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| Confirmed by ; (| | Dates, | | 1101 |) . |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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 heraby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| aforesaid. | to the artificing of this report at the centre and to copies of the report being made available |
|--|--|
| The transfer of the same of the same of | ACCIDENT STATEMENT |
| Date Of Report | 12/10/2020 11:04 |
| Date Of Accident | 06/10/2020 16:50 |
| Exact Location Of Accident | ALONG LAVENDER STREET |
| Country/State of Loss | SINGAPORE |
| ASSULTABLE TO SELECT THE RESERVE TO SELECT THE RESERVE | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBP7805R |
| Insured/Policyholder | |
| Name Of Registered Owner | KUAN CHI SENG |
| NRIC No | SXXXX202A |
| Email Address | CSK6960@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81092414 |
| Alternative Phone No | OTHERS-81092414 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | FS150F-149CC |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | 5110151413-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KUAN CHI SENG |
| NRIC No | SXXXX202A |
| Date Of Birth | 31/08/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/11/2007 |
| Oriving Experience | 12 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81092414 |
| Fax Number | than access to the company of the Co |
| | |

OTHERS-81092414

CSK6960@GMAIL.COM

Address

BLK 521 WOODLANDS DRIVE 14

#05-335

Postcode

730521

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

NO

ambulance?

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

WOODLANDS WEST N.P.C.

Police Station Address

ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201007/2089

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

GBB6762K

Vehicle Make/Model/Colour

FIAT DABLO

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

AMIN AL

NRIC/Passport Number

GXXXXX017L

Contact Number

91689244

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KUAN CHI SENG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBP7805R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

10:29

12/10/2020

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personn

Name:

NRIC/FIN No.:

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| DECLARATION | | | | | |
| /We declare the foregoing particulars | are true in every respect. | | | | |
| 1 92:01 | | | | /10/11/ | |
| VIS | | | 1.11 | 12/M/20 22 | |
| Policyholder's Signature | Driver's Signature | | All | 12/10/01/01 |)_1 |
| VIS | Driver's Signature (If driver is not the policyho Date & Time: | older) ** | eporting Centre ame: RIC/FIN No.: | Personnel's Signature | 4 |

