| 11317 11) | Job description | | Date & Time Completed | Dan | ie by |
|--|---|--|---|---|------------------|
| Date In: 177/20-16-06 | | | Date & Time Completed | | ic o't |
| Ref No: NAINC DON'T INTY | SAS e-filing | | 1 | | |
| Veh No: FRM2708L | E-mail (within S) | | <u> </u> | | .1 |
| D.O.A: 16/21-17:55 | i-Motor Claim | S. S. Sandarian St. | M7/1097139-201 | 17/1/12/11 | 5:31 |
| OD TP / Reporting Only | i-Motor W/O | (Within: OD 2hrs | , 7°P 4hrs) | | |
| | i-Photo Uploa | ded | 1 | | 1 |
| TP Insurer: | Assessment/Sur | 100 | <u>i</u> | | |
| | Ass't Report by | Fax / Hand t | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| 1-51 | | | ax: | |
| TP Particulars: Veh No: 08 | 688 64 | . INC (| · | | |
| Owner / Driver: (| | | Tel: |) | |
| | eriod: (|) | Cover Type: (|) | |
| Confirmed by : (Insured/Driver Liability: (%) | Distriction Control | Date: | Time: |) | |
| Year of Registration: () | *** | | %; P: 21-79%. P: 80-1 | 00%] | |
| The state of the s | Warranty: YES (000 () / \$2,000 (|)/NO(|) | | |
| of the National of time of Mary To Millional manner and an annual residence | |) | november between | 988 - 175 - 175 | |
| TANAMATAN A SEPTEMBER SEPTEMBER 149 A SEPTEMBER 141 ACT SEPTEMBER 150 A SEPTEM | | | Lead Control of the Automotive Control | x5,48% _5; t. + 1 | |
| () Walk-In Customer : Customer's info | THE RESERVE AND ADDRESS OF THE PARTY OF THE | dential & Str | city NO Taler of Tepatier. | | |
| () Total Loss Case : to e-mail Insur | | | | | |
| Drive-In ()/ Towed-In (); Invoic | e: YES() / NO | (); To | wing Co: (| |) |
| Remarks: (INC hotline: 6788 6616) | | | in a management of the latest | Done | SEE. |
| ************************************** | | 80080000000000000000000000000000000000 | illuateaz i imis completado f | N. S | SOV |
| | Courtesy Car () | | Date&Time Completed | DONG | py |
| Apply for Transport Allowance ()/(| Courtesy Car () | | Date@1imes.omplerad | | py |
| Apply for Transport Allowance ()/(QC Check / Post Repair Inspection | () | | Dates: amo Completed | Done | , by |
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| 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: | () 3000] () 10 11 20 30 40 50 | AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr | eporting (\$30); seessment (\$100); INC (\$88 S40) ough Survey 5 ough Survey (Resurvey) | Anit (\$) fit Bill) \$45 120 \$30 | · Amt (1) |
| 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury: Date/Time Actions Name > 2 | () 3000] () 1 1 1 2) 3) 4) 5) | AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming age TR: Re-inspecti | porting (\$30); seessment (\$100); INC (\$80) Survey Sough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on | Anit (\$) 15t Bill 545 120 530 | · Amt (1) |
| 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury: Date/Time Actions Name > 2. Injury: Injury: Date/Time Actions | () 3000] () 1 1 1 2) 3) 4) 5) 6) 7) | AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming age | aration Checklist eporting (\$30); ssessment (\$100); INC (\$8: \$40. bugh Survey bugh Survey (Resurvey) instUNC Only (wef 10 Jan 2005) on SMRT Survey \$ | Anit (\$) 15t Bill 545 120 530 | |
| 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions NAMACON Immant's Particulars: Inver/Owner: Intact No: Imaged Portion: | () 3000] () 1 1 1 2) 3) 4) 5) 6) 7) | AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti N1: Idae DA + NTUC Addition OD* | aration Checklist eporting (\$30); ssessment (\$100); INC (\$80) Supply Survey (\$100) Supply (\$1 | Ant: (\$) fst Bill) 545 120 530 575 | · Amt (3) |
| 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury: Date/Time Actions Name > 2. Injury: Injury: Date/Time Actions | () 3000] () 10 11) 22) 3) 4) 5) 6) 7) | AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti N1: Idae DA + NTUC Addition OD* | pration Checklist. eporting (\$30); ssessment (\$100); INC (\$88 | Anit (\$) fat Bill) \$45 120 \$30 \$75 160 \$51 | · Amt(3) |
| 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions NAMe > > > > > > > > > > > > > > > > > > > | () 3000] () In In In In In In In In In I | AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming age TR: Re-inspecti N1: Idae DA +: NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair | pration Checklist. eporting (\$30); ssessment (\$100); INC (\$88 - \$40, \$40, \$40, \$40, \$40, \$40, \$40, \$40, | Ant: (\$) Ist Bill (\$) \$45 120 \$30 \$75 160 \$55 \$510 \$525 | Amt (3) |
| 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Name Particulars: inver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | () 3000] () 1 1 1 2) 3) 4) 5) 6) 7) | AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti N1: Idae DA + i NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / College | pration Checklist. eporting (\$30); ssessment (\$100); INC (\$80); supply Survey (\$20); sinst INC Only (wef 10 Jan 2005) on SMRT Survey (\$20); start Tpl Allowance ordination Inspection at Excess Coordination | Anit (\$) fat Bill) \$45 120 \$30 \$75 160 \$51 | · Amt(3) |
| 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury: Date/Time Actions Name > 2 | () 3000] () 10 11) 22) 3) 4) 5) 6) 7) | AR: Accident R DA: Damage A TF: Towing Fee FT: Follow-Thr FT: Follow-Thr For claiming aga TR: Re-inspecti N1: Idae DA + i NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / College | aration Checklist eporting (\$30); seessment (\$100); INC (\$80) ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on MRT Survey S SMRT Survey S or / Tpt Allowance ordination Inspection of Excess Coordination in INC) against INC | Anit (\$) fix Bill) \$45 120 \$30 \$75 160 \$25 \$51 \$22 \$30 \$30 | · Amt(3) |

