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Date In: 4hha - 10:34	Jeb description	Date &Time	Completed	Done by	
Rel No: 44/146200 6969/24	SAS e-filing	i			
Veh No: FBE 63014	E-mail (within Shrs, A	IC 2hrs)			
D.O.A: 17/2-19:15	i-Motor Claim Fo	rm 1096	1V 60- P(0	1 ho 10:0	15
	i-Motor W/O (with	nin: OD 2hrs, TP 4hrs)			
OD / TP// Reporting Only	i-Photo Uploaded	1	Seales Paliciculary	A DESIGNATION OF STREET	2000
TDI	Assessment/Survey	Report	II managara		
TP Insurer:	Ass't Report by Far	/ Hand to Owner/Wks	2		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	:	
TP Particulars: Veh No: J	JF 181 K	INC()/Non-IN	C().	*	
Owner / Driver: (Tel:)	8 3
Policy No: (Period: () Cover Type	()	
Confirmed by : (Do	te: Ti	ne:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79	%. F: 30-100	%]	
Year of Registration: ()	Warranty: YES ()/	NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:		NOT THE COL			1011
Remarks:- (INC horline: 6788 6616		Date&Time (Completed *	Done by	
Apply for Transport Allowance ()	/ Courtesy Car ()	1			
	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Litimant's Particulars:- river/Owner: Ontact No: amaged Portion:	() ()	Dice Preparation Che : Accident Reporting (530) : Damege Assessment (\$10) : Towing Fee : Follow-Through Survey (Reclaiming against INC Only (1: Re-inspection : Idae DA + SMRT Survey 'UC Additional Services:- St. Courtesy Car / Tpt Allowar	(i) (i)); INC (\$80) \$40/\$4 \$12 survey) \$3 wef 10 Jan 2005) \$7 \$16	76 Bill 5 5 0 0 0 5 5 0 0 5 5 5 5 5 5 5 5 5 5	
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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.
- 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.

THE PROPERTY OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	04/07/2020 10:34
Date Of Accident	02/07/2020 19:15
Exact Location Of Accident	JUNC LOR CHUAN & CHUAN DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE6501G
Insured/Policyholder	
Name Of Registered Owner	AM MOTORWERKZ PTE LTD
Co Reg No	2XXXXX455H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83633050
Alternative Phone No	OFFICE-83633050
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5117451881
Cover Note Number	
Driver	
Name of Driver	PANG CHEE PENG (PENG ZHIPING)
NRIC No	SXXXX612F
Date Of Birth	23/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2000
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81372565
Fax Number	

OFFICE-81372565

NOEMAIL

BLK 174C HOUGANG AVENUE 1 Address

#12-1581

533174 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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 - MAJOR/MINOR RD Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

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

ambulance?

YES

YES Was any other material or property damaged?

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

HOUGANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4890999 - FAX NO: 63128989 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200703/2031.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJF181K

Vehicle Registration Number Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

PANG CHEE PENG (PENG ZHIPING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBE6501G

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
- 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 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 :
 - (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
- (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.

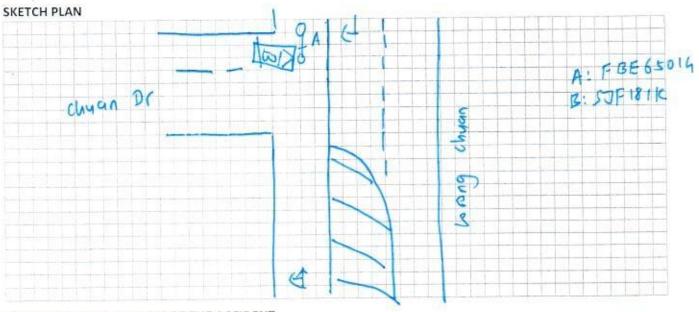
Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

lefer	+0	police	report.	- 7/220703/231.	
		1			
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-					
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DECLARATION

