	Jeb description	n	Date & Time Completed	Done	pì.
Ref No: MA (INCLOVESSYTY	SAS e-filing	!			
Veh No: F168k		a Shrs, AIC 2hrs)			59
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	I-Motor W/	O (Within: OD 2hr		10	~
OD / TP / Reporting Only	i-Photo Upl		<u> </u>		
		Survey Report			
TP Insurer:			to Owner/Wksp	 	
Preferred Wksp / INC Assign Wksp / QW: (-/ -/ -/	Tel:	Fax:	
TP Particulars: Veh No:54C	Inau	INC (
Owner / Driver: (11701	, 11,01	Tel:	,	107525
	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	- 	
	Note-Fet Status (0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()			1. 21-7570. 1. 30-	10070	
	Warranty: YES ()/NO(<u>)</u>		
Excess: (\$) Loading: \$1	,000 ()/\$2,000)()	A Museum day of the State of th		
General Remarks;-	- I was a second of the second of the	THE RESERVE OF THE PARTY OF THE	Test Control of the Asia	the state of the s	
() Walk-In Customer: Customer's in	formation strictly Co	onfidential & St	rictly NO refer of repairer		
() Total Loss Case : to e-mail Insu	rer URGENTLY.			15	
Drive-In ()/ Towed-In (); Invoi	ce: YES()/	NO();T	owing Co: ()
land a discount of the same of			i	PHARAGATA	X THE
Remarks: (INC hotline: 6788 6616)	A Agust 2000 (BR 2-AC Ather W-78/19/2002)		Date&Time Completed	Done	by
Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		20 70 10 10 10	
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Injury: Pate/Time Actions Pare/Time Actions	3000] (Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fo	eration Checklist. Reporting (\$30); Assessment (\$100); INC (\$	Anit (\$) fit Bill 80) 0/\$45	
Injury: Pate/Time Actions HAPOYOK dimant's Particulars:- iver/Owner:	3000] (Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th	Caration Checklist: Reporting (\$30); Assessment (\$100); INC (\$100); See \$4 Brough Survey Brough Survey (Resurvey)	Amt (\$) 7st Bill 80) 0/\$45 \$120 \$30	
Injury: Pate/Time Actions HAP2YOK Illimant's Particulars:- iver/Owner:	3000] (Invoice Proj 1) AR: Accident 2) DA: Darrage / 3) TF: Towing Fo 4) FT: Follow-Th 5) FT: Follow-Th For claiming as	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$500); INC (\$500	Ant (5) fit Bill 80) 0/\$45 \$120 \$30 5)	
Injury: Pate/Time Actions HAP2YOK Illimant's Particulars:- iver/Owner:	3	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$50 \$40) Frough Survey Frough Survey (Resurvey) Froight Survey (Resurvey) Froight Survey (Resurvey) Froight Survey (Resurvey)	Amt (\$) 7st Bill 80) 0/\$45 \$120 \$30	
Injury: Pate/Time Actions HAP2YOK Illimant's Particulars:- iver/Owner:	3000] (Invoice Prej 1) AR: Accident 2) DA: Darrage 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$500 \$400 \$400 \$400 \$400 \$400 \$400 \$400	Ant (5) fit Bill 80) 0/545 \$120 \$30 5) \$75	
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	3	Invoice Prep 1) AR: Accident 2) DA: Darrage / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$50); Se \$40 Brough Survey Brough Survey (Resurvey) Bright INC Only (wef 10 Jan 200) Bright INC Only (wef	Ant (5) fit Bill 80) 0/545 \$120 \$30 5) \$75	
Injury: Date/Time Actions Actions dimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	3	Invoice Prep 1) AR: Accident 2) DA: Darrage / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OI)* *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$50); Se \$40 Brough Survey Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey Brough Bro	\$00 0/\$45 \$120 \$30 \$51 \$160 \$51 \$51 \$510 \$25	
Injury: Date/Time Actions HA72010K stimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	3	Invoice Proj. 1) AR: Accident 2) DA: Darrage / 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$50 \$40) Frough Survey (Resurvey) Frough Survey	Ant (5) (ii Bill 80) 0/545 \$120 \$30 \$75 \$75 \$160	Ant (3 'Add B
Injury: Date/Time Actions Actions dimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	3	Invoice Proj. 1) AR: Accident 2) DA: Darrage / 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$50); See \$40; Brough Survey Brough Survey (Resurvey) Bright INC Only (wef 10 Jan 200) Bright INC Only (wef 10 Jan 200) Bright Incomplete (See 1 Incomplete In	\$30 \$120 \$30 \$51 \$160 \$51 \$525 \$55 \$20 \$30	

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.