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.

| aforesaid. | |
|--|--|
| San San San San San San | ACCIDENT STATEMENT |
| Date Of Report | 17/07/2020 16:06 |
| Date Of Accident | 16/07/2020 17:55 |
| Exact Location Of Accident | ALONG CTE |
| Country/State of Loss | SINGAPORE |
| C | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBM2708L |
| Insured/Policyholder | |
| Name Of Registered Owner | YEE CHIN SEIN |
| NRIC No | SXXXX322A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96379637 |
| Alternative Phone No | OFFICE-96379637 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | XABRE TFX150 |
| 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 | REPORTING ONLY |
| Vehicle Category | MOTORCYCLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5103698214-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | YEE CHIN SEIN |
| VIDIO VI | CVVVVAAAA |

 Name of Driver
 YEE CHIN SEIN

 NRIC No
 SXXXX322A

 Date Of Birth
 25/12/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 30/10/2012

Driving Experience 7 YEARS AND 8 MONTHS

Gender MALI

Mobile Number (LOCAL) +65-96379637

Fax Number

Contact Number OFFICE-96379637

EMail Address NOEMAIL

Address BLK 434 ANG MO KIO AVENUE 10

#03-1421

Postcode 560434

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

NO 1

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 CB6886A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver TAY CHIN KIAN NRIC/Passport Number SXXXX915F

Contact Number

90259489

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FU7773A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