ACCIDENT STATEMENT

| 1. DETAILS OF VEHICLE CIVEHICLE NUMBER: FBP 700 R DINSURANCE COMPANY: ATUC CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY /(HIRD PARTY FIRE &THE) DINAKE & MODE: HUMBER: STIO STIP OF THE PARTY /(HIRD PARTY FIRE &THE) DINAKE & MODE: HUMBER: STIO (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS) DIVERICLE CATEGORY; (RIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) DIVERIOSE OF USING AT ACCIDENT TIME WEREING II ARE YOU CLAMMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) INSURED / POLICY HOLDER ANAME: KUAN CHI SENG (MALE) FEMALE DINRIC/FIN/PASSPORT: \$ 777 500 A CONTACT: (1092414) CIADDRESS: BLK CH , WOLLAND DR 14 907-335 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: CONTACT: (1092414) DINRIC/ | LOCATION: | LAVE | HOER S | TREET | 14 | | | |
|--|--|--|--|---|---|--|------------|-------|
| DIVERIOLE NUMBER: FBP 780 S BINSURANCE COMPANY: ATTUC CIPOLICY NUMBER: SIIO ISIT 3 OI DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / (HIRD PARTY FIRE ETHER DIMAKE & MODEL: HONDA RS ISO DITYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS) DIVERIOLE CATEGORY: (RIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) DIVERIOLE CATEGORY: (RIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) DIPURPOSE OF USING AT ACCIDENT TIME: WORKING DIPURPOSE OF USING AT ACCIDENT TIME: WORKING ONLY) 2. INSURED / FOLICY HOLDER ANAME: KUAN CHI SENG (MALE) FEMALE DINRIC/FIN/PASSPORT: S 777 SOLON DR 14 907-335 CADDRESS: BLK SH WOOLAND DR 14 907-335 CADDRESS: BLK SH WOOLAND DR 14 907-335 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINVER DINRIC/FIN/PASSPORT: CONTACT: (1092414) DINRIC/FIN/PASSPORT: CONTACT: CADDRESS: CONTACT: CONTACT: DINAME: (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: CADDRESS: CONTACT: CONTACT: DIDATE OF BIRTH: (31 / 08 / 1937) (DDI/MM/YYYY) DOCCUPATION: (INDOOR / OUTDOOR) TO CONTACT: (INDOOR / OUTDOOR) TO CONTACT: (INDOOR / OUTDOOR) DIDATE OF DRIVING PASC WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) TO CONTACT: (INDOOR / OUTDOOR) TO CONTACT: (INDOOR / OUTDOOR) DIREPORTED TO POLICE (TES) NO) TO CONTACT: (INDOOR / OUTDOOR) TO CONTACT: (INDOOR / OUTDOOR | I DETAIL | IS OF VEHICLE | | 21 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | |
| DINSURANCE COMPANY: NILL C POLICY NUMBER: \$110151413-01 C POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE ETHER O]MAKE & MODE: 10 may a R\$ 150 (ITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE) / OTHERS) G VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) I) PURPOSE OF USING AT ACCIDENT TIME: WOREING I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (HIRD PARTY CLAIMY REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: KLANN CHI \$600 DINRIC/FIN/PASSPORT: \$733502 A CONTACT: (1692414) C) ADDRESS: BLK \$24 , WOOLAND OR I'M & OT - 335 **CONTINUE TO 3 dIF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: BLK \$24 / O\$ / 1977 (DD/MM/YYYY) O) OCCUPATION: (INDOOR / OUTDOOR) (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: DINRICH: (31 / O\$ / 1977 (DD/MM/YYYY) O) OCCUPATION: (INDOOR / OUTDOOR) (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: DINRICH: (31 / O\$ / 1977 (DD/MM/YYYY) O) OCCUPATION: (INDOOR / OUTDOOR) (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: DINRICH: (31 / O\$ / 1977 (DD/MM/YYYY) O) OCCUPATION: (INDOOR / OUTDOOR) (MALE / FEMALE) DINRICH THIS PARTY VEHICLE O) VEHICLE NUMBER: (188 6763 K MODEL: PIAT DOBLO THIRD PARTY VEHICLE O) VEHICLE NUMBER: (188 6763 K MODEL: PIAT DOBLO THIRD PARTY VEHICLE O) VEHICLE NUMBER: (188 6763 K MODEL: PIAT DOBLO O) VEHICLE NUMBER: MAIN AL C) NRIC/FIN/PASSPORT: (18330017L CONTACT: 8168 92444 O) VEHICLE NUMBER: MODEL: | | | EDD | 100C D | | | 33 | |