William Market and the same at the same and	ACCIDENT STATEMENT
Date Of Report	05/08/2020 10:08
Date Of Accident	04/08/2020 14:35
Exact Location Of Accident	LOR CHUAN
Country/State of Loss	SINGAPORE
Market State of the State of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ618K
Insured/Policyholder	
Name Of Registered Owner	PAN YONG CHENG
NRIC No	SXXXX158H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96891314
Alternative Phone No	OFFICE-96891314
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM 200M
Exact Purpose for which vehicle was being used a time of accident	t 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	5112227689
Cover Note Number	
Driver	
Name of Driver	PAN YONG CHENG
NRIC No	SXXXX158H
Date Of Birth	13/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96891314
Fax Number	
Contact Number	OFFICE-96891314
EMail Address	NOEMAIL

Address	BLK 959 HOUGANG STREET 91 #08-286
Postcode	530959
Was driver an employee of the Insured's Company	~270024
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	
modifice company of briver's Own Verlicle	
	1.0
General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions Road Surface	CLEAR
Other Information	DRY
white-code-arms place those to that the little area is the little and the little area.	
Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes,against whom?	
Circumstances of Accident	
REFER TO POLICE REPORT - T/20200804/2088.	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
A MATERIAL CONTROL OF THE PROPERTY AND A STATE OF THE PROP	OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	SHC1172U
Vehicle Make/Model/Colour	
Details Of Properties	TAVI
Vehicle Category Name of Driver	TAXI
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name PAN YONG CHENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

FZ618K

NO

SKETCH PLAN

IMPORTANT NOTICE

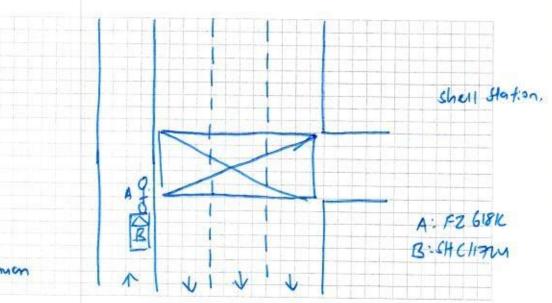
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Letter to pol	(१ त्वान नाक्ष	0804 P88.		
			2	
Æ			El-	

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 Personner's Signature Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

	IDENT DATE:		Chyon Chyon	YYYY), TIME:(14 : 35)(HH:N
- 100	ATION:	71119	Cololod	
1	. DETAILS OF			4
	a) VEHICLE	NUMBER:	FZ618K	
	b)INSURAN	CE COMPANY:	NTOC	
	C)POLICY N	IUMBER:		
	d)POLICY T	YPE: (COMPRE	HENSIVE / THIRD	PARTY / THÍRD PARTY FIRE &THE
	e)MAKE & N			
	f)TYPE:(SALO	DON / COUPE	MPV/VAN/LO	ORRY / MOTORCYCLE / OTHERS)
				ERCIAL / MOTORCYCLE)
			CCIDENT TIME:_	
				INSURANCE (YES/NO)
				/ REPORTING ONLY)
2.	INSURED / P	PLICY HOLDER		V
	A)NAME:	an ipna	China	(MADE / FEMALE)
	b)NRIC/FIN/	PASSPORT:		CONTACT: 968913
	c) ADDRESS:			
8 8 8	-			40 40 17 12
Λ	* CONTINUE	TO 3.d IF DRIV	ER ALSO POLICY	/ HOLDER
He of personger	DRIVER	60		
Including driver)	a)NAME:			(MALE / FEMALE)
0 5	- Office / Filly	PASSPORT:		CONTACT:
	c) ADDRESS:			
70	*d)DATE OF	BIRTH: (/_ ION: (INDOOR	/	DD/MM/YYYY)
		RIVING EXPRE		(4)
4.				URED'S COMPANY? (YES / NO
	IF NO, RELA	TIONSHIP OF	THE DRIVER V	WITH INSURED: WALL
5.			LAR / RAINING	
			/ET / OTHERS_	
6.		DY INJURED (Y		
		TO POLICE (YE		
	IF YES, PLEA	SE STATE WHIC	H POLICE STATI	ON:
. 8.	THIRD PARTY			
e of passenger	a) VEHICLE	NUMBER: SH	Cligry	MODEL:
idualing driver)	b) DRIVER'S	NAME:		
(B)	c) NRIC/FIN	/PASSPORT:		CONTACT:
9.	THIRD PARTY			
o of passunger	d) VEHICLE	7.1.		MODEL:
iduding driver	e) DRIVER'S			***
in marriag aniver	f) NRIC/FIN	/PASSPORT:		CONTACT:
		m 50		
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16				i .
	36			0
0)		Oma il	= you a che	eng pan 2004@ hotmail-cu
		81.12	Maine San	J.
10	200	Pax :	N 19	**
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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/20200804/2088

