OD : TP ! Reporting Only i-Motor W/O (Within: OD 2hrs, TP 4		Don	
Veli No: FDN 6483C E-mail (within Shrs, AIC 2hrs) D.O.A: (4172-17/40 i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4			
OD : TP ! Reporting Only i-Motor W/O (Within: OD 2hrs, TP 4	i		
OD : TP ! Reporting Only i-Motor W/O (Within: OD 2hrs, TP 4	1110170-001	aled	V-2010
OD: 19 Reporting Only		13/8/20	12190
Dhata Halandad	nis)		
i-Photo Uploaded			
TP Insurer: Assessment/Survey Report	1370		
Ass't Report by Fax / Hand to Ow		Market Inc.	MIN 2017
Preferred Wksp / INC Assign Wksp / QW: (Te		x ;	
	Non-INC()		
Owner / Driver: (
	er Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%;	P: 21-79%. P: 80-10	0%]	
Year of Registration: () Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000 ()			
General Remarks:-	MENNS A RECE		
() Walk-In Customer: Customer's information strictly Confidential & Strictly I		807 St. 1.	
	NO refer of repairer.		
() Total Loss Case : to e-mail Insurer URGENTLY.		,	
Drive-In ()/ Towed-In (); Invoice: YES () / NO (); Towing	Co: ()
Remarks: (INC hotline: 6788 6616) Date	&Time Completed	Done	hv
Apply for Transport Allowance () / Courtesy Car ()	- 3	3114	-,,
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	37		
Injury:			191.5
		VII. 18-18-18-18-18-18-18-18-18-18-18-18-18-1	
Onte/Time Actions	e de la companya de l	SPECIALIE	
		43.77	Ami /
A 230477. Invoice Preparati	on Checklist	Anit (S)	
Anovivi Inveice Preparati	6867 E 574 E 57, 65 1160	Ant (S)	
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Invoice Preparati itimant's Particulars:- 1) AR: Accident Reporting 2) DA: Damege Assessm ver/Owner:- 3) TF: Towing Fee	ent (\$100); INC (\$80) \$40/\$4	Tat Bill	
Invoice Preparati umant's Particulars:- 1) AR: Accident Reports 2) DA: Damege Assessm ver/Owner: 3) TF: Towing Fee 4) FT: Follow-Through S 5) FT: Follow-Through S	og (\$30); ent (\$100); INC (\$80) 	fat Bill 5	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	17/08/2020 15:30
Date Of Accident	16/08/2020 12:00
Exact Location Of Accident	BALESTIER RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN6483C
Insured/Policyholder	
Name Of Registered Owner	LAU KAH LOON
NRIC No	SXXXX270C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97917061
Alternative Phone No	OFFICE-97917061
Vehicle Particulars	
Manufacturer	HONDA
Model	WW150 (PCX150)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5105524253-01
Cover Note Number	
Driver	
Name of Driver	LAU KAH LOON
NRIC No	SXXXX270C
Date Of Birth	11/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97917061
Fax Number	
Contact Number	OFFICE-97917061
CM-0 Addisons	NOTMALL

NOEMAIL

BLK 456 ANG MO KIO AVENUE 10 Address #03-1552 Postcode 560456 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) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION) ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900 NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - E/20200816/7025. Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

	DETAILS OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	SKD9999H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVE TAN HANWEI
NRIC/Passport Number	SXXXX788D
Contact Number	
Address	
Postcode	
Insurance Company Name	

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LAU KAH LOON

BODY

FBN6483C

NO

SKETCH PLAN

.WIPORTANT 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 truthful 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.
- 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)

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 personal information of the "Personal Information") and disclose and transfer such 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)

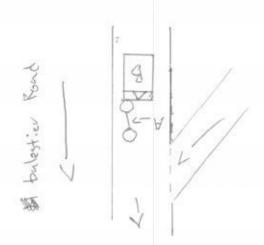
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

Veh A: FBN 6483C Veh B: SKD 9999 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	5/1	
10	Police report	E/20200818/7025
		107 (0%)
		9
		/
		/
	/	
/		
-		
RATION		

/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.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 6 / 08 / 2620 (dd/mm/yy)	Time of Accident: 12 : 60 (24-HR-FORMAT)
Vehicle No. : FBN 6483 C Vehicle Mi	ake & Model: Honda PCX 150
Exact location of Accident Balestie	Road
Policyholder's Name / IC No. : Law Kah	loon (58486270C)
Driver's Name / IC No. :	*
Driver's Contact No. : 9791 706 \	Company Contact No:
Driver's Address: BIK 456 Ang Mo	tio Ave 10 403-1552
Insurance Company: NTV C	Email address (if any): Allen lan 1984 6 gmail-con
Relationship between Owner & Driver: Owner) Spouse / Children / Friend / Paren	or Others specify:
What do you wish to claim? (Please TICK on	e only)
Own Insurance / Other Vehicle (The one y	ou want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name : Passenger Name :	Gender : Gender :
Weather condition & Road conditions? (On the da	y of accident)
Clear & Dry / Raining & Wet / After	-Rain & Wet / Drizzling & Wet / Others
Was there any video captured by your Car Camer	a? Yes / No
Any Injuries: Yes / No (If YES) Injured	Person Name: _ Rider lan Kah loon
Injuries Sustain:	Injured Person in Which Vehicle: FBN 6483C
Police Report filed: Yes / No (If YES)	Which Police Station: On line Traffic report
	her Party(s) Details:
1. Driver's Name / IC No. Dave Tan Honny	i \$8000 788 D Vehicle No: SKD 9999 H
Driver's Contact No:	_Insurance Company (If any):
2. Driver's Name / IC No:	
Driver's Contact No:	Insurance Company (15
*Independent Witness (If Any): Preferred Workshop Name:	Contact No:
****	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



