Date In: 3/3/20-14:53	cb description	Date	&Time Completed	Done	by
	SAS e-filing				
Veh No: FBN 6313 K	E-mail (within Shrs, A	(C 2hrs)			
I DN 97	i-Motor Claim For		100-59990	13/2/20 IS	10 6
	i-Motor W/O (With				
OD FTP Reporting Only	i-Photo Uploaded				
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owne	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars: Veh No: 7 R 4136	6	INC()/N	Ion-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Period:	: () Cover	Туре: ()	
Confirmed by : (Da	te:	Time:)	
Insured/Driver Liability: (%) [Note	-Est. Status (WO):	N: 0-20%; P:	21-79%. P: 80	-100%]	
Year of Registration: () Warr	ranty: YES ()/1	NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks				1	
() Walk-In Customer: Customer's informat	tion strictly Confiden	tial & Strictly No	refer of repaire	г.	
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Apply for Transport Allowance ()/Court QC Check / Post Repair Inspection	()	Dates	eTime Completed	Done	by
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Apply for Transport Allowance ()/Court QC Check / Post Repair Inspection	()	# Dates	Time Completed	Done)by
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()	# Dates		WARRANT TO	by
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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.
- 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.

atoresaid.	
And the second s	ACCIDENT STATEMENT
Date Of Report	03/07/2020 14:53
Date Of Accident	22/06/2020 20:30
Exact Location Of Accident	JUNC PUNGGOL FIELD & PUNGGOL RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN6313K
Insured/Policyholder	
Name Of Registered Owner	STEPHEN ONG HOON CHEN
NRIC No	SXXXX043F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96961315
Alternative Phone No	OFFICE-96961315
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	5115323633
Cover Note Number	
Driver	
Name of Driver	STEPHEN ONG HOON CHEN
NRIC No	SXXXX043F
Date Of Birth	09/09/1982
Occupation	INDOOR
Date Of Driving Pass	23/02/2005
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96961315
22 10/ 6	

OFFICE-96961315

NOEMAIL

BLK 309C ANCHORVALE ROAD Address

#14-47

543309 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

ambulance?

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

YES

Was any other material or property damaged? YES

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

NO

Number of Passengers (Including Driver) 1

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200625/7028.

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

SJR4136C Vehicle Registration Number

Vehicle Make/Model/Colour KIA CERATO

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

SXXXX162J NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

STEPHEN ONG HOON CHEN Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? FBN6313K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.
- 3. 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.
- 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. 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 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.
- 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:
 - (i) 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
- 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.
- 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:

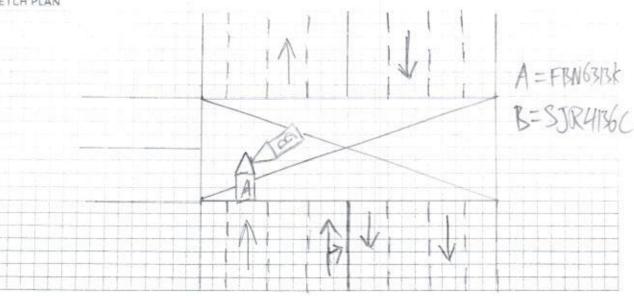
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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the right	sidi	of my	motorcycle	· 1	Was	Hen	attended	67	governelles
and convey	ul to	Sengkan	General	Hospital				J	
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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 STATEMENT