I/Wa 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

ACC	CIDENT DATE: () (DD/MM/YYYY)	, TIME:(19:15.)(HH:MM)
LOC	ATION: June brong chian & & c	huan Dr
;	1. DETAILS OF VEHICLE GIVEHICLE NUMBER: FBESSOIA	
	b)INSURANCE COMPANY: H70C	
	c)POLICY NUMBER:	TV / THIPD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	TIT / THIRD I ARTITING WITH I
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY g) VEHICLE CATEGORY: (PRIVATE / COMMERC)	AL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:	worlding.
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUE IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	
2	INSURED / POLICY HOLDER	ROKING CITETY
	AINAME.	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 8363 3050
	c)ADDRESS:	40
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	NDER
the of passenga		LDCK
Clinduding driver	3 GINAME: 1-419	(MALE / FEMALE)
(1.)	DJINKICH HALL ASSI OKI. ZVI WAR	CONTACT: \$137 2565 .
	c)ADDRESS:	
e v	*d)DATE OF BIRTH: (/)(DD/N	MM/YYYY)
	f)YEARS OF DRIVING EXPRERIENCE:	-
4	. WAS DRIVER AN EMPLOYEE OF THE INSURE	ED'S COMPANY? (YES / NO)
-	IF NO, RELATIONSHIP OF THE DRIVER WITH alweather CONDITION: (QLEAR / RAINING / C	H INSURED.
3	b)ROAD SURFACE: (DRY / WET / OTHERS	
6	. WAS ANYBODY INJURED (CES / NO)	16.
7.	a)REPORTED TO POLICE (ES / NO)	, is
	IF YES, PLEASE STATE WHICH POLICE STATION:	
No of paratoner	a) VEHICLE NUMBER: 50 18 16.	MODEL:
Including deliver	b) DRIVER'S NAME:	
TV	c) NRIC/FIN/PASSPORT:	CONTACT:
9.	THIRD PARTY VEHICLE	
ika of passenger	d) VEHICLE NUMBER:	MODEL:
Indudina drive	0, 0, 0,0,0,0,0	CONTACT:
()	2 I BROTHAL ADD ON	
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Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4890999

1 of 3 Report No. T/20200703/2031

REPORT OF A	TRAFFIC	ACCIDENT
-------------	---------	----------

	me Report I 020 14:05	Made:	Vide Report No.:	Station Diary No.: 88				
Informa	nt's Partic	ulars						
	f Informant: CHEE PENC		Address: APT BLK 174C HOUGANG AVENUE 1 #12-1581 SINGAPORE 533174					
ID Type / ID No.: NRIC NO / \$8121612F			Contact No.: Home/Office: Mobile: 81372565					
Nationality: SINGAPORE CITIZEN			Email:					
Sex: Age: Date of Birth: Male 38 23/07/1981			Type of Informant: Rider					
Race: Chinese			Language: Institution / School Nam English					
Occupation: DELIVERYMAN			Driving Licence Information: Class: 2B,3 Date of Expiry.					

General Infor	mation of the Accident				
Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 02/07/2020 19:15	Type of Location: T-Junction	
Location: Junction of RI LORONG CH CHUAN DRIV					
Weather: Clear	\$2,000,000,000,000 and 100,000 and 100			Road Speed Limit:	
Traffic Flow: Two Way	1.00	raffic Control: lot Controlled			
Type of Collis Between Mov	ion: ing Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE6501G	Motorcycle	YAMAHA		Blue		0
SJF181K	Car	AUDI				1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4890999

2 of 3 Report No. T/20200703/2031

CONTINUATION OF REPORT

Rider							
Name	PANG CHEE PENG	3		ID No.		S8121612F	
Related Vehicle	FBE6501G (Motorc	FBE6501G (Motorcycle)				81372565	
Hospital/Clinic	RAFFLES HOSPIT	FFLES HOSPITAL				Class: 2B,3 Date of Expiry: NIL	
Date Treatment	02/07/2020		Date Disc	charge 03/0		7/2020	
No. of Days gran	ted Medical Leave	08	Degree of	The second second	Sligh		

Brief Details.

On 02/07/2020 at about 1915 hours, I was travelling along Lorong Chuan. A car SJF181K came out from Chuan Drive and hit onto my motorbike from the left side. A passer-by called for ambulance and I was conveyed to Raffles Hospital. I am not sure if there is any camera at the location.





Police Station Of Origin. Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20200703/2031

CONTINUATION OF REPORT

Sketch Plan

NP168

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: F / Staff Sgt TEO HENG HENG, ROBIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2020 14:05
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp	

eBaoTech	0601						· Change	Language	· Chan	ge Password	Log Ou
My Desktop		Policy Query Change Language Change Password Policy Query									
Notice of Loss	Policy N	la.				Date o	f Accident	[0	2/07/2020 1	9:15	
	Vehicle	No.(For Motor)	FBE650	1G		Certific	ate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117451881	5117451881- 000003	AM MOTORWERKZ PTE LTD	201901455H	GFM	Third Party	FBE6501G	FBE6501G	09/05/2020	08/05/2021