| C)POLICY NUMBER: \$110 \$1413 - 01 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / (HIRD PARTY FIRE & THE O) MAKE & MODEL: HONDA RS ISO (I)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS) g)VEHICLE CATEGORY: (RIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) g)VEHICLE CATEGORY: (RIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) g)VEHICLE CATEGORY: (RIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) g)VEHICLE CATEGORY: (RIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) g)VEHICLE CATEGORY: (RIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) i) PURPOSE OF USING AT ACCIDENT TIME: WORKING i) PURPOSE OF USING AT ACCIDENT TIME: WORKING i) POLICY HOLDER A) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/QO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: KLAN CHI. \$640 (MALE) FEMALE, b) NRIC/FIN/PASSPORT: \$7473-504 (CONTACT: 1092414) C) ADDRESS: BLK CAI WOOLAND OR IV 9 07-535 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: (CONTACT: CONTACT: CONTACT: C) ADDRESS: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: (CONTACT: CONTACT: (MALE / FEMALE) D) NEW ANYBODY INJURED (TES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: WOOLAND WEST MPC MODEL: PIAT BOBLO MODEL: PIAT BOBLO O) VEHICLE NUMBER: (ABB 646) K MODEL: PIAT BOBLO O) O'CHICLE NUMBER: MODEL: O) DRIVER'S NAME: MIN AL C) NRIC/FIN/PASSPORT: (A 2332017L CONTACT: 81619244 O) DRIVER'S NAME: MODEL: O) DRIVER'S NAME: MODEL: | | | | | | | | |
| DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / (HIRD PARTY FIRE LITHER B) MAKE & MODEL: HONDA RS ISO (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS) B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) I) PO. PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: (LUAN CHI. SEALO) C) ADDRESS: BLK SM. (LUAN CHI. SEALO) C) ADDRESS: BLK SM. (LUAN CHI. SEALO) C) ADDRESS: BLK SM. (LUAN CHI. SEALO) C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D) DRIVER C) NAME: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: (CONTACT: CONTACT: CONTA | 14 | | | | | _ | | |
| O MAKE & MODEL: HONDA RS ISO ITYPE: (SALOON / COUPE / MPV //AN / LORRY / MOTORCYCLE) / OTHERS GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) H) PURPOSE OF USING AT ACCIDENT TIME. WORKLING I) ARE YOU CLAIMING UNDER YOULP OWN INSURANCE (YES ACO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: KLAN CHI. SEALO (MALE) FEMALE, b) NRIC/FIN/PASSPORT: \$ 777 520 29 CONTACT: (1092414) C) ADDRESS: BLK SM. WOOLAND DR 14 007-835 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: (MALE / FEMALE) DINIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **d) DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUIDOOR) IDATE OF DRIVING PASS **MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O) WEATHER CONDITION: (CLEAR) RAINING / OTHERS DIROAD SURFACE: (DR) WET / OTHERS 6. WAS ANYBODY INJURED (TES) NO) 7. D) REPORTED TO POLICE (TES) NO) 7. D) REPORTED TO POLICE (TES) NO) 8. THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 81619244) B) DRIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 81619244) O) DRIVER'S NAME: MODEL: O) DRIVER'S NAME: MODEL: O) DRIVER'S NAME: MODEL: | 10(%) 3-6-75 | | | | | | | - |
| FITPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WORK ING I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES ALO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: KLAAN CHI. SEALO (MALE) FEMALE b) NRIC/FIN/PASSPORT: \$77 FREE CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: WOOLAND DR IN 907-335 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: ONLY PREE O) OCCUPATION: (INDOOR / OUTDOOR) IDDATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) O) OCCUPATION: (INDOOR / OUTDOOR) IDDATE OF DRIVING PASC O) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O) WEATHER CONDITION: CLEAR / RAINING / OTHERS b) IROAD SURFACE: (PR) WET / OTHERS O) WEATHER CONDITION: CLEAR / RAINING / OTHERS D) IROAD SURFACE: (PR) WET / OTHERS O) WEATHER CONDITION: CLEAR / RAINING / OTHERS O) JREPORTED TO POLICE (TES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: WOOLAND WBJI MPC OF PASSENGER OF VEHICLE NUMBER: GBB G76 1 K MODEL: FIRT DOBLO O) CHICLE NUMBER: GBB G76 1 K MODEL: FIRT DOBLO O) ONIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (1 § 33 2017 L CONTACT: § 168 9 2 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | TY /THÎR | DPARTY | FIRE 8 | THEF |
| GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: WORK INFO I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESALO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: KLAAN CHI. SENG (MALE) FEMALE b)NRIC/FIN/PASSPORT: STATE SANG C)ADDRESS: BLK SM. WOOLAND DR IM. 9 07-835 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: (1) C)ADDRESS: **d)DATE OF BIRTH: (31 / 08 / 1977)(DD/MM/YYYY) 9)OCCUPATION: (INDOOR / OUTDOOR) 1DATE OF DRIVING PASC 12 NOW 2007 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. O)WEATHER CONDITION: CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRIV) WET / OTHERS 6. WAS ANYBODY INJURED (YES) / NO) 7. O)REPORTED TO POLICE (YES) / NO) 7. O)REPORTED TO POLICE (YES) / NO) 8. HIRD PARTY VEHICLE B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: GBB G762 K MODEL: PIAT DOBLO CLURING MAKE: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) OF PRIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) OF PRIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) OF PRIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H) O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSPORT: (18332017L CONTACT: 816892H O) ORIVER'S NAME: AMIN AL C) NRIC/FIN/PASSP | | | | | MOTO | PCYCLE | VOTI | 1EDS1 |
| I ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO IF NO. PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: KLAIN CHI. SENG (MALE) FEMALE) b)NRIC/FIN/PASSPORT: \$777500 P. CONTACT: \$1692414 c)ADDRESS: BLK SM. WOOLAND DR 14 907-335 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: **d)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) 1)DATE OF BIRTH: (31 / 08 / 1977) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) | g)VEH | ICLE CATEGORY: (| PRIVATE / CO | OMMERCI | AL/MOT | ORCYC | (D) | |
| IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER AJNAME: KUAN CHI SEUG (MALE) FEMALE DINRIC/FIN/PASSPORT: 5 777502 A CONTACT: P10924114 CJADDRESS: BLK SW. WOOLAND DR 14 907-335 **CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER **CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER **DINRIC/FIN/PASSPORT: CONTACT: DINRIC/FIN/PASSPORT: CONTACT: **CONTACT: DINRIC/FIN/PASSPORT: CONTACT: DINRIC/FIN/PASSPORT: CONTACT: **CONTACT: DINRIC/FIN/PASSPORT: CONTACT: DINRIC/FIN/PASSPORT: CLEAR / RAINING / OTHERS DINRIC/FIN/PASSPORT: CLEAR / RAINING / OTHERS DINRIC/FIN/PASSPORT: CHES/ NO) TO DINRIC/FIN/PASSPORT: CHES/ NO) TO DINRIC/FIN/PASSPORT: CHES/ NO) DINRIC/FIN/PASSPORT: CONTACT: 8168 92444 DINRIC/FIN/PASSPORT: CONTACT: RICONTACT: RICONTACT: RICONTACT: RICONTACT: RICONTACT: RICONTACT: RICONTACT: RICONTACT: RICONTAC | | | | | | | | |
| A)NAME: KUAN CHI SOUG (MALE) FEMALE) D)NRIC/FIN/PASSPORT: S 777 5302 A CONTACT: P1092414 C)ADDRESS: BLK SM, WOOLAND DR 14, 9 07-835 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D)NRIC/FIN/PASSPORT: CONTACT: D)NRIC/FIN/PASSPORT: CONTACT: 81619244 D) NRIC/FIN/PASSPORT: G18332017L CONTACT: 81619244 | IF NO. | , PLEASE STATE OTH | IRD PARTY C | LAIMY RE | RANCE (' PORTING | ONLY | | - |
| DINRIC/FIN/PASSPORT: \$ 777 500 A CONTACT: \$ 1092414 c) ADDRESS: BLK [2] , WOOLAND DR 14 4 01-335 **CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER DRIVER DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: C) ADDRESS ADDRESS: C) ADDRESS ADDRESS: C) A | | | ER | 0.0 | | - | | |
| CJADDRESS: BLK (2) , WOOLAND DR 14 , 907-335 150 (2) S'PORE CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DRIVER DRIVER DRIVER DINAME: (MALE / FEMALE) | V-970.000 | | | | | | | |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DINAME: (MALE / FEMALE) (MALE / F | | | The second name of the last of | DIA | _CONT | | | |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DINAME: (MALE / FEMALE) DINAME: (DINAME: MALE / M | CIADD | RESS: BLK FY | 1 , WOOL | ANO D | R 14 , | 9 05-1 | 35 . | |