MOTORCYCLE

CHAN KUM HENG

SXXXX264H

85228575

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

YEE CHIN SEIN Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

ARM & LEG

FBM2708L

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | 1 was tr | avelling alon | g CTE at | the third | lane. I would |
|------------|------------|-------------------------------|------------|-------------|-----------------|
| like to | shift onto | second lan | e with my | right signa | I on. Out of |
| sudden, | | B infront o lided onto the | | | was not able to |
| stop in | | | 1077 | | rike which was |
| travelling | straight | on the seco | and lane 1 | nit onto mu | j bike. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

| | ACCIDENT DETAILS | |
|----------------------------|------------------|------------|
| Date of accident | 16/07/2020 | (DD/MM/YY) |
| Time of accident | 1755 | (HH:MM) |
| Exact location of accident | Along CTE. | |

| | D | ETAILS OF | VEHICLE |
|--|---------------------|------------------|---|
| Vehicle registration number | FBM 2708 | L | |
| Vehicle make and model | | | |
| Type of vehicle | Saloon Lorry | MPV 🗆 Bus 🗆 | CRV U Van U Others: |
| Vehicle category | Private 🗆 | Comme | ercial Motorcycle |
| Purpose of using at said time | | | 3, 300 |
| Are you claiming under your own insurance company? | Yes Third part cl | No ₪ aim □ | if no, please select: Reporting only |

| INSURANCE INFORMATION | | | |
|-----------------------|---------------|------------------------------------|---------|
| Insurance company | NTUC | | |
| Policy number | | | |
| Type of policy | Comprehensive | Third party fire & theft \square | TP only |

| | INSURED / POLICY HOLDER | |
|------------------------------|--|---------|
| Name | Yee chin Sein Male & F | emale 🗆 |
| NRIC / Fin / Passport number | S8858 322 A | |
| Contact | 9637 9637 | |
| Address | BIL 434 Ang Mo Kro Avenue 10 #03-1421 S (560 434) | |

| DRIVER | SAME AS INSURED ABOVE (SKIP TO D.O.B) |
|------------------------------|---------------------------------------|
| Name | Male Female |
| NRIC / Fin / Passport number | |
| Contact | |
| Address | |
| Email address | |
| Date of birth | 25/12/1988 |
| Occupation | Indoor D Outdoor D |
| Driving date pass | 30/10/2012 |

| | - | | OF THE ACCIDENT | 理的是那种主义。这是是是的国际。 |
|--|-----------------------|--|--------------------------|--|
| Was driver an employee of | Yes 🗆 | No Ø | | 01.102 |
| the insured's company? | | | driver and insured: | owner |
| Accident captured by camera? | 10000 | No o | | |
| Weather condition | Clear | Raining | Others: | |
| Road surface | Dry 🗷 | Wet □ | | |
| No of passenger | 01 | | | (Inclusive of driver) |
| | | | | |
| 作。并在1990年1995年1995年1995年 | | PASSENGE | R1 | 医分类的过去式和过去分词 |
| Name | | | | |
| Gender | Male 🗆 | Female | | |
| | | | | |
| 自己的意思的意思 | | PASSENGI | R 2 | |
| Name | | | | |
| Gender | Male 🗆 | Female | | |
| Lancouring | | The second secon | | |
| APR 24 (1921) A C 4 (2011) E 26 (2011) | MUT OF | PASSENGI | R3 | 300 -16世紀以前後2000年 |
| Name | | 1100-110 | | |
| Gender | Male 🗆 | Female | | |
| dender | Widic 🗅 | Tellidic | | |
| | | PASSENGI | D.A. | NAME OF STREET |
| Name | STATE OF THE STATE OF | PASSENG | K 4 | 在西班牙斯斯斯斯 斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯 |
| Gender | Male 🗆 | Female | | |
| Gender | iviale 🗆 | remale [] | | |
| | | | The second second second | |
| THE REPORT OF THE PROPERTY. | | PASSENG | R 5 | |
| Name | | | | |
| Gender | Male 🗆 | Female | | |
| | | | | |
| | | PASSENGI | R 6 | KENNEL VALUE OF THE STATE OF THE |
| Name / | | | | |
| Gender | Male 🗆 | Female | | |
| | | | | |
| 是一种的人类的 | | OTHER INFOR | MATION | 1000年 |
| Was anybody injured? | Yes | No 🗆 | | |
| Was other vehicle damaged? | Yes | No 🗆 | | |
| | 2011112 | | | |
| 发展的发展的 | DETAILS | OF POLICE ST | ATION ACTION | 23.20 图形设备的财政区的对象 |
| Reported to police? | Yes 🗆 | No If y | es, please state whic | h police station. |
| Police station name | | (49) | | |
| | | | | |
| | | WITNESS | 51 | 在一个人的工作, |
| Name | | The state of the s | | |
| | | | | |
| | | WITNESS | , | |
| Name | | Milites | | |
| Hame | | | | |