Pull ted 1 2 m		1 30 PM (HH:MN
LOCATION: Bunggot Field and Pungo	bi kom. 7	Oracot-1
I. DETAILS OF VEHICLE - DAI/212 L		
DETAILS OF VEHICLE FBN6313		
DINSURANCE COMPANY: NTUC		
CIPOLICY NUMBER: SIS 32363	>	
d)POLICY TYPE: (COMPREHENSIVE / TH	HRD PARTY / TH	RD PARTY FIRE &THEFT
OMAKE & MODEL: Yamaha TIZ		
f)TYPE:(SALOON / COUPE / MPV /V AN	/LORRY/MO	ORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO		: [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882] [1882]
h)PURPOSE OF USING AT ACCIDENT TH	ME: Private	
IJARE YOU CLAIMING UNDER YOUR OV		(YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CL.		
2. INSURED / POLICY HOLDER	1	
AINAME: Stephen Ong Vlaon C	hen	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: S82640		ITACT: 9696 1315
CIADDRESS: BIK 3090 Anchorvale	Road \$	F14-47
5543309		
" CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER	
of passangs DRIVER		
duding driver) DINAME:		(MALE / FEMALE)
DINKISTEINTE ASSESSES.	CON	TACT:
CIADDRESS:		
*d)DATE DEBIRTH : 89 / 19 / 19 82	HDD/MM/VY	~1
*d)DATE OF BIRTH: 199 / 1982	J[DD/MM/YYY	Υ)
*d)DATE OF BIRTH: (99 / 1982 =)OCCUPATION: (INDOOR / QUIDOOR f)YEARS OF DRIVING EXPRERIENCE:	J[DD/MM/YY)	Υ)
e) OCCUPATION: (INDOOR / QUIDOOR) (PARS OF DRIVING EXPRERIENCE:	15	8 8
e)OCCUPATION: (INDOOR / QUIDOOR	NSURED'S CO	MPANY? (YES / NO)
## DOCCUPATION: (INDOOR / QUIDOOR) ## PARS OF DRIVING EXPRERIENCE: ### WAS DRIVER AN EMPLOYEE OF THE IT ### IF NO, RELATIONSHIP OF THE DRIVE ### DRIVER AND THE DRIVER	NSURED'S COR WITH INSU	MPANY? (YES / NO)
## DISCOUPATION: (INDOOR / OLITOOR) ## DISCOUPATION: (INDOOR / OLITOOR / OLITOOR) ## DISCOUPATION: (INDOOR / OLITOOR) ## DISCOUPATION: (INDOOR / OLITOOR / OLITOOR / OLITOOR / OLITOOR / OLITOOR	NSURED'S COR WITH INSU	MPANY? (YES / NO)
a) OCCUPATION: (INDOOR / QUIDOOR) f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE IT IF NO, RELATIONSHIP OF THE DRIVE MEATHER CONDITION: (CLEAR / RAIN b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)	NSURED'S COR WITH INSU	MPANY? (YES / NO)
## DISCOUPATION: (INDOOR / QUIDOOR) ## DISTORTION OF THE DELIENCE: ## WAS DRIVER AN EMPLOYEE OF THE DELIVE ## IF NO, RELATIONSHIP OF THE DRIVE ## DISTORTION OF THE D	NSURED'S CO R WITH INSU ING / OTHERS	MPANY? (YES / NO) RED:
## DISCOUPATION: (INDOOR / DUIDOOR) ## DISTORTION OF THE DELICATION OF THE DELICAT	NSURED'S CO R WITH INSU ING / OTHERS	MPANY? (YES / NO) RED:
## STATES OF PARTY VEHICLE ## STATES OF DRIVING EXPRERIENCE: ## WAS DRIVER AN EMPLOYEE OF THE IT IF NO, RELATIONSHIP OF THE DRIVE ## DRIVER CONDITION: (CLEAR / RAIN b) ROAD SURFACE: (DRY / WET / OTHERS ## OF THE IT IS NOT THE IT. ### IT IS NOT THE IT IS NOT THE IT. ### IT	INSURED'S COR WITH INSUING / OTHERS	MPANY? (YES / NO) RED:
# PASSPAGER OF DRIVING EXPRENIENCE: 1. WAS DRIVER AN EMPLOYEE OF THE DIF NO, RELATIONSHIP OF THE DRIVE 5. DIWEATHER CONDITION: (CLEAR / RAIN b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 16 YES, PLEASE STATE WHICH POLICE ST 8. THIRD PARTY VEHICLE 21 VEHICLE NUMBER: SUR 4/366	INSURED'S COR WITH INSURING / OTHERS	MPANY? (YES / NO) RED:
# Pussenger a) DRIVER'S NAME: MON COLUMN PROCESTS AND PROCESS AND	INSURED'S COR WITH INSUING / OTHERS	MPANY? (YES/ <u>NO)</u> RED: M EL: Kia Gerato
# PUSSENGER # OCCUPATION: (INDOOR / OLIDOOR) f) YEARS OF DRIVING EXPRERIENCE: # WAS DRIVER AN EMPLOYEE OF THE IT IF NO, RELATIONSHIP OF THE DRIVE 5. a) WEATHER CONDITION: (CLEAR / RAIN 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 ST 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: STR 4136 b) DRIVER'S NAME: MON SWIFT c) NRIC/FIN/PASSPORT: STSO 7162	INSURED'S COR WITH INSUING / OTHERS	MPANY? (YES / NO) RED:
# PUSSENGER # OCCUPATION: (INDOOR / QUIDOOR F) YEARS OF DRIVING EXPRERIENCE: # WAS DRIVER AN EMPLOYEE OF THE IT IF NO, RELATIONSHIP