REPORT OF	A	TRAFFIC	ACCIDENT
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	me Report I 020 18:57	Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
Name o PAN YC	f Informant: NG CHEN		Address: APT BLK 959 HOUGANG S 530959	STREET 91 #08-286 SINGAPORE			
	/ ID No.: O / S95381	58H	Contact No.: Home/Office: 96751506	Mobile: 96891314			
National	ity: ORE CITIZ	EN	Email:	Mobile. 90031314			
Sex: Male	Age: 24	Date of Birth: 13/10/1995	Type of Informant: Rider				
Race: Chinese			Language: English	Institution / School Name:			
Occupat FOOD D	ion: ELIVERY		Driving Licence Information: Class: 2B	Date of Expiry			

General Infor	mation of the Acc	ident	4,45		
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 04/08/2020 14:35	Type of Location: Straight Road
Location: Along Road 1 LORONG CH		arden			
Weather: Clear	rtowards Ondair C	Road S Dry	urface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic (Traffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head	d To Rear			Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ618K	Motorcycle	HONDA	PHANTOM 200M	Silver	Seriously Damaged	The state of the s
SHC1172U	Car				Slightly Damaged	0

Details of V	ehicle Insurance	Company of the second		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ618K	NTUC Income Insurance Co-Operative Limited	5112227689	27/08/2019	05/10/2020





2 of 3

Report No. T/20200804/2088

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	Cross	sing: NA
Rider						
Name	PAN YONG CHEN	G	Ballin 1999	ID No		S9538158H
Related Vehicle	FZ618K (Motorcycle	e)		Conta	ict No.	96751506
Hospital/Clinic	HALLEY MEDICAL CLINIC			Class Drivin Licen Expire	g	Class: 2B Date of Expiry: NIL
Date Treatment	04/08/2020		Date Disc	harge	04/08	3/2020
No. of Days gran	ted Medical Leave	07	Degree of	Injury	Sligh	t
Driver						
Name	Ng Chwee Seng			ID No	ě	NIL
Related Vehicle	SHC1172U (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 04/08/2020 at about 1435hrs, i was travelling along Lorong Chuan towards Chuan garden. There is only one lane for my direction.

I waited opposite shell station as i wanted to turn into shell station. Out of a sudden, i flew out from my motorcycle. I realized that i was hit by a taxi (SHC1172U) from the rear. He helped me out and we exchanged particulars. I did not call for the ambulance as i feel that my injuries are minor. He sent me home after that and contacted my towing company to tow away my bike.

I washed up abit at home and went to the clinic. I was given 7 days of MC. I do not have any CCTV on my motorcycle.





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

Report No. T/20200804/2088

3 of 3

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 LOW CAI XING	felter
Signature Of Interpreter:	Data Time
Not applicable	Date/Time: 04/08/2020 18:57
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
Sr Staff Sgt ONG YONG HOCK	
Contact No.: 65476436	2
Authentication Stamp	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA120065940 _____Vehicle Registration No: FZ618K Name(as shownin NRIC) : PAN YONG CHENG NRIC/FIN/Passport No : SXXXX158H (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: 96891314 Email Address 04/08/2020 Date of Accident _Time of Accident: 14:35 . LOR CHUAN Place of Accident Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Add in injuries Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .:

