

NATIONAL Assessment Centre Services.

(over 1 Jan 2005)

NA 2007582

| | | | |
|-----------------------------|---|-----------------------|------------|
| Date In: 01/09/2020 17:23 | Job description | Date & Time Completed | Done by |
| Ref No: 1/BA/INC 20009295/4 | SAS e-Milling | | |
| Veh No: FX27B | E-mail (3 jobs max, A/C 2 hrs) | | |
| DDA: 31/08/2020 17:30 | I-Motor Claims Form | MT/1101970-001 | 01/09/2020 |
| OID: TP / Reporting Only | I-Motor W/O (with/without OD 2 hrs, TP 4 hrs) | | 17:52 |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Witness | | |

| | | |
|---|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: UNKOWN BIKK | INC () / Non-INC () |
| Owner / Driver: (| Tel: (| |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Dates: (| Times: (|
| Insured/Driver Liability: (| %) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |
| () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair. | | |
| () Total Loss Case: to e-mail Insurer URGENTLY. | | |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () | | |

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

| | |
|---------------------------------|--|
| Injury: () | |
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Engr-In-Charge): | |

| | | |
|---------------|---|------------|
| NA 2007582 | 1) All Accident Reporting (\$30) | |
| | 2) DA: Damage Assessment (\$100) | INC (\$10) |
| | 3) TP: Towing Fee | \$40/45 |
| | 4) PF: Follow-Through Survey | \$120 |
| | 5) PF: Follow-Through Survey (Resurvey) | \$30 |
| | For claim against INC Only (over 10 Jan 2005) | |
| | 6) TR: Re-inspection | \$75 |
| | 7) NI: Idea DA + SMRT Survey | \$160 |
| | 8) NIUC Additional Services: | |
| | NI: NIUC | |
| | *NI: Courtesy Car / Tpl Allowance | \$5 |
| | *NI: Repairs Co-ordination | \$10 |
| | *NI: Post Repair Inspection | \$25 |
| | *NI: DV / Collect Documents Coordination | \$5 |
| | TP (NI) / TP (GWA INC) against D/G | \$20 |
| | NI: NIUC Mobile | \$5 |
| Invoice dated | Fee Charged | |
| Invoice dated | Fee Charged | |

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 withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------|
| Date Of Report | 01/09/2020 17:23 |
| Date Of Accident | 31/08/2020 17:30 |
| Exact Location Of Accident | ALONG EU TONG SEN STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|------------------------|
| Vehicle Registration Number | FX27B |
| Insured/Policyholder | |
| Name Of Registered Owner | LOO SAY HUI |
| NRIC No | SXXXX581B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96459787 |
| Alternative Phone No | OTHERS-96459787 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | PHANTOM 200M-197CC (M) |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 0089231463-17 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOO SAY HUI |
| NRIC No | SXXXX581B |
| Date Of Birth | 12/08/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/06/1988 |
| Driving Experience | 32 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96459787 |
| Fax Number | |
| Contact Number | OTHERS-96459787 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 144 JALAN BUKIT MERAH #03-1132 |
| Postcode | 160144 |
| 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 - CHANGE/CROSS LANE |
| 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 | 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 | BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2369999 - FAX NO: 62268438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200901/2000

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | LOO SAY HUI |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FX27B |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN



REFER TO POLICE REPORT 7/2020/901/2000

DECLARATION

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

Policyholder's Signature
Date & Time: 1/9/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Rosalyn
NRIC/FIN No.:



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20200901/2000

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 01/09/2020 00:12 | Vide Report No.: | Station Diary No.: 6 |
|--|------------------|-------------------------|

| | | | |
|--|------------|---|-----------------------------|
| Informant's Particulars | | | |
| Name of Informant: LOO SAY HUI | | Address: APT BLK 144 JALAN BUKIT MERAH #03-1132 SINGAPORE 160144 | |
| ID Type / ID No.: NRIC NO / S1825581B | | Contact No.: Home/Office: | Mobile: 96459787 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 53 | Date of Birth: 12/08/1967 | Type of Informant: Rider |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B,2A,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|---|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 31/08/2020 17:30 | Type of Location: TRAFFIC LIGHT JUNCTION |
| Location: EU TONG SEN STREET | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|-------------|-------|------------------|-----------------|
| FX27B | Motorcycle | HONDA | PHANTOM 200 | Gold | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| FX27B | NTUC Income Insurance Co-Operative Limited | 0089231463-17 | 31/07/2020 | 30/07/2021 |



**SINGAPORE
POLICE FORCE**



T/20200901/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 3

Report No. T/20200901/2000

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|--|---------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | LOO SAY HUI | ID No. | S1825581B |
| Related Vehicle | FX27B (Motorcycle) | Contact No. | 96459787 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |

Brief Details.

On 31/08/2020 at about 1730hrs, I was travelling along Eu Tong Sen St on lane 2. Out of no where, an unknown motorbike turned into my lane from lane 3 and blocked my way. I was already moving and was unable to stop in time. My motorbike then hit onto the middle part of the other motorbike. Due to the collision, I fell on my right and my leg got stuck under my bike. The other rider did not fall from the collision. The rider was big sized. I then signaled to him to help me lift up my bike as I was stuck however he just rode off and turned onto North Canal Rd. I then managed to get help from other drivers to lift up my bike. I got scratches on my left hand, swelling on my right toe, pain in my right ankle and superficial wounds on my left shin. I wasn't able to take note of the license plate of the other bike. I have yet to go to the doctor regarding my injuries.