| THIRD PARTY VEHICLE 1 | | |
|------------------------------|---------------|--|
| Vehicle registration number | CB 6886 A | |
| Vehicle make model | | |
| Name | Tay Chin Kian | |
| NRIC / Fin / Passport number | S1313915 F | |
| Contact | 9025 948 9 | |

| 军表示的 | THIRD PARTY VEHICLE 2 |
|------------------------------|-----------------------|
| Vehicle registration number | FU 7773 A |
| Vehicle make model | Motorcy de. |
| Name | Chan Kum Heng |
| NRIC / Fin / Passport number | S 6 9 3 6 2 6 4 H |
| Contact | 8522 8575 |

| | THIRD PARTY VEHICLE 3 |
|------------------------------|-----------------------|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| | THIRD PARTY VEHICLE 4 | | | | | |
|------------------------------|-----------------------|--|--|--|--|--|
| Vehicle registration number | | | | | | |
| Vehicle make model | | | | | | |
| Name | | | | | | |
| NRIC / Fin / Passport number | | | | | | |
| Contact | | | | | | |

| | THIRD PARTY VEHICLE 5 |
|------------------------------|-----------------------|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| A STATE OF THE STATE OF THE STATE OF | THIRD PARTY VEHICLE 6 |
|--------------------------------------|-----------------------|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| | THIRD PARTY VEHICLE 7 |
|------------------------------|-----------------------|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| 经验证证据 | INJURED PERSON 1 | |
|---------------------------------|------------------|---------|
| Name | Yee Chin Sein | |
| Injuries sustained | Arm and lea | |
| Which vehicle person in? | FBM 2708 L | |
| Were seat belts worn? | Yes No | |
| Was injured conveyed to | Yes - No A | |
| hospital by ambulance? | | |
| | | |
| 2000年度於日本語傳統的 | INJURED PERSON 2 | |
| Name | / | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes - No - | |
| Was injured conveyed to | Yes - No - | |
| hospital by ambulance? | | |
| The second | | |
| 经验证的证据证据证据 | INJURED PERSON 3 | |
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes No | |
| Was injured conveyed to | Yes D No D | |
| hospital by ambulance? | | |
| | | |
| | INJURED PERSON 4 | |
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes 🗆 No 🖆 | |
| Was injured conveyed to | Yes No | |
| hospital by ambulance? | | |
| | | N 100 E |
| | INJURED PERSON 5 | |
| Name | | |
| Injuries sustained | / | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes No D | |
| Was injured conveyed to | Yes No | |
| hospital by ambulance? | | |
| | | See |
| State and his bay and the first | INJURED PERSON 6 | O F |
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes No | |
| Was injured conveyed to | Yes D No D | |
| hospital by ambulance? | | |

| | 7 100000 | THE PERSON NAMED IN | | Party No. | | | THE PARTY | The state of | lClaim | | | |
|------------------------|----------|---------------------|-----------------------|----------------------|----------------------|---------|--------------------|----------------|-------------------|------------------|-------------|--|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | · Change L | anguage | · Change | e Password | · Log Ou | |
| My Desktop | Poli | cy Query | | | | | | | | | 19 | |
| Notice of Loss | Policy N | No. | | | | Date | of Accident | 07/2020 17 | | | | |
| | Vehicle | No.(For Motor) | FBM270 | FBM2708L | | | Certificate Number | | | | | |
| | | | | | 1 | Search | | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date | |
| | 0 | 5103698214- 01 | | YEE CHIN SEIN | S8858322A | GMC | Comprehensive | FBM2708L | FBM2708L | 11/09/2019 | 10/09/2020 | |

| Policy No. | 5103698214-01 | Policyholder Name | YEE CHIN | SEIN | Policyholder NRIC | S8858322A | |
|-----------------------------------|--------------------------|-----------------------------------|----------------|-------------------|----------------------|--------------|------------------------------|
| Certificate No. | | | | | | | |
| Address | BLK 434 ##03-1421 ANG MO | CIO AVENUE 10 | SINGAPOR | E 560434 | | | |
| Product Name | MOTORCYCLE INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 06/09/2019 | Effective Date | 11/09/201 | 9 00:00 | Expiry Date | 10/09/2020 2 | 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 300 | | Windscreen Excess | | |
| Additional Excess | | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | | Youn | g/Inexperience Driver Excess |
| Agent | YAP SIAU CHEIN | Agent Tel. | 81355829 | | GST Flag | Y | |
| Co- Insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| | older Mailing Address | | | | | | |
| Address 1 | BLK 434 ##03-1421 | Addres | ss 2 | ANG MO KIO AVEN | JE 10 | Address 3 | SINGAPORE 560434 |
| Address 4 | | Addres | ss Type | Singapore address | | Post Code | 560434 |
| Jnit No. | #03-1421 | Relate Numbe | d Policy er | 5103698214-01 | | | |
| ▶ Insured | d Object: FBM2708L | | | | | | |
| | ements | | | | | | |
| Endorse | | | | | | | |

| Claim Handling | | | | | | | | | | | |
|--|---|--------|------------------------------------|-----------------------|-------------------------------------|--------------------------|------|----------------------|----------|----------------------|--------------|
| Accident MT/1097139 | | | | | | | | | | | |
| Policy No. | 5103698214-01 | | Vehicle No. | | FBM270 | 8L | | GST Registration N | vo. | | |
| Certificate No. | | | | | | | | | | | |
| Policyholder Name | YEE CHIN SKIN | | | | | | | Policyholder NRIC | | 58858322A | |
| Product Code | MOTORCYOLE INSURANCE | | Cover Type | | Compret | hensive | | Loading | | 0 | |
| Contact No. (Mobile) | 96379637 | | Contact No. (Offici | e) | 0 | | | Contact No.(Home | 1 | 0 | |
| Email Address | 1001100201-0 | | Special Remark | | | | | eCode | | | |
| KFK | @ No ○ Yes | | TCA | | ® No (|) Yes | | eCode Reason | | | |
| NCD Protection | No | | NCD Entitlement(| (96) | 10 | | | Private Hire | | No | |
| Accident Details | 122200000000000000000000000000000000000 | | | | | | | | | | |
| Report Date | 17/07/2020 16:29 | | Accident Report V | | Yes | | | Accident Type | | Cathsian - Head to R | tear |
| Date of Accident | 16/07/2020 | | Time of Accident | bh:mm | 17:55 | | | Country of Acciden | t | Singapore | |
| Reporting Centre | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | | Orange Force | | | | | ICM No. | | | |
| Accident Location Total Excess Applicable | ALONG CTE | | | | | | | | | | |
| Excess Type | | | | | | | | | | | |
| excess type | Per Accident | | Windscreen Exces | 18 | | | | | | | |
| OD Standard Excess | 300.0 | 00 | TP Standard Exce | 55 | | 0.00 | | | | | |
| GED OD Excess | 0.0 | 00 | YIED TP Excess | | | 0.00 | | Oriver is Covered? | | Not Covered | |
| Additional Excess | | | | | | | | | | | |
| Total OD Excess Applicable | 300.0 | 00 | Total TP Excess A | pplicable | | 0.00 | | | | | |
| ▽ Benefits | | | 2811 FOLUMENTS | SECTION SELE | | 1000000 | | | | | |
| □ GST Registered Inform | ation | | | | | | | | | | |
| SST Registered | No | | | | G | ST Registration Date | | | | | |
| ST Registration No. | | | | | G | ST Status Verified | | Yes | | | |
| fodification History | | | | | | | | | | | |
| → Policyholder Mailing Ac | ddress | | | | | | | | | | |
| Address 1 | BLK 434 ##03-1421 | | Address 2 | | | and the second | | BRANCHELLE | | | |
| Address 4 | 000, 404, 8,401, 3451 | | | | | KIO AVENUE 10 | | Address 3 | | SINGAPORE 560434 | |
| Int No. | 403-1421 | | Address Type Related Policy Nun | mhor | Singapore | | | Post Code | | 560434 | |
| OI Driver Info | ********** | | Related Postsy Nur | TIDET | 5103698 | 214-01 | | | | | |
| Driver Name | YEE CHIN SEIN | | Driver Type | | Main Driv | 221 | | | | | |
| Innamed driver Name | Constant Control | | Driver NRIC | | 5885832 | | | Driver DOB | | 25/12/1988 | |
| egister Date of Oniver License | 30/10/2012 | | Driver Age | | 31 | | | Driving Experience | | 7 | |
| ontact No.(Mobile) | 96379637 | | Contact No.(Office | 8: | 0 | | | Contact No (Home) | | 0 | |
| ddress 1 | BLK 434 | | Address 2 | | ANG MO | KIO AVENUE 10 | | Address 3 | | SINGAPORE 550434 | |
| ddress 4 | | | Address Type | | Singapore | address | | Post Code | | 560434 | |
| Init No. | 03-1423 | | | | | | | | | | |
| loes he own a Singapore | ○ Yes ® No | | Driver Vehicle No. | | | | | Driver Insurer Com | awny: | | |
| | | | | | | | | | | | |
| eclaration | | | | | | | | | | | |
| reathalyser or Blood Test leading? | 0 mg | | Any injury? | | ® Yes ○ | No | | | | | |
| | | | | | | | | | | | |
| opification History | | | | | | | | | | | |
| The state of the s | | | | | | | | | | | |
| Claim 001 New | | | | | | | | | | | |
| | | | | | | | | | | | |
| am Type * | 00-MX V | 1 | Insured Name | | YEE CHIN | SEIN | | Insured NRIC | | S8858322A | |
| omact No. (Mobile) | 96379637 | | Contact No.(Home) | 1 | | | | Contact No. (Office) | | 300303224 | _ |
| mail Address | CHENSEINSB@HOTMAIL.COM | | DI Vehide Number | | FBM2708L | | | TP Vehicle Number | | CB6886A | |
| almant Type Claimant Type • | Please Select V | 1 | Type of Benefit . | | Please Se | lect 🔍 | | | | | |
| armant Name * | | 22 | Claimant NRIC + | | | | | | | | |
| eimant Address | | | | | | | | | | | |
| aim Description | FBM2708L / CB6886A ON 16 Ju | 1 2020 | | | | | | Name of Preferred V | Vorkshop | | |
| eferred Workshop Contact 0. | | I | Insured Liability + | | Pully at Pe | sut v | | | | | |
| rquire Finalisation | Yes | I | Preferend Repair C | Option | Preferred | Workshop, Name unknown | V | GIA report | | Received | V |
| ste Registered | 17/07/2020 16:31 | 1 | Claim Close Date | | | | FIAR | Date Received | | 17/07/2020 00:00 | 01 |
| sport Taken By | Jackson |] | | | | | | | | | |
| Print AK letter | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | 9 | Save Su | Dimit. | | | | | |
| Attachment | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| cident No. | MT/1097139 | | Claim 8 | Ma | | 001 | | | | | |
| St. Doc. Received | ® Yea ○ No | | Upload | | | 17/07/2020 16:32 | | | | | |
| | Path * | | uproso | | | | | Conference | - | | |
| | | | 20,100 | Browse | Clear | Category • Please Select | 164 | Confidential | Urgeno | y. Di | escription * |
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| | | | | and a second state of | THE RESIDENCE OF THE PARTY NAMED IN | The later was a second | | | | | |