▽ Certific	ate Endorsements						
2	09/05/2020 00:00	Basic Information Endorsement		000001287301842	Endorsement Take Effective		Thank you for giving us the opportunity to serve you. We confirm that from 09 May 2020, th following amendments are made to this policy: The policy is extended cover food delivery services.
i		Basic Information Endorsement		000001287301844	Endorsement Take Effective		Update Memo A: The policy is extended to cover food delivery services."
Sequen	ce Date of Endorsement	Endorsement Type		Endorsement Number	Endorsen	nent Status	Endorsement Content
□ Endors	ements						
Insure In	d Object: 5117451881-00000	3					
Jnit No.	05-10	Related Policy Number		5117451881			
Address 4		Address Type		Singapore address	p	ost Code	555856
Address 1 50 SERANGOON NORT		H AVENUI Address 2		#05-10 FIRST CENT	TRE Address 3		SINGAPORE 555856
→ Policyl → Po	older Mailing Address						
Open Policy Info Certificate Info							
Flag	9150						
Co- nsurance	No					09	
Agent	WTT INSURANCE AGENCIES PT		629654	45	GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Excess		Premium	0				
Third Party Excess Additional	1500	damage Excess			Windscreen Excess		
Excess Type	Per Accident	All Claims Excess Own					
Policy Issue Date	08/05/2020	Effective Date	09/05/2	2020 00:00	Expiry Date	08/05/2021	23:59
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Address	50 SERANGOON NORTH AVENU	JE 4 #05-10 FI	RST CEN	TRE SINGAPORE 555856			
Certificate No.	5117451881-000003						
		Name.		TORWERKZ PTE LTD	NRIC	201901455	Н

Claim Handling						
Accident MT/1096039						
Pakey No.	5117451881	Vehicle No.	FBE6501G	GST Registration No.		
Certificate No.	5117451851-000003					
Policyholder Name				Policyholder NRJC	Z01901455H	
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0	
Contact No.(Mobile)	63633050	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address	Carrier and Control	Special Remark TCA	V-12-05-12-05-65	eCode	10.0	
KFK			® No ○ Yes	eCode Reason		
NCD Protection			0	Private Hire	No	
Accident Details						
Report Date	port Date 04/07/2020 10:43		Ves	Accident Type	Collision - Major Minor Road	
Date of Acodem	te of Acodent 02/07/2020		19:15	Country of Acodent	Singapore	
reporting Centre		Orange Force		IOM No.		
Accident Location	JUNC LOR CHUAN & CHUAN DR					
→ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess				
22/2000/02/200		150000000000000000000000000000000000000	processor i			
OD Standard Excess		TP Standard Excess	1,500.00			
YIED OD Excess	0:00	YIED TP Excess		Driver is Covered?		
Additional Excess	200					
Total OD Excess Applicable	0.00	Total TP Excess Applicable				
▽ Senefits						
□ GST Registered Inform			man a.			
GST Registered	No		GST Registration Date GST Status Verified	West		
GST Registration No. Modification History	04/07/2020 10:44:50 Syste	m changed SST Status Verified from		Yes		
20		140				
9 Policyholder Mailing Ad	dress					
Address 1	50 SERANGOON NORTH AVENU	Address 2	#05-10 FIRST CENTRE	Address 3	SINGAPORE SSS856	
Address 4		Address Type	Singapore address	Post Code	555856:	
Unit No.	05-10	Related Policy Number	5117451881			
□ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Linnamed driver Name	PANG CHEE PENG (PENG ZHIPTI	Driver NRIC	SXXXX612F	Driver DOB	23/07/1981	
Register Date of Driver License	14/12/2000	Driver Age	38	Driving Experience	19	
Contact No.(Mobile)	81372565	Centact No.(Office)	0	Contact No. (Hame)	0	
Address 1	BUK 1740	Address 2	HOUGANG AVENUE 1	Address 3	PAYA LEBAR LODGE	
Address 4	SINGAPORE 533174	Address Type	Singapore address	Post Code	533174	
Unit No.	12-1581					
Does he own a Singapore	() Yes (No	Driver Vehicle No.		Driver Insurer Company		
Registered car?						
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No			
Reading?	2018	0.00000000000	9,779,77			
Modification History						
Claim 001 New						
	,				portograma	
Claim Type •	00-MX	Insured Name	AM MOYORWERKZ PTE LTO	Insured NRIC	201901455H	
Contact No. (Mobile)	NIL	Contact No. (Home)		Contact No.(Office)	NIL	
Email Address	115	Of Venicle Number	FBE6501G	TP vehicle Number	S)F181K	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	22	Claimant NRIC *		2000		
Claimant Address	P					
Claim Description	FBE6501G / SJF181K ON 2 Jul 2020			Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	♥ GIA report	Received	
Date Registered	04/07/2020 10:45	Claim Close Date:		Date Received	04/07/2020 00:00	
Report Taken By	Jackson					
Print AK letter						
			Save Submit			
Attachment						
9						
	MT/1096039	Claim No.	77662			
Accident No.			001			
Last Doc. Received	● Yes ○ No	Upload Date	04/07/2020 10:47	Sparson and		
	Path *		Category •	Confidentias Urgen	PRINCE PROPERTY OF THE PROPERT	
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