| DRIVER DINAME: (MALE / FEMALE) DINAME: (MALE | at at at the second | | | | 14 14 | - 54 | | |
| MALE / FEMALE) MALE / FEMALE) MALE / FEMALE | * CONT | INUE TO 3.d IF DR | VER ALSO P | OUCY HO | LDER | | | |
| MALE / FEMALE) MALE / FEMALE) MALE / FEMALE | Jo of passange. DRIVER | | | Targetti and | | | | |
| b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: d)DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASC i)DATE OF DRIVING PASC if NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b)ROAD SURFACE: (DR) / WET / OTHERS b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (TES) / NO) 7. d)REPORTED TO POUCE (TES) / NO) if YES, PLEASE STATE WHICH POLICE STATION: WOOLAND WEST NPC b) PASSENGER OF VEHICLE c) PASSENGER OF VEHICLE NUMBER: GBB 6762 K MODEL: PIAT DOBLO ducting driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G § 33 2017 L CONTACT: 8168 9244 b) OF PASSENGER OF VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: MODEL: | India 1. 1. a) NAM | E: | <u> </u> | | | (MALE) | FEMA | LE |
| d) DATE OF BIRTH: (31 / 08 / 1977) (DD/MM/YYYY) e) OCCUPATION: (INDOOR /OUTDOOR) f) DATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d) WEATHER CONDITION: CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES) / NO) 7. d) REPORTED TO POUCE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: WOOLAND WEST NPC 8. THIRD PARTY VEHICLE of passanger d) VEHICLE NUMBER: GBB 6762 K MODEL: PIAT bosho cluding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G8332017L CONTACT: 81619244 of passanger d) VEHICLE NUMBER: MODEL: of passanger e) DRIVER'S NAME: MODEL: | binRic | /FIN/PASSPORT: | | | COLUMN 15 15 15 15 15 15 15 15 15 15 15 15 15 | THE RESIDENCE OF THE PARTY OF T | CONTRACTOR | |
| *d)DATE OF BIRTH: (31 / 08 / 1977)(DD/MM/YYYY) e)OCCUPATION: (INDOOR /OUTDOOR) f)DATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (TES) / NO) 7. d)REPORTED TO POUCE (TES) / NO) IF YES, PLEASE STATE WHICH POUCE STATION: WOOLAND WEST MPC 8. THIRD PARTY VEHICLE of passenger d) VEHICLE NUMBER: GBB 6761 K MODEL: PIAT bobbo cluding driver b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G 8332017L CONTACT: 81619244 9. THIRD PARTY VEHICLE of passenger d) VEHICLE NUMBER: MODEL: of passenger d) VEHICLE NUMBER: MODEL: | | The Property of the Party of th | | | | -22 | | |
| e)OCCUPATION: (INDOOR /OUTDOOR) 1) DATE OF DRIVING PASC 1. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES) NO) 7. a) REPORTED TO POUCE (YES) NO) IF YES, PLEASE STATE WHICH POUCE STATION: WOOLAND WEST NPC 8. THIRD PARTY VEHICLE of passanger a) VEHICLE NUMBER: GBB 6762 K MODEL: PIAT bablo duding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: (18332017L CONTACT: 81619244 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: of passanger a) VEHICLE OF PASSANGER AMIN AL c) NRIC/FIN/PASSPORT: (18332017L CONTACT: 81619244 OF PASSANGER AMIN AL OF PASSANGER AMIN AMIN AL OF PASSANGER AMIN AMIN AMIN AMIN AMIN AMIN AMIN AMIN | 2 | Version | S | | | | | |
| e)OCCUPATION: (INDOOR /OUTDOOR) 1) DATE OF DRIVING PASC 1. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES) NO) 7. a) REPORTED TO POUCE (YES) NO) IF YES, PLEASE STATE WHICH POUCE STATION: WOOLAND WEST NPC 8. THIRD PARTY VEHICLE of passanger a) VEHICLE NUMBER: GBB 6762 K MODEL: PIAT bablo duding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: (18332017L CONTACT: 81619244 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: of passanger a) VEHICLE OF PASSANGER AMIN AL c) NRIC/FIN/PASSPORT: (18332017L CONTACT: 81619244 OF PASSANGER AMIN AL OF PASSANGER AMIN AMIN AL OF PASSANGER AMIN AMIN AMIN AMIN AMIN AMIN AMIN AMIN | *d)DATI | E OF BIRTH: (31 | 1 08 / 197 |)(DD/N | M/YYYY |) | * | |