1 of 2

Report No. E/20200816/7025

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Date/Time Report Made	Vide Re	port No.		Station Diary No.	
16/08/2020 19:42					
Name Of Informant	Address	Address			
LAU KAH LOON	456 AN0 560456	456 ANG MO KIO AVENUE 10 #03- 560456			
ID Type / ID No.		Contact No.			
NRIC NO / S8486270C	Home/C	Office:	Mobile:		
			97917061		
Nationality	Email A	ddress			
MALAYSIAN	allenlau	1984@gma	il.com	-y	
Occupation	Sex	Age	Date of Birth	Race	
Technician	Male	35	11/10/1984	Chinese	
Institution/School Name	Languaç English	Language English			
Date/Time Of Incident	Location Of Incident				
16/08/2020 12:00	BALESTIER ROAD				
Brief details.					

Brief details.

On the above mentioned date and time, I was riding my bike FBN 6483C along Thomson Road. I made a right turn onto Balestier road.

Due to traffic conditions, I slowed down my bike and came to a complete stop just before the slip road of Thomson Road Towards Balestier Road.

Suddenly, I felt a huge impact from my vehicle's rear causing my vehicle to surge forwards. I immediately

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2020 19:42
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





200816/7025 2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200816/7025

jammed on the brakes to prevent my bike from hitting the vehicle in front.

I alighted from my bike to realise that SKD9999H's front right portion had collided into my vehicle's rear. After exchanging particulars, I left the scene to run my errands.

However, hours later, I started feeling soreness on my neck, upper back and left hamstring area. As such, I went to the nearest clinic from my place for a check up and was given medication and 3 days MC by Internedical 24-Hr Clinic.

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: 16/08/2020 19:42
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the

insured named in the schedule to this Policy). The statements, information and declaration provided by you at the time of proposal shall form the basis of this contrast. We INCOME will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium The provision of this insurance is subject to:

- any Endorsement specified as operation in the Schadule
- 2. the Conditions and General Eschusions of this Policy, and
- 3. the payment of the pramium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document GST Reg No. M90372806G

Policy Number The Policyholder LAU KAH LOON 8LK 557 408-65 WOODLANDS DRIVE 53 SINGAPORE 730557

Period of Insurance

17 Nov 2019 To 14 Nov 2020

Sum insured

Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST) 35340.21

Interest Insured

Cover Type

Third Party, Fire & Theft

Names Driver (1)

LAUKAHLOON

Named Driver (2)

N/A HONDA/WW150

Make/Model Capacity

: 150cc : FBNS483C

Registration Number

Chirpsis Number

: NLHKF18A7JYZ10107

Excess (Section 1) : N/A Excess (Section 2)

N/A

Hire Purchase Company N/A

Number of Seater Registration Year 2018 Insure with COE YES NCD Entitlement 10%

Memo A: This policy is extended to cover food delivery services.

Endorsement Operative: M2

Againey

ASSURE PTE. LTD. (90000572842)

Date of Issue

16 Oct 2019 14:31 hrs.

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

eBaoTech Hello, NAC_PAYA_UBI_800601									Gener	alClaim
						+ Change	e Language	· Chan	ge Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	1	6/08/2020 1	12:00	
	Vehicle No.(For Motor)	FBN648	3C		Certifi	cate Number	I			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5105524253- 01		LAU KAH LOON	58486270C	GMC	Third Party, Fire & Theft	FBN64830	FBN6483C	17/11/2019	14/11/2020
				C	Continue					

		San Living a representation of			Commence of the same		
Policy No.	5105524253-01	Policyholder Name	LAU KAH L	DON	Policyholder NRIC	S8486270C	
Certificate No.							
Address	BLK 456 #03-1552 ANG MO K	IO AVENUE 10 T	ECK GHEE	GRANDEUR SINGAPO	RE 560456		
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	16/10/2019	Effective Date	17/11/2019	9 00:00	Expiry Date	14/11/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ng/Inexperience Driver Excess
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		GST Flag	Y	
Co- nsurance Tag Open	No						
Policy Info							
Certificate nfo							
Policyh	older Mailing Address						
ddress 1	BLK 456 #03-1552	Addres	s 2	ANG MO KIO AVEN	UE 10 /	Address 3	TECK GHEE GRANDEUR
ddress 4	SINGAPORE 560456	Addres	s Type	Singapore address		ost Code	560456
Init No.	08-65	Relate Numbe	d Policy er	5105524253-01			
♪ Insured	Object: FBN6483C						
□ Endorse	ements						
Sequenc	te Date of Endorseme	nt E	ndorsement	Туре	Endorsement	Status	Endorsement Content
	17/11/2019 00:00	Basic I Endors	nformation ement	Endorse	ment Take Eff	ective	Thank you for giving us the opportunity to serve you. We confirm that from 17 Nov 2019, the following amendment(s) is/a made to this policy:

Claim Handling									
Policy No.	8108824283-01	VAING		PRINTAGE					
Certificate No.				Photoago		GS1 Registration No.			
Palicyholder Name	LAU KAH LOON					Poscyholder NRIC	\$8486270C		
Product Code	MOTORCYCLE INSURANCE	Cover	Type	Third Party, Fire & Theft		Loading	0		
Contact No.(Mobile)	97917061	Conta	ct No.(Office)	0.		Contact No.(Home)	0		
Email Address			Sp		si Remark			eCode	10 V
KFK	® No ○ Yes	TCA		® No ○ Yes		eCode Reason			
NCD Protection	Na	NCO 8	Entitlement(%)	10		Private Hire	No		
→ Accident Details									
Report Date	17/08/2020 15:40		ent Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear		
Date of Accident Reporting Centre	16/08/2020		of Accident hhomm	12:00		Country of Acadent	Singapore		
Accident Location	BALESTIER RO	Orang	e Force			ICM No.			
→ Total Excess Applicable									
Excess Type	Per Accident	Window	creen Excess						
	Tal-Postagen	Winds	Creen axcess						
OD Standard Excess	0.0	TP Sta	indard Excess		0.00				
YIED OD Exons	0.0	7 Y3E0 1	IP Excess		0.00	Driver is Covered?	Not Covered		
Additional Excess									
Total OD Excess Applicable	0.0) Total 1	TP Excess Applicable		0.00				
9 Benefits									
□ GST Registered Inform									
GST Registered GST Registration No.	No			GST Registration Da GST Status Ventiles	08				
Modification History				OST Status Ventiles		Yes			
Policyholder Mailing Ad	ldress								
Address 1	BLK 456 #03-1552	Addres	s 2	ANG MO KIO AVENUE 10		Address 3	TECK GHEE GRANDEUR		
Address 4	SINGAPORE 560456	Addres	is Type	Singapore address		Post Code	560456		
Unit No.	08-65	Relate	I Pakty Number	5105524253-01					
OI Driver Info									
Oriver Name	LAU KAH LOON	Driver		Main Driver					
Unnamed driver Name Register Date of Driver License	01/05/2000	Driver		55486270C		Driver DOB	11/10/1984		
Contact No.(Mobile)	03/05/2008 97917061	Driver		35.		Driving Experience	12		
Address 1	BLK 456	Addres	t No.(Office)	ANG MO KID AVENUE 10		Contact No.(Home)	0		
Address 4	SINGAPORE 580456	Addres		Singapore address		Address 3 Post Code	TECK GHEE GRANDEUR 560456		
Unit No.	03-1952		0.000		The state of the s		200420		
Does he own a Singepore Registered car?	○ Yes ® No	Driver	Vehicle No.			Driver Incurer Company			
						order mader cangery			
Declaration									
Breathalyser or Blood Test Reading?	0 mg	Any ing	ury?	® Yes ○ No					
COCTINUED.									
Modification History									
Claim 001 New									
Claim Type *	00-MX ¥	Insured	Name	LAU KAH LOON		Insured NRIC	S8486270C		
Contact No.(Mobile)	97917061	Contact	No (Home)			Contact No. (Office)			
Email Address	alleniau1984#gmail.com	enlau1984#gmail.com DI Vehicle Number		FBN6483C		TP Vehicle Number	SKD9999H		
Claimant Type Claimant Type •	Please Select 💙	Type of	Benefit *	Please Select	$\overline{\mathbf{v}}$				
Claimant Name *		≥≥ Cemer	IT NRJC +						
Claimant Address									
Claim Description Preferred Workshop Contact	FBN6483C / 5KD9999H ON 16 A			-	_	Name of Preferred Workshop			
No.	CITY CONTRACTOR OF THE CONTRAC		Liabilty *		<u> </u>				
Require Finalisation	Yes Y		ed Repair Option	Preferred Workshop, Name u	mknown V	GIA report	Received		
Date Registered Report Taken By	17/08/2020 15:42	Claim D	lose Date			Date Received	17/08/2020 00 00		
	Jackson								
Print AK letter									
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Attachment									
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	CARTING CONCERNS		Capping						
Accident No. Last Doc. Received	MT/1100170		Claim No.	001					
THE RELEVAN	® Yes ○ No		Upload Date	17/08/2020					
	Path *		The second	T concern management	gory *	Confidential Urger			
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