OF THE DRIVE # DISCONDITION: (CLEAR / RAIN b) ROAD SURFACE: (DRY / WET / OTHERS # WAS ANYBODY INJURED (YES / NO) # YES, PLEASE STATE WHICH POLICE ST # PUSSENGER # DISCONDITION: (CLEAR / RAIN b) ROAD SURFACE: (DRY / WET / OTHERS # WAS ANYBODY INJURED (YES / NO) # YES, PLEASE STATE WHICH POLICE ST # PUSSENGER # DISCONDITION: STATE WHICH POLICE ST # DISCONDITION: STATE WHICH STATE # DISCONDITION: STATE WHICH STATE # PUSSENGER # DISCONDITION: STATE STATE WHICH STATE # DISCONDITION: STATE STATE WHICH STATE # PUSSENGER # PUSS	INSURED'S COR WITH INSURING / OTHERS_ ATION: ONK MOD Sin Same CON	MPANY? (YES / NO) RED: K EL: Kia Gerato TACT:
# PASSENGER # DESCRIPTION: (INDOOR / QUIDOOR / PARTY VEHICLE # DESCRIPTION # PARTY VEHICLE # DESCRIPTION #	INSURED'S COR WITH INSUING / OTHERS	MPANY? (YES / NO) RED: K EL: Kia Gerato TACT:
## PASSENGER ## DRIVER'S NAME: ## PASSENGER ## DRIVER NAME: ## PASSENGER ## PASSE	INSURED'S COR WITH INSURED'S CONTERS. ATION:MODITION CONTERS.	MPANY? (YES / NO) RED: NC EL: Kia Cerato TACT:
# PRSSENGER # PRESSENGER # P	INSURED'S COR WITH INSURED'S CONTERS. ATION:MODITION CONTERS.	MPANY? (YES / NO) RED: K EL: Kia Gerato TACT:
# Passanger of DRIVER'S NAME: # DRIVER'S NAME:	INSURED'S COR WITH INSURED'S CONTERS. ATION:MODITION CONTERS.	MPANY? (YES / NO) RED: NC EL: Kia Cerato TACT:
# PUSSENGER OF PRIVERS OF DRIVER'S NAME: # PRIVER AN EMPLOYEE OF THE DRIVE # WAS DRIVER AN EMPLOYEE OF THE DRIVE # NO, RELATIONSHIP OF THE DRIVE # DISCONDITION: (CLEAR / RAIN D) ROAD SURFACE: (DRY / WET / OTHERS # WAS ANYBODY INJURED (YES / NO) # PUSSENGER OF DELICE (YES / NO) # PUSSENGER OF DELICE OF THE DRIVER'S NAME: # PUSSENGER OF DRIVER'S NAME: MON SWITCH OF DRIVER'S NAME: # PRIVER PARTY VEHICLE # PRIVER OF DRIVER'S NAME: #	INSURED'S COR WITH INSURED'S CONTERS. ATION:MODITION CONTERS.	MPANY? (YES / NO) RED: NC EL: Kia Cerato TACT:
# PUSSENGER OF PRIVING EXPRENENCE: 4. WAS DRIVER AN EMPLOYEE OF THE DELIVE OF THE DRIVE 5. DIWEATHER CONDITION: (CLEAR / RAIN D) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 15 YES, PLEASE STATE WHICH POLICE ST 8. THIRD PARTY VEHICLE 14 PUSSENGER OF VEHICLE NUMBER: STATE WHICH POLICE ST 15 DRIVER'S NAME: MON SWITH OF PARTY VEHICLE 26 DRIVER'S NAME: MON SWITH OF PARTY VEHICLE 27 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 28 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 29 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 20 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 21 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 22 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 23 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 29 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 20 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 21 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 22 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 23 DRIVER'S NAME: OF PRIVATE OF PARTY VEHICLE 24 DRIVER'S NAME: OF PARTY VEHICLE 25 DRIVER'S NAME: OF PARTY VEHICLE 26 DRIVER'S NAME: OF PARTY VEHICLE 27 DRIVER'S NAME: OF PARTY VEHICLE 28 DRIVER'S NAME: OF PARTY VEHICLE 29 DRIVER'S NAME: OF PARTY VEHICLE 20 DRIVER'S NAME: OF PARTY VEHICLE 21 DRIVER'S NAME: OF PARTY VEHICLE 21 DRIVER'S NAME: OF PARTY VEHICLE 21 DRIVER'S NAME: OF PARTY VEHICLE 22 DRIVER'S NAME: OF PARTY VEHICLE 23 DRIVER'S NAME: OF PARTY VEHICLE 24 DRIVER'S NAME: OF PARTY VEHICLE 25 DRIVER'S NAME: OF PARTY V	INSURED'S COR WITH INSURED'S CONTERS. ATION:MODITION CONTERS.	MPANY? (YES / NO) RED: NC EL: Kia Cerato TACT:
## PRISONGER OF THE NONE OF THE PRISONGER OF THE NORTH OF THE PRISONGER OF	INSURED'S COR WITH INSURED'S CONTERS. ATION:MODITION CONTERS.	MPANY? (YES / NO) RED: NC EL: Kia Cerato TACT:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200625/7028

REPORT OF A TRAFFIC ACCIDENT

e Report M 20 22:49	lade:	Vide Report No.: F/20200225/7026	Station Diary No.:			
t's Particu	ulars	SHIP TO BE SHOWN				
Informant: N ONG HO		Address: APT BLK 309C ANCHORVALE ROAD #14-47 SINGAPORE				
ID No.: / S826404	43F	Contact No.: Home/Office:	Mobile: 96961315			
y: IAN		Email: vic.daryl@gmail.com				
Age:	Date of Birth: 09/09/1982	Type of Informant: Rider				
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Contractor		Driving Licence Information: Class: 2B,3	Date of Expiry:			
	t's Particu nformant: N ONG HO ID No.: / S826404 y: AN Age: 37	t's Particulars Informant: N ONG HOON CHEN ID No.: / S8264043F y: AN Age: 37 Date of Birth: 09/09/1982	## Particulars Informant: N ONG HOON CHEN ID No.: / S8264043F Age: AN Age: 37 Date of Birth: 09/09/1982 Driving Licence Information: F/20200225/7026 Address: APT BLK 309C ANCHORVAL 543309 Contact No.: Home/Office: Email: vic.daryl@gmail.com Type of Informant: Rider Language: English Driving Licence Information:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2020 20:3	Type of Location X-Junction	
Location: PUNGGOL F Weather:	IELD	Road Surface:		Road Speed Limit:	
		Dry		60 Km/h	
Clear				Traffic Volume: Light	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking		

Details of Vehicle Involved								
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger		
FBN6313K	Motorcycle	YAMAHA	T135	White		0		
SJR4136C	Car	KIA	Cerato		Seriously Damaged	0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FBN6313K	NTUC Income Insurance Co-Operative Limited	5115323633	02/01/2020	01/01/2021			





T/20200625/7028

2 of 3

Report No. T/20200625/7028

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

CONTINUATION OF REPORT

Details of Perso	n Involved			Value la	HEW)		
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA				
Rider							
Name	STEPHEN ONG HOON CHEN			ID No	4	S8264043F	
Related Vehicle	FBN6313K (Motorcycle)			Contact No. 9		96961315	
Hospital/Clinic	SENGKANG GENE LTD.	PITAL PTE.	Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL		
Date Treatment	22/06/2020	20.876-	Date Disc	charge 25/06		6/2020	
No. of Days gran	ted Medical Leave	28	Degree o	f Injury	Serio	us	

Brief Details.

I was travelling straight along Punggol Field Road, as i was approaching the traffic junction of punggol field and punggol road. The light turned green in my favour and therefore i proceeded on and entered the yellow box. When a car (SJR4136C) suddenly collided onto the right portion of my vehicle and made me flew off from my motorcycle. I was then attended by paramedics and conveyed to Sengkang General Hospital.





020002011020

3 of 3

Report No. T/20200625/7028

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

CONTINUATION OF REPORT

Ske	toh	DI	
OKE	10:11	11/2	411

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: 25/06/2020 22:49
Officer In Charge Of Case: TP / TPIB / VILTON HIA WEE SIANG Contact No.: 65476178	Classification Of Case:

Authentication Stamp NP168

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Natice of Loss	Policy N	Vo.			22	Date o	f Accident	2	2/06/2020 2	20:30	
	Vehicle	No.(For Motor)	FBN63	13K		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115323633		STEPHEN ONG HOON CHEN	SB264043F	GMC	Third Party	FBN6313K	FBN6313K	02/01/2020	01/01/2021
					0.0	ontinue					

Policy No.	5115323633	Policyholder Name	STEPHEN C	ING HOON CHEN	Policyholder NRIC	S8264043F	
Certificate No.		ivarrie			HALL		
Address	BLK 309C #14-47 ANCHORVAL	E ROAD SINGA	PORE 54330	9			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	02/01/2020	Effective Date	02/01/2020 00:00		Expiry Date	01/01/2021 23:59	
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess Outside Singapore OD Excess		OS Premium Outside Singapore TP Excess				Young/Inexperience Driver Excess	
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No.						
	older Mailing Address	4440	2014	ADDITION AND DOCUMENTS			ANCHODIALE VICTA
Address 1	BLK 309C #14-47	Addre		ANCHORVALE ROA	3 4	Address 3	ANCHORVALE VISTA
Address 4	SINGAPORE 543309		ss Type	Singapore address		Post Code	543309
Unit No.	14-47	Numb	ed Policy er	5115323633			
> Insure	d Object: FBN6313K						
⊕ Endors	ements						
Sequen	ce Date of Endorseme	nt	Endorsemen	t Type	Endorsement	Status	Endorsement Content
1	04/02/2020 00:00		Information sement	Entry P	Entry Rejected		Thank you for giving us the opportunity to serve you. We confirm that from 04 Feb 2020, the following amendment(s) is/arr made to this policy: In view of this amendment, an additional premium of \$30.41 (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 b cash, credit card or NETS.
2	05/02/2020 0B:B0		Information sement	Endors	Endorsement Take Effective		Thank you for giving us the opportunity to serve you. We confirm that from 05 Feb 2020, the following amendment(s) is/ari made to this policy: The Policy is extended to cover Food Delivery services. In view of this amendment, an additional premium of \$30.32 (inclusive of

