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NATIONAL Assessment Centre	Jeb descrip		Date & Time Completed	D	one by
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Veh No: BRIGORY	ļ	thin Shrs, AIC 2hrs)		I	
D.O.A: 4/12/2-4:20		Claim Form	ma 1: 11271-	10.10	
AND		V/O (Within: OD 2hrs,	M7/11/210-201	1/1/2	14:3
OD / TP / Reporting Only	i-Photo U		1		••• •••
TD I		Survey Report			
TP Insurer:		t by Fax / Hand to	0		
Preferred Wksp / INC Assign Wksp / QW: (Toj <u>Inavitanu</u> to			
TP Particulars: Veh No: JKN 77	21.	INC(ax:	
Owner / Driver: (. 1140 ()/Non-INC()		
Policy No: () Period	l: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [Note	e-Fet Status)	
7/			6; P: 21-79%. F: 80-1	00%]	
	ranty: YES (
Excess: (\$) Loading: \$1,000 ()/\$2,00	00()			
General Remarks:		1000		1315 7. 17	
() Walk-In Customer: Customer's informat	tion strictly C	<mark></mark>		3.00	·
() Total I was G	don strictly C	ontidential & Strict	ly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer Ul					
Drive-In ()/ Towed-In (); Invoice: YE	ES () /	NO (); Tow	ring Co: (
Remarks: (INC hatline: 6788 6616)					
			Date&Time Completed	7.70 PM	- L
	State seed Location Devices Children		succession contribute out	× Don	O DY
1) Apply for Transport Allowance ()/ Courte	esy Car ()	Section Completed	A DON	ic by
	esy Car ()		es a vision	ic by
2) QC Check / Post Repair Inspection	()	7	ASSESS TO LOCAL	LC.DY
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SN0920C5000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/12/2020 14:36 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (05/12/2020 14:36 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 05/12/2020 14:36 (SGT) Date of Accident 04/12/2020 21:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS TUAS BEFORE CTE (SLE) EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR1608Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LOKE DE JUN EUGENE NRIC No SXXXX542I Email Address eitelonnen1994@hotmail.com Mobile Phone No (Phone) +65-91450369 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Cb400 Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5116551417 Cover Note Number

DRIVER

Name of Driver LOKE DE JUN EUGENE NRIC No SXXXX542I Date Of Birth 21/10/1994 Occupation Outdoor

Pate Of Driving Pass	00/00/0000	
Priving experience	O MONITURE	
Gender	W.1	
Wobile Number	(D)	
Alt. Phone Number	(Phone) +65-91450369	
Email Address		
Address	DI 16 504 AND	
Address complement	OZI / MO MO MO AVENUE S	
Hostcode	500504	
Is the driver the policyholder?	560521	
If No, Relationship of the Driver with the Insured	Yes	
Does Driver Own Other Vehicles?	Ī.	
Vehicle Registration Number of Other Vehicle Owned by Driver	No	
or a serior of other vehicle owned by Driver		
Insurance Company of Other Vehicle Owned by Driver	1	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident		
Type of Accident Weather Conditions	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Dry	
	/	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
was anybody injured in the Accident?	No	
was any injured conveyed to hospital by ambulance?	NO	
was any other material or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
nds the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
DETAILS OF POLICE ACTION		
W 30 2.25		
Was the accident reported to the police?	No	
was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
REFER TO STATEMENT.		
TELLITO STATEMENT.		
ATTACHMENT(S)		
Are accident photos queilable for an		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	Yes	
Was there any audio recorded?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	La Carlo Carlos
Vehicle Registration Number	01/007701	
Vehicle Manufacturer	SKS2772L	
Vehicle Model	Honda	
Vehicle Variant	-	
Vehicle Colour	-	
Vehicle Category	-	
Name of Driver	Private car	
NRIC No	YU LONG LENG	
Contact Number	SXXXX695E	
Address	(Phone) +65-98258804	
Address complement	E.	
Postcode	-	
Postcode	-	

nsurance Company Name	
Nature Of Damage	
VEIGHS OF DECORPTAL damaged in cooldant	•
No. Of Passenger (Including Driver)	•
go (molading Diffel)	

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver. 2)
- 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
- 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
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above
- (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, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT	
On the stated time and date, traveling on PIE TUAS direction. comitted in	770
4 ighe change manoeuvre to exit into LTE (SLE) due to careless into	. a L
and insufficient time to leact, I have accidentally hit SKS 2772L Left re	ichi
taillight and bumper with my probe sid mine T all the	ar .
taillight and bumper with my right side mirror. I admit to my mistake an	both
parties involved have agreed to Claim insurance.	
	/

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance
- 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 traffic police department for investigation.