Date:

eBao Tech		1990	115000				Postsyll.		Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601					Change	Langua	ge • Cha	nge Password	· Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date of Accident Certificate Number			04/08/2020 14:35		
	Vehicle No. (For Motor)	FZ618K								
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyhalder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5112227689		PAN YONG CHENG	S9538158H	GMC	Third Party	FZ618K	FZ618K	27/08/2019	05/10/2020
				C	Continue					

Policy No.	5112227689	Policyholder	DAN VON	CCHENC	Policyholder		
Certificate	5112227689	Name	PAN YON	PAN YONG CHENG		S9538158H	
No. Address	BLK 959 #08-286 HOUGANG ST	REET OF CINC	ADODE ES	noso			
roduct			APURE 53	פכבט	Group		
Name Policy	MOTORCYCLE INSURANCE 27/08/2019	Plan Effective	Policy Flag N		22.52		
ssue Date Excess	Per Accident	All Claims	27/08/20	19 00:00	Expiry Date	05/10/2020	23:59
Type		Own					
Third Party excess	0	damage Excess	0		Windscreen Excess		
Additional Excess Outside Singapore OD Excess		OS Premium Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
gent	TELESALES-DIRECT MARKETING				GST Flag	Y	
Co- nsurance lag Open Policy Info Certificate nfo	No						
	older Mailing Address						
ddress 1	BLK 959 #08-286	Addres	s 2	HOUGANG STREET	91	Address 3	SINGAPORE 530959
ddress 4		Addres	s Type	Singapore address		Post Code	530959
Init No.		Related Numbe		5112227689			
Insured	Object: FZ618K						
▽ Endorse	ements						
06/01/2020 00:00		Basic In Endorse	nformation Entry Rejected ement Entry Rejected				opportunity to serve you. We confirm that from 06 Jan 2020, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$80.83 (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 becash, credit card or NETS.
	05/02/2020 00:00	Basic In Endorse	formation ment	Entry Re	jected		Thank you for giving us the opportunity to serve you. We confirm that from 05 Feb 2020, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$70.46 (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 by

Claim Handling Accident HT/1098971						
Pošcy No.	5112227689	Vehicle No.	FZ618K	GST Registration No.		
Certificate No.						
Policyholder Name	PAN YONG CHENG			Policyholder NR3C	\$9536158H	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0	
Contact No.(Mobile)	96891314	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode		
KITK	® No ○ Yes	TCA	® No C Yes		1 4	
NCD Protection	No	NCD Entitlement(%)	1 State of the sta	eCode Reason		
P Accident Details		were transment(18)	0	Private Hire	No	
Report Date	05/08/2020 10:19	Accident Report Within 24 hrs	10			
Date of Accident	04/08/2020			Accident Type	Collision - Head to Rear	
Reporting Centre	04006/2020	Time of Accident Nr:mm	14:35	Country of Accident	Singapore	
400ident Location	LOR CHUAN	Orange Force		ICM No.		
Total Excess Applicable						
xcess Type	Per Accident	Windscreen Excess				
O Standard Excess		122121001100000000				
IED DD Excess	0.00	TP Startpland Excess	0.00			
	0.00	VIED TP Excess	0.00	Onver is Covered?	Not Covered	
diditional Excess						
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
♥ Benefits						
GST Registered Inform						
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
adfication History						
To Destroy to	*******					
Policyholder Mailing Ad						
ddress I	BLK 959 #08-286	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE \$30959	
ddress 4		Address Type	Singapore address	Post Code	530959	
nt No.		Related Policy Number	511,2227689			
DI Driver Info						
iver Name	PAN YONG CHENG	Driver Type	Main Driver			
named driver Name		Driver NRIC	59528158H	Driver DOB	13/10/1995	
gister Date of Driver License	23/08/2019	Driver Age	24	Driving Experience	0	
ontact No.(Mobile)	96891314	Contact No. (Office)	0	Contact No. (Home)	0	
idress 1	BLK 959	Address 2	HOUGANG STREET 91			
idress 4		Address Type		Address 3	SINGAPORE \$30959	
it No.	08-286	Contract of FAST	Singapore address	Post Code	530959	
ses he own a Singapore						
egistered car?	○ Yest ® No	Driver Vehicle No.		Driver Insurer Company		
deration						
tathalyser or Blood Test						
ading?	0 mg	Any injury?	® Yes ○ No.			
diffication History						
20 70 100 16						
Claim 001 New						
im Type *	ор-мх		L			
		Insured Name	PAN YONG CHENG	Insured NRIC	\$9\$38156H	
ttact No. (Mobile)	96751506	Contact No. (Home)		Contact No.(Office)	MDL	
ell Address	YONGCHENGPAN2004@HOTMAS		FZ618K	TP Vehicle Number	SHC1172U	
	Please Select		Please Select		1111/30000-2	
mant Name. *	a.a.	Claimant MRIC +				
mark Address						
m Description	PZ618K / SHC1172U ON 4 Aug 2020			Name of Preferred Workshop		
Nerred Workshop Contact		Indured Liability *	Not at Fault			
suire Finalisation	Yes 🔍		Preferred Workshop, Name unknown	GIA report	Baterina	
	05/08/2020 10:25	Claim Close Date	A STATE OF THE STA		Received C	
	Jackson			Date Received	05/08/2020 00:00	
Print AK letter						
		19	lave Submit			
ttachment		2	and and and			
dent No.	MT/1098971	Claim No.	200			
			001			
Doc. Received	● Yes ○ No	Upload Date	05/08/2020 10:27			
	Path •		Category *	Confidential Urgen	cy * Description	
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Attachmen								 Send Messag
Attachment	. Ua	lidaded By/Date	Category	9	Urgency		Description	Hsg Sent?
C 43	NAC_PAYA_UB1_800601() CES) or	IATIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:27	NRIC/ Driving License	٧	Normal	NRIC/ Dri	ving License 2020-8-5	(co)
F (3)	NAC_PAYA_UB1_800601(PCES) or	MATIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:27	SAS		Normal		SAS-2020-8-5	
	NAC_PAYA_UB1_800601(N CES) on	ATJONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:27	Photos		Normal	Photos 2020-8-5		
2	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:27	Photos		Normal	Photos 2020-8-5		
	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVE 05 Aug 2020 10:27	Photos		Normal	Photos 2020-8-5		
A.	NAC_PAYA_UBI_B00601[N CES) un	ATIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10.26	Photos		Normal	Ph	Photos 2020-8-5	
1	NAC_PAYA_UB1_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:26	Photos		Normal	Photos 2020-8-5		
	NAC_PAYA_UB]_800601(N CES) on	ATJONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:26	Photos		Normal	Photos 2020-8-5		
-	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:26	Photos		Normal	Photos 2020-8-5		
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3	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:26	Photos		Normal	Photos 2020-8-5		
O.	NAC_PAYA_UBI_800601[Nu CES) on	TIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:26	Photos		Normal	Phones 2020-8-5		
0	NAC_PAYA_UB1_BD0601(N CES) on	TIONAL ASSESSMENT CENTRE SERVI 05 Aug 2020 10:26	Photos		Normal	Photos 2020-8-5		
No.	NAC_PAYA_UBI_800801(NAC_PAYA_UBI_800801) on I	TJONAL ASSESSMENT CENTRE SERVI 25 Aug 2020 10126	Photos		Normal	Photos 2020-8-5		
納	NAC_PAYA_UBI_800601[NAC_PAYA_UBI_800601] NAC_PAYA_UBI_800601] NAC_PAYA_UBI_800601[NAC_PAYA_UBI_800601] NAC_PAYA_UBI_800601] NAC_PAYA_UBI_800601[NAC_PAYA_UBI_800601] NAC_PAYA_UBI_800601[NAC_PAYA_UBI_800601] NAC_PAYA_UBI_800601[NAC_PAYA_UBI_800601] NAC_PAYA_UBI_800601] NAC_PAYA_UBI_800601[NAC_PAYA_UBI_800601] NAC_PAYA_	TTONAL ASSESSMENT CENTRE SERVI 5 Aug 2020 10:26	Photos		Normal	Photos 2020-8-5		
	NAC_PAYA_UB1_800601(NA CES) on (TIONAL ASSESSMENT CENTRE SERVI 5 Aug 2020 10:26	Photos		Normal	Photos 2020-8-5		
	NAC_PAYA_UBL_B00601(NA CES) on (TIONAL ASSESSMENT CENTRE SERVI 5 Aug 2020 10:26	Photos		Normal	Pho	tos 2020-8-5	
ldeo List	Uploaded By/Date	Foider Date	Pile	Name		P	Source	Act