FBN2715K / SJR2851J ON 30 May 2020 Claim Description FBN2715K / SJR2851J ON 30 May 2020 Claim Description FBN2715K / SJR2851J ON 30 May 2020 Claim Description FBN2715K / SJR2851J ON 30 May 2020 Claim Description FRACEIVED RESULTED A Received Vorkshop Repairer Save Submit	Breathalyser or Blood Test Reading?	0 mg		any mury	350,350,350				
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Claim Description Preferred Workshop Beauter No. Yes Option Ol Vehicle Number FBN2715K / SJR2851J ON 30 May 2020 FBN2715K / SJR2851J ON 30 May 2020 FBN2715K / SJR2851J ON 30 May 2020 Claim Preferred Option Option Option Option Option Preferred Workshop, Name unknown v report Report Taken By Print AK letter Save Submit	Breathalyser or Blood Test Reading? Hodification History Claim 001 OD-MX			any mjury		ОО-МХ	Traitie	CHEONG FOOK CHAI	
Claim Description Preferred Workshop Repair Preferred Workshop Repair Print AK letter Save Submit	Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type *			any injury?		pro-	Contact No.		
Preferred Workshop Preferred Workshop, Name unknown V GIA Received Vorkshop Option Preferred Workshop, Name unknown V Report Report Taken By Print AK letter FBN2715K / SJR26513 ON 30 May 2020 FBN2715K / SJR26513 ON 30 May 2020 Claim O1/06/2020 16:07 Claim O1/06/2020 16:07 Date Print AK letter Save Submit	Breathalyser or Blood Test Reading? Hodification History Claim 001 OD-MX New Claim Type *			any mjury		pro-	Contact No. (Home)		
Preferred Insured Liability Not at Fault Violation Preferred Preferred Violation Preferred Preferred Violation Violati	Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile)			Any mjury		pro-	Contact No. (Home) OI Vehicle	65540768	
Workshop Insured Ludditty Not at Fault GIA Received Claim	Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile)			any mjury?		81509843	Contact No. (Home) OI Vehicle Number	65540768	
Beautification Yes Preferred Workshop, Name unknown SIA Received Claim Date Registered Preferred Workshop Report Taken By RoSLINDA Repairer Print AK letter Save Submit Save Save Submit Save	Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Ernail Address			any mjury		81509843	Contact No. (Home) OI Vehicle Number	65540768	
Date Registered 01/06/2020 16:07 Close Date Report Taken By ROSLINDA ROSLINDA Print AK letter Save: Submit	Breathalyser or Blood Test Reading? Hodification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred	Insured	Liability Not at Facility			81509843	Contact No. (Home) OI Vehicle Number	65540768	
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