维维特的	ACCIDENT DETAIL	S		
Date of accident	04/12/2020			/DD/2000/0000
Time of accident	21:20 HRG			(DD/MM/YY)
Exact location of accident	TI DO FIRS			(HH:MM)
	PIE TUGS BEF	ore CTE/SLE	Exit	

《新聞》	D. D. D.	ETAILS OF	VEHICLE	Mary Salaharan
Vehicle registration number	FBR	1608 Y	2000年 · 1000年	
Vehicle make and model	Honda	CB400		
Type of vehicle	Saloon	MPV 🗆	CRV U Van U	
Vehicle category	Private 🗹	Bus 🗆 Comme	Motorcycle Others: rcial □ Motorcycle □	
Purpose of using at said time			Notorcycle	
Are you claiming under your own insurance company?	Yes □ Third part cla	No □	if no, please select:	

	INSURANCE IN	FORMATION	SAMO STATE
Insurance company	NTUE		
Policy number	N. I.C	-	
Type of policy	Comprehensive □	Third party fire & theft	TP only
		= party file & theit	TP OHIY

数数数数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数	INSURED / PO	LICY HOLD	DER		
Name	Loke De Jun	Eugene		Male □	Famala -
NRIC / Fin / Passport number	59439542I	Lagario		iviale 🗆	Female
Contact	9145 0369				
Address		Ans	#13-4216	5(560521)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	
NRIC / Fin / Passport number	Male Female
Contact	
Address	
Email address	Eitelonnen1994 @hotmail.com
Date of birth	21/10/1994
Occupation	Indoor Outdoor
Driving date pass	- σατασοί φ

	GENERAL	INFORMATIO	N OF THE ACCIDENT		
Was driver an employee of	Yes 🗆	No 🗆	- THE REGIDENT	(1) 11 11 11 11 11 11 11 11 11 11 11 11 1	
the insured's company?	If no, re	ationship of th	e driver and insured:	Owner	
Accident captured by camera?	Yes	No 🗆			
Weather condition	Clear 🗹	Raining	Others:		
Road surface	Dry 🗹	Wet 🗆			
No of passenger	1			(Inclusion)	e of driver)
A Committee of the Comm				(inclusiv	e of driver)
全部 的政治是不成功的政治。	SEE SEE SEE	PASSENG	ER 1		
Name					
Gender	Male 🗆	Female			
	State of the section of				
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Name					
Gender	Male □	Female			
	he have	PASSENGE	R 3		ESPANISH NAME OF THE OWNER.
Name					
Gender /	Male 🗸	Female			
		PASSENGE	P 4		
Name					
Gender	Male 🗆	Female 🗷			
		PASSENGE	P 5		
Name	North Control of the	/ / / / / / / / / / / / / / / / / / / /	1, 2		
Gender 6	Male 🗆 /	Female			
				/	
		PASSENGE	R.6		
Name					2000年(1975年)
Gender	Male 🗆	Female			H Marie de La Company
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AND RESIDENCE OF THE PARTY OF T		THER INFORM	ATION	CONTRACTOR VICE	
Was anybody injured?	Yes 🗆 📌	No 🗆	AllOn	经收益 医高角性 对中国的	NAME OF STREET
	Yesi	No 🗆			
		17-			
	DETAILS	OF POLICE STA	TION ACTION		
Reported to police?	∕es □		s, please state which po		E CHAINE
Police station name		ii ye.	s, piease state willch pi	olice Station.	
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Name		WITINESS .		(4) 19 15 16 16 16 16 16 16 16 16 16 16 16 16 16	要 多可能。
					A CONTRACTOR
Name		WITNESS 2		图 医多种线 医静脉	基 卡公司的设置
	market succession				

A COMPANY OF THE PARTY OF THE P	THIRD PARTY VEHICLE 1
Vehicle registration number	SKS 2772L
Vehicle make model	Honda
Name	YU LONG LENG
NRIC / Fin / Passport number	57370695E
Contact	9825 8804
and the second s	10 7 000 1
外国影响大大学 《阿拉拉斯》	THIRD PARTY VEHICLE 2
Vehicle registration number	TAKIT VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number /	
Contact	
	TUIDO
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Vahiala variata ti	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
Name Name	
NRIC / Fin / Passport number Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
William Company of the Company	THIRD PARTY VEHICLE 7
Vehicle registration number	THIND PARTY VEHICLE /
Vehicle make model	
Name	
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Contact	
Jonati	

LOGICATION CONTRACTOR		INIIIPE	PERSON 1	NATIONAL PROPERTY.	all to the second of the secon	August Sant Assistance
Name		IIVOKL	PERSON I		(数据)数	野洋洋强
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?						
		/				
		INVIDE		manufacture of the same of the		
Name		HAJORED	PERSON 2	第一条一位的		
Injuries sustained						
Which vehicle person in?	/					
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?						
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Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆 /	No 🗆				
hospital by ambulance?						
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	/		/			
MALESTA		INILIRED	DEDSON A		THE PROPERTY OF	
Name		INJURED	PERSON 4		STATE OF THE	250%
Name Injuries sustained		INJURED	PERSON 4		SENTENS.	
Injuries sustained		INJURED	PERSON 4			
	Yes 🗆		PERSON 4			
Injuries sustained Which vehicle person in?	Yes -	No 🗆 🖊	PERSON 4			
Injuries sustained Which vehicle person in? Were seat belts worn?			PERSON 4			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆 🖊	PERSON 4			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆				
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Hello, NAC_PAYA_UBI_8	00601) Chang				alClaim
My Desktop Notice of Loss	Poli	cy Query		› Change Language › Change Password							
Notice of Loss	Policy N Vehicle	No.(For Motor)	FBR160	EDDICON			Date of Accident Certificate Number		04/12/2020 21:20		,
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116551417		LOKE DE JUN EUGENE	S9439542I	GMC	Third Party, Fire & Theft	FBR1608Y	FBR1608Y	11/03/2020	10/03/2021

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Certificate No.		Name		NO CONCENTE TO THE CONCENTE OF	NRIC	5343954ZI	
Address	BLK 521 #13-4216 ANG MO K	IO AVENUE 5 S	INGAPORE	560521			
Product Name	MOTORCYCLE INSURANCE	Plan			Group	N	
Policy issue Date	10/03/2020	Effective Date	11/03/20	20 00:00	Policy Flag Expiry Date	10/03/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETIN	C Agent Tel.			GST Flag	V	
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Policy No.	5116551417	Vahistana				
Certificate No.		Vehicle No.	FBR1608Y	GST Registration No.	Control (see	
Policyholder Name	LOKE DE JUN EUGENE					
Product Code	MOTORCYCLE INSURANCE	Cover Type		Policyholder NRIC	S9439542I 0 0	
Contact No.(Mobile)	91450369	Contact No.(Office)	Third Party, Fire & Theft	Loading		
Email Address		Special Remark	0	Contact No.(Home)		
KFK	● No ○ Yes	TCA	00	eCode		
NCD Protection	No	NCD Entitlement(%)	No Yes	eCode Reason		
Accident Details		and an analysis of the state of	0	Private Hire	No	
Report Date	05/12/2020 14:37	Accident Report Within 24 hrs	s Yes			
Date of Accident	04/12/2020	Time of Accident hh:mm		Accident Type	Collision - Head to Rear	
Reporting Centre		Orange Force	21:20	Country of Accident	Singapore	
Accident Location	PIE	Orange Porce		ICM No.		
 Total Excess Applicab 	ile					
Excess Type	Per Accident	Windscreen Excess				
42.0		The Lacess				
OD Standard Excess	0.00	TP Standard Excess	0.00			
YIED OD Excess	0.00	YIED TP Excess	0.00			
Additional Excess			0.00	Driver is Covered?	Not Covered	
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
♥ Benefits			0.00			
GST Registered Inform						
GST Registered GST Registration No.	No		GST Registration Date			
Modification History			GST Status Verified	Yes		
Policyholder Mailing Ac	Idress					
Address 1	BLK 521 #13-4216					
Address 4	JE1 #13-4210	Address 2	ANG MO KIO AVENUE 5	Address 3	SINGAPORE 560521	
Unit No.		Address Type	Singapore address	Post Code	560521	
OI Driver Info		Related Policy Number	5116551417			
Driver Name	LOKE DE JUN EUGENE					
Innamed driver Name	The state of the s	Driver Type	Main Driver	The same of the sa		
tegister Date of Driver License	03/03/2020	Driver NRIC	S9439542I	Driver DOB	21/10/1994	
Contact No.(Mobile)	91450369	Driver Age	26	Driving Experience	0	
Address 1	BLK 521	Contact No.(Office)	0	Contact No.(Home)	0	
ddress 4		Address 2	ANG MO KIO AVENUE 5	Address 3	SINGAPORE 560521	
Init No.	13-4216	Address Type	Singapore address	Post Code	560521	
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egistered car?	O TES ® NO	Driver Vehicle No.		Driver Insurer Company		
eclaration				38 14	The second secon	
reathalyser or Blood Test	0 mg					
eading?	o mg	Any injury?	○ Yes No			
odification History						
Claim 001 New						
The state of the s						
	OD-MX	Insured Name	OKE DE JUN EUGENE	Insured NRIC		
ntact No.(Mobile)		Contact No.(Home)			S9439542I	
ail Address		OI Vehicle Number	BR1608Y	Contact No.(Office)		
imant Type Claimant Type •	Please Select		Please Select	TP Vehicle Number	SKS2772L	
imant Name *	>>	Claimant NRIC +				
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imant Address						
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Attachme	nt List							Send Me
Attachment	Upi	oaded By/Date	Category	9	Urgency		Description	Msg Sent?
-	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 05 Dec 2020 14:44	NRIC/ Driving License	Y	Normal	NRIC/ (priving License 2020-12-5	(CO)
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