| ## PRESSONGER ## PRE | | | | | | | | |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES) / NO) 7. a) REPORTED TO POUCE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: WOOLAND WEST MPC B. THIRD PARTY VEHICLE of passenger a) VEHICLE NUMBER: GBB 6762 K MODEL: PIAT bablo duding driver b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G8332017L CONTACT: 81619244 of passenger a) VEHICLE NUMBER: MODEL: of passenger a) VEHICLE d) VEHICLE NUMBER: MODEL: of passenger a) VEHICLE NUMBER: MODEL: | | | | 10 M CC | 700¢ L | | | |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES) / NO) 7. a) REPORTED TO POUCE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: WOOLAND WEST MPC 8. THIRD PARTY VEHICLE of passenger a) VEHICLE NUMBER: GBB 6763 K MODEL: PIAT bablo duding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G 8332017L CONTACT: 816892449 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: of passenger a) VEHICLE NUMBER: MODEL: | 4. WAS DI | RIVER AN EMPLO | YEE OF THE | INSURE | D'S COM | PANY? | (YES | (NO) |
| 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES) / NO) 7. a) REPORTED TO POUCE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: WOOLAND WEST NPC B. THIRD PARTY VEHICLE of passanger a) VEHICLE NUMBER: GBB 6762 K MODEL: PIAT bablo duding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G 8332017L CONTACT: 8168 9244 7. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: of passanger a) VEHICLE NUMBER: MODEL: | | | | | | | 0200118555 | |
| b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) 7. d)REPORTED TO POUCE (YES) NO) IF YES, PLEASE STATE WHICH POUCE STATION: WOOLAND WEST NPC 8. THIRD PARTY VEHICLE of passanger d) VEHICLE NUMBER: GBB 6762 K MODEL: FIAT bablo duding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: 68332017L CONTACT: 81689244 7. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: of passanger d) VEHICLE NUMBER: MODEL: | | | | | | | | |
| 6. WAS ANYBODY INJURED (YES)/NO) 7. DIREPORTED TO POUCE (YES)/NO) 1. IF YES, PLEASE STATE WHICH POUCE STATION: WOOLAND WEST NPC 8. THIRD PARTY VEHICLE 1. OF passenger DI VEHICLE NUMBER: GBB 6762 K MODEL: PIAT DOBLO 1. CONTACT: 8168 9244 1. CONTACT: 8168 9244 1. OF PASSENGER DIVER'S NAME: MODEL: MODEL: 1. OF PASSENGER DIVER'S NAME: MODEL: 1. OF PASSENGER DIVER'S NAME: MODEL: 1. OF PASSENGER DIVER'S NAME: MODEL: | | | | | | | | |
| 7. d) REPORTED TO POUCE (ES/NO) (IF YES, PLEASE STATE WHICH POUCE STATION: WOOLAND WEST MPC B. THIRD PARTY VEHICLE of passinger a) VEHICLE NUMBER: GBB 6762 K MODEL: PIAT bablo duding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G8332017L CONTACT: 816892449 of passinger a) VEHICLE NUMBER: MODEL: of passinger a) VEHICLE NUMBER: MODEL: | | | | | | | 10 | |
| B. THIRD PARTY VEHICLE of passenger of Vehicle Number: GBB 6761 K duding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G8332017L CONTACT: 8168 9244 of passenger of Vehicle Number: Model: Mode | | | | | | | | tii |
| B. THIRD PARTY VEHICLE of passenger of Vehicle Number: GBB 676) K duding driver) b) DRIVER'S NAME: AMIN AL c) NRIC/FIN/PASSPORT: G8332017L CONTACT: 8168 9244 of passenger of Vehicle Number: MODEL: of passenger of Vehicle Number: MODEL: | | | | MOITATE | WOOL | AND WI | SST N | PC |
| duding driver) b) DRIVER'S NAME: AMIN AL () NRIC/FIN/PASSPORT: (18332017L CONTACT: 8168 9244) 9. THIRD PARTY VEHICLE of pressunger d) VEHICLE NUMBER: MODEL: | | | CITT OLICE | JIANON_ | | | | |
| duding driver) b) DRIVER'S NAME: AMIN AL () NRIC/FIN/PASSPORT: 6 8332017L CONTACT: 81689244 9. THIRD PARTY VEHICLE O of pressurger of VEHICLE NUMBER: MODEL: | of passager of VEH | | GBB 6767 | 1 K | MODEL | PIAT | bas | LO . |
| (| | | | | | | | |
| 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: | duding driver) of bioti | Control of the Contro | | | CONTA | ~T. R | 1689 | 144 |
| o of passanger d) VEHICLE NUMBER:MODEL: | | | 11022 | -011- | _001417 | | 4 | |
| el DRIVER'S NAME: | 13 1/10/11 | | | | HODE | | | |
| 6) DRIVER'S NAME. | 0 45 08553463 | | | | -WODEL | | | |
| I) NRIC/FIN/PASSPORT: CONTACT: | | / PR'S NAME | | - 4 | | | | |
| | A day to the state of the state | | | *** | | ~ | | |

email = csk6960@gmail.com





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

1 of 3 Report No. T/20201007/2089

REPORT OF A TRAFFIC ACCIDENT

| | ne Report I 020 17:18 | Vlade: | Vide Report No.: A/20201006/0100 | Station Diary No.: 311 | |
|------------------------------|--|--|--|----------------------------|--|
| Informa | nt's Partic | ulars | | | |
| | f Informant CHI SENG | | Address: APT BLK 521 WOODLANDS 730521 | DRIVE 14 #05-335 SINGAPORE | |
| | / ID No.: O / S77752 | 02A | Contact No.: Home/Office: | Mobile: 81092414 | |
| National MALAY: | 202 (A. P. A. P. P. A. P | | Email: | | |
| Sex: Male | Age: 43 | Date of Birth: 31/08/1977 | Type of Informant: Rider | | |
| Race: Chinese | | The second secon | Language: | Institution / School Name: | |
| Occupation; GRAB DELIVERY | | | Driving Licence Information: Class: 2B,3,4A | Date of Expiry: | |

| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 06/10/2020 16:50 | Type of Location Straight Road |
|----------------------|---------------------------|--|---|---|
| LAVENDER S | STREET | Road Surface: | | |
| Clear | | | | |
| Clear | | Dry | ŀ | Road Speed Limit: |
| | | The state of the s | 1 | Road Speed Limit: raffic Volume: Moderate |

| Details of V | ehicle Involve | d | EU WEST | | | |
|--------------|----------------|-------|---------|-------|-----------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| FBP7805R | Motorcycle | HONDA | FS150F | Black | Totally | no or Fassenger |
| CDDCZCOV | 4.7 | | 33333 | Didox | Damaged | U |
| GBB6762K | Van | | | | Slightly | 0 |
| | | | | | Damaged | |

| Vehicle No. | Insurance Company | Insurance No | Effective | F | |
|-------------|-------------------|---------------|------------|-------------|--|
| | NITUO | | Ellective | Expiry Date | |
| | | 5110151413-01 | 04/06/2020 | 03/06/2021 | |





Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

2 of 3 Report No. T/20201007/2089

| Details of Perso | n Involved | PROJECT OF | | | | |
|-------------------|-------------------------|------------|------------|-------------------------------------|--------|--|
| Any Pedestrian I | nvolved: No | | | | | |
| No. of Pedestriar | ns Injured: NIL | | Use of Per | destriar | Cross | ing: NA |
| Rider | | | 1000,10 | 2001101 | 101033 | ang. NA |
| Name | KUAN CHI SENG | | | ID No | į. | S7775202A |
| Related Vehicle | FBP7805R (Motorcycle) | | | Conta | ct No. | 81092414 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | | | Class Drivin Licend Expire | g | Class: 2B,3,4A Date of Expiry: NIL |
| Date Treatment | 06/10/2020 | | Date Disci | | | /2020 |
| No. of Days gran | ted Medical Leave | 14 | Degree of | | | The state of the s |

Brief Details.

On the 06/10/2020 at about 1650hrs, I was riding my motorcycle (FBP7805R) along the third lane (of 4 lanes) on Lavender street towards Jalan Besar.

While I was riding and out of a sudden, a white van (GBB6762K) from my right (believed to be driving on the second lane of four lanes) did a sudden change of lane from my right towards the third lane and at the front of my motorcycle without proper signaling. Due to the fact, the front of my motorcycle collided onto the left front passenger door area of the van. As a result of the collision, I flew off from my motorcycle.

I wish to state that my motorcycle was totally damaged and couldn't be ridden anymore and it was towed away. Ambulance was at scene however I did not want to be admitted to the hospital. I wish to state that the mentioned van suffer from dents and scratches on the mentioned collided area. No government property was damaged. Traffic Police was at scene (A/20201006/0100).

On the same day at about 2246hrs, I then visited Khoo Teck Puat Hospital for doctor's consultation as I felt pain upon going back home. I then conducted an X-Ray check and I was informed that I have a fracture on my rib cage area and I was given hospitalization leave from 06/10/2020 to 19/10/2020. 14 days of Medical Certificate (KHANE201882173). Therefore, I wish to lodge this report for record and insurance claim purposes.





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

3 of 3 Report No. T/20201007/2089

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 2 SEAN NG WEE JIE | Q _r |
| Signature Of Interpreter: Not applicable | Date/Time: 07/10/2020 17:18 |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206 | Classification Of Case: |

Claim Handling

| Accident MT/1106296 | | | | |
|--|---|------------------------------------|--|------------------|
| Policy No. | 5110151413-01 | Vehicle No. | FBP7805R | GST Registrati |
| Certificate No. | | | 1,000 1,000,000 | OS (Registrati |
| Policyholder Name | KUAN CHI SENG | | | Policyholder N |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading |
| Contact No.(Mobile) | S1092414 | Contact No.(Office) | | Contact No.(H |
| Email Address | | Special Remark | | eCode |
| KFK | No Yes | TCA | No Yes | eCode Reason |
| NCD Protection | Na | NCD Entitlement(%) | 10 | Private Hire |
| | | | | -51/15/4/1004 |
| Report Date | 12/10/2020 14:01 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 06/10/2020 | Time of Accident hhomm | 16:50 | Country of Act |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | ALONG LAVENDER STREET | | | 10.1100 |
| → Total Excess Applicable | | | | |
| Excess Type | Per Accident | Windscreen Excess | | |
| OD Standard Excess | 0.00 | TP Standard Excess | West and | |
| YIED OD Excess | 0.00 | YIED TF Excess | 0.00 | |
| Additional Excess | 0,00// | THE IF CACESS | 0.00 | Driver Is Cove |
| Total OD Excess Applicable | 0:00 | THANAN THE RESIDENCE OF THE SECOND | White C | |
| ▽ Benefits | 0.40 | Total TP Excess Applicable | 0.00 | |
| | tion | | | |
| GST Registered | No | | CET BANK IN SAIL | |
| GST Registration No. | | | GST Registration Date GST Status Verified | Yes |
| Modification History | | | | 183 |
| Policyholder Malling Add | fress | | | |
| Address 1 | BLK 521 +05-335 | Address 2 | WOODLANDS DRIVE 14 | Address 3 |
| Address 4 | SINGAPORE 730921 | Address Type | Singapore address | Post Code |
| Unit No. | 05-335 | Related Policy Number | 5110151413-01 | 10,000,000 |
| ♥ OI Driver Info | | | | |
| Driver Name | KUAN CHI SENG | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NR1C | S7775202A | Driver DOB |
| Register Date of Driver License | 22/11/2007 | Driver Age | 43 | Driving Experie |
| Contact No.(Mobile) | 81092414 | Contact No.(Office) | | Contact No.(H |
| Address 1 | BLK 521 #05-335 | Address 2 | WOODLANDS DRIVE 14 | Address 3 |
| Address 4 | SINGAPORE 730521 | Address Type | Singapore address | Post Code |
| Unit No. Does he own a Singapore | 05-335 | | | |
| Registered car? | Yes No | Driver Vehicle No. | FBP7805R | Driver Insurer |
| Declaration | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | ∴ Yes ⊮ No | |
| ACCURATE PART | | | | |
| Modification History | | | | |
| Claim 001 New | | | | |
| Claim Type * | | | //posterior | a latherness. |
| ************************************** | | | OD-MX | Name KU |
| Contact No.(Mobile) | | | 81092414 | No. (Home) |
| Email Address | | | CSK6960@GMAIL.CO | OI Vehicle FB |
| Claim Description | | | FBP7805R / G88676: | Number |
| Freferred | perfection transaction of the contract of the | | [rer/003K/ Gob6/6. | N 914-9 OCT 2020 |
| Workshop | Proferend Liability Not at F | 274 | | |
| Equility No. Yes | Repair Preferred Workshop Option | , Name unknown V GIA Received | .* | elation to |
| Date Registered | ALCONOMIA | | 12/10/2020 14:04 | Close |
| Report Taken By | | | ROSLI WAHAB | Date |
| | | | The state of the s | 1 |
| Print AK letter | | | | |

Save Submit

Attachment Accident No. MT/1106296 Claim No. Last Doc. Received 001 Yes O No Upload Date 12/10/2020 14:05 Path = Choose File No file chosen Category * Confider Choose File No file chosen Clear Please Select Y NO Choose File No file chosen Clear Please Select × NO Choose File No file chosen Clear Please Select ٧ NO Clear Choose File No file chosen Please Select NO Choose File No file chosen Clear Please Select NO Clear Please Select Attachment List Attachment Uploaded By/Date Category Urgency NAC_PAYA_UBI_E00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05 Photos Normal Pho NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05 Photos Normal Phi NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05 Photos Phi NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05 Photos Normal NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05 Photos Normal Phr NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05 Photos. Normal Pho NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05 Photos Phy NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o # 12 Oct 2020 14:05 Photos Normal NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:05 Photos Normal Phi NAC_FAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:04 Photos NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 12 Oct 2020 14:04 Photos Normal NAC_PAYA_UBI_BOOGDI(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:04 Photos Normal NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 12 Oct 2020 14:04 Photos Normal Phi YOU ME NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o WIT THE NRIC/ Driving License n 12 Oct 2020 14:04 Normal NRIC/ Driv

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Folder Date

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eBaoTech Hello, NAC_PAYA_UBI_800601 GeneralClaim Change Language My Desktop · Change Password **Policy Query** · Log Out Notice of Loss Policy No. Date of Accident 06/10/2020 14:08 Vehicle No.(Far Motor) FBP7805R Certificate Number Search Certificate Number Select Policyholder Name Policy No. Policyholder NRIC Product Cover Type Vehicle Insured Object Commence Date 5110151413-Expiry Date KUAN CHI SENG Third Party, FBP780SR FBP780SR 01 \$7775202A GMC 04/06/2020 03/06/2021 Continue