**SINGAPORE
POLICE FORCE**



T/20200901/2000

3 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20200901/2000

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:

A /

Sgt 2 HADI BIN HAFIZ ABDULLAH QUEK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

01/09/2020 00:12

Classification Of Case:

Signature:

Authentication Stamp

NP168

Singapore Police Force

Claim Handling

Accident HT/1101970

| | | | | | |
|--|----------------------|---------------------|-------------|----------------------|---------------------------------|
| Policy No. | 089221461-17 | Vehicle No. | FX27B | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LOO SAK HUI | Driver Type | Third Party | Policyholder NRIC | S18255818 |
| Product Code | MOTORCYCLE INSURANCE | Contact No (Office) | | Leading | 0 |
| Contact No (Mobile) | 9645797 | Special Remarks | | Contact No (Home) | |
| Email Address | | TCA | No Yes | eCover | No |
| KEV | No Yes | NCD Endorsement(%) | 20 | Private Hire | No |
| NCD Protection | No | | | Accident Type | Collision + Charge / Cross lane |
| Accident Details Report Date: 01/09/2020 17:45 Date of Accident: 31/08/2020 Register Centre: Accident Location: ALONG BU TONG SEN STREET Accidents Report Within 24 hrs: Yes Time of Accident (hh:mm): 17:30 Orange Force: Accident Type: Collision + Charge / Cross lane Country of Accident: Singapore ICM No.: | | | | | |
| Total Excess Applicable Excess Type: Per Accident Windscreen Excess: 0.00 TP Standard Excess: 0.00 NED TP Excess: 0.00 Driver's Covered? Not Covered Total PD Excess Applicable: 0.00 Total TP Excess Applicable: 0.00 | | | | | |
| Benefits GST Registered Information GST Registered: No GST Registration No.: GST Registration Date: GST Status Verified: Yes GST Status History: | | | | | |
| Policyholder Mailing Address Address 1: BLK 144 #01-1132 Address 2: JALAN BUKIT MERAH Address 3: SINGAPORE 150144 Address 4: Address Type: Singapore address Post Code: 150144 Unit No.: Related Policy Number: 089221461-17 | | | | | |
| DI Driver Info Driver Name: LOO SAK HUI Uninsured driver name: Register Date of Driver License: 01/01/2007 Driver Type: Main Driver Driver NRIC: S18255818 Driver Age: 33 Contact No (Mobile): 9645797 Contact No (Office): Driver ODR: 12/06/1967 Driving Experience: 39 Address 1: BLK 144 #01-1132 Address 2: JALAN BUKIT MERAH Address 3: SINGAPORE 150144 Address 4: Address Type: Singapore address Post Code: 150144 Unit No.: Does he own a Singapore Registered car? Yes No Driver Vehicle No.: FX27B Driver Insured Company: MTCU | | | | | |
| Declaration: Breathalyzer or Blood Test Reading? 0 mg Any injury? Yes No | | | | | |

Modification History

Claim 001 **new**

| | | | | | |
|---------------------------------|--|-------------------------|----------------------------------|---------------------|-------------------|
| Claim Type * | OD-HR | Insured Name | LOO SAK HUI | Insured NRIC | S18255818 |
| Contact No (Mobile) | 9645797 | Contact No (Home) | 62721379 | Contact No (Office) | Nil |
| Email Address | | GI Vehicle Number | FX27B | Vehicle Number | UNREGISTERED BIKE |
| Claim Description | FX27B / UNREGISTERED BIKE ON 31 Aug 2020 | | | | |
| Preferred workshop | | Insured Liability | Not at Fault | Insured Workshop | |
| Insured Workshop | | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 01/09/2020 17:51 | Claim Close Date | | Date Received | 01/09/2020 00 |
| Report Taken By | ROSEI WAHAB | | | | |
| How do you feel? Save Submit | | | | | |

Attachment

| | | | | | |
|---|---|-------------|------------------|-----------------|----------------|
| Accident No. | HT/1101970 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 01/09/2020 17:52 | | |
| Path * | | | | | |
| Choose File | No file chosen | Clear | Category * | | |
| Choose File | No file chosen | Clear | Confidential | | |
| Choose File | No file chosen | Clear | Urgency * | | |
| Choose File | No file chosen | Clear | Description * | | |
| Choose File | No file chosen | Clear | | | |
| Choose File | No file chosen | Clear | | | |
| Choose File | No file chosen | Clear | | | |
| Choose File | No file chosen | Clear | | | |
| Send Mail | | | | | |
| Attachment List | | | | | |
| Attachment | Uploaded By/Date | Category | Urgency | Description | Mtg Sent? (CO) |
| NAC_HUNT_MERAH_ADD676 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 01 Sep 2020 17:52 | | Photos | Normal | Photos 2020-9-1 | |

[illegible]

Wissenschaftszentrum

| Uploaded By/Data | Folder Date | File Name | File Size | Source |
|------------------|-------------|-----------|-----------|--------|
|------------------|-------------|-----------|-----------|--------|

Display in New Window

Sign and seal return

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0089231463-17

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **FX27B**

Chassis Number

: TA2000018540

2. Name of Policyholder

: LOO SAY HUI

3. Effective Date of Insurance

: 31 Jul 2020

4. Expiry Date of Insurance

: 30 Jul 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|-----------------------|-----------------|
| EXCESS (SECTION 1) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| INSURE WITH COE | : N/A |
| NAMED DRIVER (1) | : LOO SAY HUI |
| NAMED DRIVER (2) | : LOO TECK SENG |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : VICOM LTD (00000612210)

Date of Issue : 08 Jul 2020 16:55 hrs

Reprint : 08 Jul 2020 16:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive