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Veh No	Date In: 02/09/20	Jeb description		Date &	Time Completed		one by	
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Owner / Driver: (Preferred Wksp / INC Assign Wksp / QW: (Tol:		Fax;		
Policy No.	TP Particulars: Veh No: 3	m46777L	, INC(,)/N	n-INC()			
Confirmed by : (Owner / Driver: (<u> </u>	
Insured/Driver Liability: (%6 Note-Est. Status (WO): N: 0-20%; P: 21-79%, P: 30-100%) Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Contour r: Customer's Information strictly Confidential & Strictly NC rafer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towel-In () ; Invoice: YES () / NO () ; Towing Co. () Original Confidence () / Courtesy Car () Option () / Towel-In () / Towel-In () / Courtesy Car () Option () / Towel-In () / Towel-In () / Courtesy Car () Option () / Option () / Option () Option () / Option () / Option () Option () / Option () / Option () Option () / Option () / Option () Option () / Option () / Option () / Option () Option () / Option () / Option () / Option () Option () / Option () / Option () / Option () Option () / Option () / Option () / Option () / Option () Option () / Option	Policy No: () Perio	od: ()	Cover			·	
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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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
10 may 10 ma	ACCIDENT STATEMENT
Date Of Report	02/09/2020 09:40
Date Of Accident	30/08/2020 11:00
Exact Location Of Accident	BEDOK SOUTH AVE 1 NEAR ESSO PETROL KIOSK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM2229C
Insured/Policyholder	
Name Of Registered Owner	CHEE WEI LIANG
NRIC No	SXXXX505Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96679142
Alternative Phone No	OTHERS-96679142
Vehicle Particulars	
Manufacturer	ADIVA
Model	AR3 200 3-WHEELER CVT
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093769106-02

Cover Note Number

Driver

CHEE WEI LIANG Name of Driver SXXXX505Z NRIC No Date Of Birth 25/11/1955 INDOOR Occupation 15/01/1991 Date Of Driving Pass

29 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96679142 Mobile Number

Fax Number

OTHERS-96679142 Contact Number

NOEMAIL EMail Address

Address BLK 93 PAYA LEBAR WAY

#07-3043

Postcode 370093

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

33

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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

1

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS MAKING A RIGHT TURN INTO ESSO PETROL KIOSK AT BEDOK SOUTH AVE 1.SUDDENLY VEH B CAME AND COLLIDED ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

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 SMG6777L

Vehicle Make/Model/Colour TOYOTA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHEE WEI LIANG

SLIGHT

FBM2229C

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.
- 3. 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

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

Name: NRIC/FIN No.:

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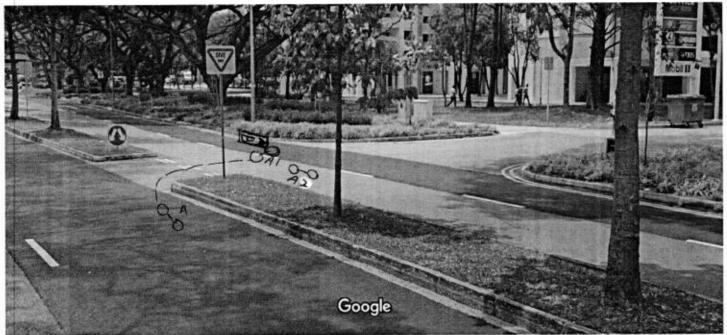
Policyholder's Signature
Date & Time: 01/09/2020
OUTU HS

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

Google Maps Bedok South Ave 1



© 2020 Google Image capture: Apr 2019

Google Google

Street View



B-SMG6777L

ACCIDENT STATEMENT

A		: (30,08,00			(HH:MM)
Ĺ	OCATION:	BEBOK 8	outh pr	11 (NE	+ 1 1 9) .
	1. DETAILS	OF VEHICLE			54
	a)VEHIC	LE NUMBER: FE	M 997 7		
	bJINSUR	ANCE COMPANY:	NTUC		
	CIPOUC	Y NUMBER:			
		Y TYPE: (COMPRE)	HENSIVE / THIRD F	PARTY / THÌRD PAF	RTY FIRE &THEFT)
		& MODEL:			ave (arijene)
	f)TYPE:(S	ALOON / COUPE / LE CATEGORY: (PR	MPV /V AN / LO	RRY / MOTORCY	STE' OTHERS]
	g) venic	SE OF USING AT A	CCIDENT TIME	DRIVATE	150
	II A DE VO	U CLAIMING UND	ER YOUR OWN IN	SUBANCE (VEOVN	101
		PLEASE STATE (THIRI			
		/ POLICY HOLDER			N5.40 Y200
	A)NAME	Charles I II		(MA	LE / FEMALE
		FIN/PASSPORT:	1121505	ZCONTACT:	9667914
	c)ADDRE	ss: BCC 93	, 407-30	V3, PAGA	CERAL
5915 - 52	8	LAC			
		NUE TO 3.d IF DRIVE	ER ALSO POLICY	HOLDER	
MHC of basson	3. DRIVER	CH AS.	AROUE		19
Clinduding dri	a)NAME:				LE / FEMALE)
(1)	b)NRIC/F	FIN/PASSPORT:		CONTACT:	
(T)	c)ADDRE	:SS:			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	*dIDATE	OF BIRTH: (25/	11 / 195510	D/MM/YYYY)	
186		PATION: (INDOOR			- 122 - A
	f)YEARS	OF DRIVING EXPRE	RIENCE: 15/01	1/0991	
	4. WAS DR	IVER AN EMPLOY	EE OF THE INSU	JRED'S COMPAN	Y? (YES / NO)
	IF NO, R	ELATIONSHIP OF	THE DRIVER W	/ITH INSURED:_	Durie
		IER CONDITION: (C		/ OTHERS	
		SURFACE: (DRY) V		. 7.8	
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Claduding driv	\ b) DRIV	ER'S NAME:			
1.50	c) NRIC	C/FIN/PASSPORT:_		CONTACT:	
$(\underline{})$	9. THIRD PA				
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Pax =

VIDEO =



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)

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

Certificate Number : 5093769106-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: FBM2229C

Chassis Number

: RGVTC40AAGA000112

2. Name of Policyholder

: CHEE WEI LIANG

3. Effective Date of Insurance

: 09 Nov 2019

Expiry Date of Insurance

: 08 Nov 2020

Expiry Date of Insurance
 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)

: \$\$300

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

YES

NAMED DRIVER (1)

: CHEE WEI LIANG

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: MAH PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 19 Oct 2019 11:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1101714										
Policy No.	5093769106-02		Vehicle No.	FBM2229C		GST Re	pistration No.			
Certificate No.										
Policyholder Name	CHEE WEI LIANG					Policyho	Ider NRIC		\$11	215057
Product Code	MOTORCYCLE INSURAN	ICE.	Cover Type	Comprehensive		Loading			0	1.0000
Contact No.(Mobile)	NA		Contact No.(Office)				No.(Home)		3.00	
Email Address	11.72		Special Remark			eCode	man(rintine)			-01
KFK	No Yes		TCA	No Yes			25020		No.1	
NCD Protection	No		NCD Entitlement(%)	15		eCode F Private			No	
Accident Details	140		NCD chaldement(%)	15		Private	Hitte		NO	
						- CV 3V			61	
Report Date	31/08/2020 12:40		Accident Report Within 24 hrs	Yes		Acciden				eon - h
Date of Accident	30/08/2020		Time of Accident hh:mm	11:15			of Accident		Singi	apore
Reporting Centre			Orange Force			ICM No.				
Accident Location	BEDOK SOUTH AVE 1									
▼ Total Excess Applicable										
Excess Type	Per Accident		Windscreen Excess							
OD Standard Excess		300.00	TP Standard Excess		0.00					
YIED OD Excess			YIED TP Excess		1530033	Driver is	Covered?		Not A	pplica
Additional Excess							. 300 1 30 30 40		0.990.0	ppriss
Total CO Excess Applicable		300.00	Total TP Excess Applicable		0.00					
♥ Benefits					0.00					
GST Registered Informat	tion								_	_
GST Registered	No			GST Page	stration Date					
GST Registration No.					us Verified		Yes			
Modification History				031 3180	20 4611100		168			
Policyholder Mailing Add	ress									
Address 1	BLK 93 #07-3043		Address 2	PAYA LEBAR WAY		Address	3		SING	APORI
Address 4			Address Type	Singapore address		Post Cor	ie		3700	93
Unit No.			Related Policy Number	5093769106-02						
♥ OI Driver Info										
Driver Name			Driver Type							
Unnamed driver Name			Driver NRIC			Driver D	OB.			
Register Date of Driver License										
			Driver Age				Experience			
Contact No.(Mobile)			Contact No.(Office)				No.(Home)			
Address 1			Address 2			Address				
Address 4			Address Type	Foreign address		Post Cod	le			
Unit No.										
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.			Driver I	surer Compa	kny		
Modification History										
Claim 002 OD-MD New										
10,000										
Claim Type *					OD-MD	Insured Name	CHEE WE	LIANG		In NF
						Contact	1	C3.7/19.5		, Co
Contact No.(Mobile)						No. (Home)	6745725	9		No (O
						10	***************************************			TP
Email Address						Vehicle Number	FBM2229	C		Ve
						11552527				No.
Claim Description					FBM2229C / SMG6777L ON	30 Aug 2020				Pn We
Preferred Workshop	Insured	Liability Fully at Fault	•							
Boliuset No. Yes Finalisation	Repair 1	ncome to assign workshop	GIA Received	~		-				
Date Registered	Option				02/09/2020 10:58	Claim				Da Re
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Report Taken By					ROSLINDA	Repaire				Re Or
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Attachment										
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Accident No.	MT/1101714		Claim No.		002					
Last Doc, Received	● Yes ○ No		Upload Date		02/09/2020 00:00					
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Attachment List Attachment Uploaded By/Date Category Urgency Description F 1988 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:57 -- 1 BUS NRIC/ Driving License Normal NRIC/ Driving License 2020-9-2 NAC_PAYA_UBI_800601(NATEONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:57 63 SAS 2020-9-2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 2020-9-2 Photos Normal 02 Sep 2020 10:57 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:57 Photos Normal Photos 2020-9-2 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 2020-9-2 Photos Normal 02 Sep 2020 10:56 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Normal Photos 2020-9-2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Photos 2020-9-2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Photos 2020-9-2 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Normal Photos 2020-9-2 NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Photos 2020-9-2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Photos 2020-9-2 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Photos Normal Photos 2020-9-2 NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Normal Photos 2020-9-2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Photos 2020-9-2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Photos Normal Photos 2020-9-2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 10:56 Normal Photos 2020-9-2 Video List ? File Name Uploaded By/Date Folder Date Source

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ASS. REC. BY:

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n	ᆮ	г	

Assessor:

Mobile:

YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident	1			By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: FBM 2229C Yr Regn: 2017, My
a) Motorcar ()	a) Pedestrian	()	Type: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover / MPV
b) M/cycle ()	b) Animal	()	/ Truck / Trailer or
c) Bicycle ()				Make & Model: Adiva AR3 c.c 171
3) Vehicle hit Road Side Objects:				Colour Transmission Type: (Auto) Manual
a) Govrn.Property ()	b) Road Work Object	()	Eng/No: MA8 12118 Sp.Reading: M.A.
(Eg: signboard, barrier, tree etc)	c) Private Property	()	C/No: RGVTC40AAG-A000112
4) Vehicle drop into drain		()	Gen. Cond: Good Fair / Poor / Burnt or
5) Damage due to Act of God:				Steering: Inorder / Jammed / Leaked / Burnt or
a) Fallen Object ()	b) Flood	()	Brake: Inorder / Jammed / Leaked / Burnt or
c) Other,				Modi: Nil / S/Rim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: 120/70 R14
a) Vandalism ()	b) Hit by Moving Object	()	R: 120/80712 (double)
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found	()	TOYO/YOKO OF MCXXis
	when recovered.		500	Front Rear
8) Fire				R/Bal. 2 mm R/Bal. 2 2 mm
a) Whilst driving ()	b) Parked	()	L/Bal. mm L/Bal. mm
O) A saident data many than 24bres		7	ï	Parallel Import: Yes / No Towed-In: Yes No
9) Accident date more than 24hrs	•	1	1	Repair Type: LS / (I.B.I Towing Required: (Yes) No
				No of Repair Days: 3 Vehicle in Idac: Yes No
Remarks for internal information				D.O.I. 02/09/22 Time: 1200Ws
				By Assessor- 2) Comments
				Damages not due to recent accident.
				2) Damages do not seem hit onto:
Remarks to appear in Works Ore	der & Assessment report			a.Vehicle () b.Motorcycle () c.Bicycle () d.Pedestrian ()
1) Potential Total Loss ()			e.Animal () f.Govrn Object () g.Road Work Object ()
2) SRS Light on (Y			h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
3) ABS Light on ()			3) Vehicle does not seem damaged as a result of:
STATE OF THE STATE				a.Fallen Object () b.Flood () c.Vandalism () d.Fire ()
				e.Moving Object () f.Stolen () g.Stolen & Recovered ()
			STEELS.	Time Started: Time completed:
		-		1) CSO
				2) ACC

3) Entire Operation Completed Time:

FBM 2229 C

- 1.) Flort mudguard X 1 broken
- 2.) Redictor air guide XI broken
- 3.) Rout lower rover × 1 broken
- 4.) LH step & penel × 1 defound
- 5.) LH step penel lower garmen X 1 broken
- 6.) Centre consile XI broken
- 7.) Centre lawer cover + 1 broken

Claim Handling · Task Transfer · Exit Accident MT/1101714 LOS SAL SUB Policy No. 5093769106-02 Vehicle No FBM2229C GST Registration No. Certificate No. Policyholder Name CHEE WELLIANG Policyholder NRIC S1121505Z Product Code MOTORCYCLE INSURANCE Cover Type Comprehensive Loading Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode. No Y KEK No Yes TCA No Yes eCode Reason NCD Protection Ne NCD Entitlement/965 15 Private Hire Accident Details Accident Report Within 24 Report Date 31/08/2020 12:40 Accident Type Collision - Major Minor Road Date of Accident 30/08/2020 Time of Accident hh:mm Country of Accident 11:15 Singapore Reporting Centre NATIONAL ASSESSMENT CENTS Orange Force No ICM No. Accident Location BEDOK SOUTH AVE 1 Total Excess Applicable Excess Type Per Accident Windscreen Excess OD Standard Excess TP Standard Excess 300.00 0.00 VIED OD Excess YIED TP Excess Driver is Covered? Not Applicable Additional Excess Total OD Excess Applicable Total TP Excess Applicable 300.00 · Benefits GST Registered Information **GST** Registered GST Registration Date GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address Address 1 BLK 93 #07:3043 Address 2 PAYA LEBAR WAY Address 3 SINGAPORE 370093 Address 4 Address Type Singapore address Post Code 370093 Unit No. Related Policy Number 5093769106-02 OI Driver Info Driver Name Driver Type Unnamed driver Name Driver NRIC Driver DOB Register Date of Driver Driver Age Driving Experience Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Address 1 Address 2 Address 3 Address 4 Address Type Foreign address Post Code Unit No. Does he own a Singapore Registered car? Yes No Driver Vehicle No. Driver Insurer Company Modification History ✓ Investigation Claim 002 OD-MD Claim Case Officer Zuraimee Bin Mantau TOS SAUD SEED Claim Type OD-MD Insured Name CHEE WEI LIANG Insured NRIC 511215052 Contact No. (Home) Contact No. (Office) Contact No.(Mobile) 67457259 Email Address OI Vehicle Number FBM2229C TP Vehicle Number SMG6777L Name of Preferred Workshop Claim Description FBM2229C / SMG6777L ON 30 Aug 2020 Preferenced income to Repair assign Coption workshop Preference Fully Resolved Workshop Session Yes Date Registered 02/09/2020 10:58 Claim Close Date Date Received 02/09/2020 12:30 Workshop Total Loss but Report Taken By ROSLINDA OD Excess Print AK letter Collected by Workshop Modification History Special Claim Creation Approval Approval Reason damage assessment Attachment ♥ Vehicle Info Vehicle Make Vehicle Model Engine Capcity Date of Registration 09/05/2017 Classis No. RGVTC40AAGA000112 Towing Required • ● Yes ○ No Vehicle in TDAC * ® Yes ○ No Parallel Import * O Yes ® No

Assessor Name +

Type of Tender

Own Damage

Survey Current Status

			nage assessment Claim Task		
AC/Workshop me	NATIONAL ASSESSMENT CENTI	IDAC/Workshop Location	SI UBI AVENUE 1 #01-25 PAYA		
ndscreen ts & Labour st		Total Loss *	O Yes ® No		
rket lue(\$)		Scrape Value(\$)		Economical Repair Value(\$)	
20(3)	NO OF REPAIRS:03 DAYS: FRT MUDO	GUARD-REPLACE, RADIATOR AIR GO	JIDE-REPLACE, FRT LOWER COVER-REPLACE,	UH STEP PANEL-REPLACE, LH STEP PA	NEL LOWER GARNISH-REPLACE, CENTRE
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### Accident Professor 10 cm Accident Pro			Assistant Barret Wilson 24					
Colored Colo	eport Date	31/08/2020 12:40		No		Accident Type	Side Sw	ipe
State Stat	ate of Accident	30/08/2020	Time of Accident hh: mm	11:00		Country of Accident	Singapo	re
Fact Excess Applicable	aporting Centre	NATIONAL ASSESSMENT CENTE	Orange Force	No		ICM No.		
20 Standard Excess 300.00 PT Standard Excess 0.00 Orient to Covered? Not Covered Standard Excess 0.00 Orient to Covered Standard Excess 0.00 Orient Standard Excess	codent Location	BEDOK SOUTH AVE 1						
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OD Driver Info Ver Name Unnamed Driver Chitic Wat Lishing Driver Age 64 Driver MRIC S11219952 Driver DDB 25/11/1995 Driver Age 64 Driver DDB 25/11/1995 Driver Age 64 Driver Baser Contact No. (Mobile) 966/19422 Contact No. (Uffice) 966/1942 EN S 96/19422 Contact No. (Uffice) Post Code R No. But K 93 807-3043 Address 2 PATA LEBAR WAY Address 3 SINGAPORE 370093 Address 4 Address 4 Address 1/ye Singapore address Past Code 37093 Prest Toda Driver Insurer Company Driver Insurer Company Driver Insurer Company Driver Insurer Company Driver Age Address 7 Past Code 1709/2020 20 90-84 6025775 Modify Triver of Aucident(11151110) ON/09/2020 50-84 6025775 Modify Driver Name(->Chee Wel Library) ON/09/2020 50-84 6025775 Modify Prever Name(->Chee Wel Library) Threetigation Claim Cales Officer Zurainee Bin Mantau DD-MD Insured Name Contact No. (Prever) Contact No. (Prever) Regard Browned Fafferment Non-Schole Preference income to Monthly Regarded OD-MD Insured Name Preference income to Monthly Regarded OD-MD ON/09/2020 50-84 6025775 Modify Prever Name(->Chee Wel Library) Threetigation Threetigation Threeting Non-Schole Contact No. (Prever) Contact No. (Prever) Regard OD-MD ON/09/2020 50-94 6025775 Modify Prever Name(->Chee Wel Library) Contact No. (Prever) Contact No. (Prever) Regard OD-MD OD-MD ON/09/2020 50-94 6025775 Modify Prever Name(->Chee Wel Library) Contact No. (Prever) Contact No. (Prever) Regard OD-MD						Post Code	370093	
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Claim O2 20 - MD Claim O2 20 - MD Contact No. O2 - MD Contact No		0 mg	Any injury?	Yes No				
O3/69/2020 09:44 s025735 Modify Driver Name(-> Chee Wei Liang) ** Investigation Claim O2 OD-MD Claim Case Officer Zuraimee Bin Mantau OD-MD Insured Name ChEE WEI LIANG Insured NRIC Contact No. (Office) OI Vehicle Number FBM2229C TP Vehicle Number SMG6777L Name of Preferred Workshop Preferred Income to Insured Party Septiment on Signification Preferred Income to Insured Name O2/69/2020 10:58 Claim Clase Date Registered O2/69/2020 10:58 Claim Clase Date Registered OD Excess Collected by Workshop Print AX letter Special Claim Creation Approval Registered Attachment Attachment Attachment Attachment Attachment		03/09/2020 09:44 s025755 Mod	tify Time of Accident(11:15>11:00)					
Claim 02 0D-MD Claim Case Officer Zuraimee Bin Mantau Type OD-MD Insured Name CHEE WEI LIANG Contact No. (Office) (O	dification History	03/09/2020 09:44 s025755 Mod 03/09/2020 09:44 s025755 Mod	Hy Accident Type(Collision - Major Mir Hy Driver Name(↔>Chee Wei Llang)	nar Road>Side Swipe	1			
Claim 02 0D-MD Claim Case Officer Zuraimee Bin Mantau Type OD-MD Insured Name CHEE WEI LIANG Contact No. (Office) (O	Tavestigation							
Claim Case Officer Zuraimee Bin Mantau Type OD-MD Insured Name CheE WEI LIANG Insured NRIC Contact No. (Home) Contact No. (Office) The Vehicle Number SMG6777L Name of Preferred Workshop Preferered income to Rapair Assign Option Preferered income to Rapair Assign Option Repaired Repaired Root Taken By Repaired ROSLINDA Repaired ROSLINDA Repaired Rosson Reason Attachment Attachment Attachment Attachment	The state of the s							
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Insict No. [Mobile] Inside No	Claim Case Officer	Zuraimee Bin Mantau						LOS SAL
half Address	im Type		OD-MD	Insured Name	CHEE WEI LIANG	Insured N	RIC SI	121505Z
bil Address In Description FBM2229C / SMG6777L ON 30 Aug 2020 Name of Preferred Workshop Fally Special Claim Close Date Registered Josephadion Josep	ntact No.(Mobile)				67457259		0.	
Preferred income to Regair assign Option To Taken By Print AK letter Special Claim Creation History Special Claim Creation Approval Reason FBM2229C / SMG6777L ON 30 Aug 2020 FBM2229C / SMG677TL ON 30 Aug 2020 FBM2229C / SMG67TL ON 30 Aug 2020 FBM222PC / SMG67TL ON 30 Aug 2020 FBM	vail Address						Number ex	4C67771
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RGVTC40AAGA000112

Classis No.

09/05/2017





NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)



51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park, Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

Vehicle Movement Form,

		1	
Date In:	eletros.	Time In:	_ with Keys: Yes / No
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wer			34
Time! 5	op & wit	th Keys: Yes / No	
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LKK Paya Ubi

From: Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>

Sent: Monday, 7 September 2020 12:37 PM

To: paneurobikes@singnet.com.sg; LKK Paya Ubi

Subject: Vehicle FBM2229C, OD Claim No: MT/1101714-002, DOA: 30/08/2020

(COMPREHENSIVE Plan)

Importance: High

Dear Pan Eurobikes

Refer to the above vehicle OD claim.

The vehicle owner, Mr Chee Wei Liang @96679142, had reported the accident at NAC Paya Ubi. According to owner Pan Eurobikes is the bike workshop repairer.

Please arrange to take away the bike from NAC Paya Ubi. Thereafter, prepare a detail estimate for the bike accident damages and arrange for a survey before repair via email to our MTSurvey@income.com.sg.

Thank you.

Dear NAC Paya Ubi

Please release the above vehicle to owner's workshop repairer towing operator.

Regards

Zuraimee Bin Mantau

Senior Executive
Operations, Motor & Personal Lines
7+65 6430 7891





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