Claim Handling						
Accident MT/1095997						
Policy No.	5115323633	Vehicle No.	FBN6313K		GST Registration No.	
Certificate No.						
Policyhalder Name	STEPHEN ONG HOON CHEN				Policyholder NR3C	\$8254043F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading	0
Contact No. (Mobile)	96961315	Contact No.(Office)	0		Contact No.(Home)	0
Email Address		Special Remark			eCode	T v
KPK	® No ⊜Yes	TGA	® No ○Yes		eCode Husson	
NCD Protection	No	NCO Entitlement(%)	0		Private Hire	No
Accident Details						
Report Date	03/07/2020 15:02	Accident Report Within 24 hrs.	Yes		Acodent Type	Collision + Cross Junction
Date of Acordent	22/06/2020	Time of Accident his min	20:30		Country of Accident	Singapore
	established	Grange Force	20.30		ICM No.	Sirrigaryone.
Reporting Centre		Grange Force			JUN NO.	
Accident Location	JUNC PUNGGOL FIELD & PUNGGOL RD					
▼ Total Excess Applicable						
fixosss Type	Per Accident	Windscreen Excess				
GO Standard Excess	0.00	TP Standard Excess		0.00		
VIED OD Excess	8.00	YIED TP Excess		0.00	Driver is Covered?	Not Covered
Additional Excess	0.00	TICO IF EXCESS		9100	Ditte is covered.	THE SECTION .
	1042	Total TD France Assistant		0.00		
Total DO Excess Applicable Benefits	0.00	Total TP Excess Applicable		200		
	-11-					
□ GST Registered Information GET Secretary CET Secretary C			OUT BANK	ation Clarke		
GST Registered	Mg	GST Registration Date GST Status Verified			Yes.	
GST Registration No. Modification History			OSE STREET	The state of the s	10.88	
- de la company						
Policyholder Mailing Ad	dress					
Address 1	8LK 309C #14-47	Address 2	ANCHORVALE ROA		Address 1	ANCHORVALE VISTA
		Address Type	Singapore address		Post Code	543309
Address 4	SINGAPORE 543309				Post Code	543303
Unit No.	14-67	Related Policy Number	5115323633			
OI Driver Info	120000000000000000000000000000000000000					
Driver Name	STEPHEN ONG HOON CHEN	Oriver Type	Main Driver S8264043F		Driver DDB	09/09/1982
Unnamed driver Name		Driver NR3C				
Register Date of Driver License		Driver Age	37		Driving Experience	15
Contact No. (Mobile)	96961315	Contact No. (Office)	0		Contact No.(Home)	0.
Address 1	BLK 309C	Address 2	ANCHORVALE ROA	D	Address 3	ANCHORVALE VISTA
Address 4	SINGAPORE 543309	Address Type	Singapore address		Post Code	543309
Unit No.	14-47					
Does he own a Singapore Registered car?	○ Yes ⊕ No	Driver Vehicle No.			Driver Insurer Company	
and the same of th						
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ◯ No			
Reading?						
1002001-0000						
Modification History						
Claim 001 New						
Claim Type *	OD-MX	Insured Name	STEPHEN ONG HO	ON CHEN	Insured NRSC	S8264043F
Contact No. (Mobile)	96961315	Contact No. (Home)			Contact No.(Office)	
Email Address	songhc1315@gmail.com	Of Vehicle Number	FBN6313K		TP Vehicle Number	53R4136C
Claimant Type Claimant Type •	Please Select	Type of Benefit +	Please Select	v		
Claimant Name *	2.2	Craimant NR3C *	1			
Claimant Address						
Claim Description	FBN6313K / S3R4136C ON 22 Jun 2020				Name of Preferred Worksho	ρ
Preferred Workshop Contact No.	ALL DE LEGISLATION OF THE PARTY	Insured Liability *	Not at Fault	¥		
Require Finalisation	Yes	Preferend Repair Option	Preferred Worksho		GIA report	Received
Date Registered	03/07/2020 15:06	Claim Close Date			Date Received	03/07/2020 00:00
Report Taken By	Jackson				2015/10/2010 Sept.	MORENOES N. N
	parameter and the second					
Print AK Jetter						
			Seve Submit			
Attachment						
202420000000000000000000000000000000000						
9						
Accident No.	HT/1095997	Claim No.	0	10		
Last Doc. Received	Yes □ No	Upload Date	à	1/07/2020 15:06		
	Path *	W/W/W/10/00/00		Cacegory *	Confidential Urg	ency * Description *
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