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TP Particulars: Veh No:	7cm 66 69R		)	
Owner / Driver: (		Tel: ) Cover Type: (		)
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Insured/Driver Liability: (	%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 5		
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( ) Walk-In Customer: Customer ( ) Total Loss Case : to e-mail   Drive-In ( ) / Towed-In ( ); I  Remarks: (INC hotline: 6788 for 1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Continuity:  Date/Time Actions	Insurer DRGENTS  nvoice: YES ( ) / NO (  616)  ) / Courtesy Car ( )  ( )  ost > \$3000] ( )  11  22	Date&Time Completed Preparation Checklist AR: Accident Reporting (\$30); DA: Damage Assessment (\$100); TF: Towing Fee (\$70); TF: Follow-Through Survey (Panage Assessment (\$100);	INC (\$80)  \$40/\$45  \$120  \$2)	Ant (S) Amu
( ) Walk-In Customer: Customer ( ) Total Loss Case : to e-mail   Drive-In ( ) / Towed-In ( ); I  Remarks: (INC hotline: 6788 61 1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Configury:  Date/Time Actions  Claimant's Particulars:	Insurer DRGENTS  nvoice: YES ( ) / NO (  616)  ) / Courtesy Car ( )  ( )  ost > \$3000] ( )  1  1  2  3  4  5	Date&Time Comple  Date&Time Comple  Date&Time Comple  AR: Accident Reporting (\$30);  DA: Damage Assessment (\$100);  TF: Towing Fee  FT: Follow-Through Survey  FT: Follow-Through Survey  FT: Follow-Through Survey  TR: Re-inspection	INC (\$80) \$40/\$45 \$120 y) \$30 Q Jan 2005) \$75	Ant (S) Amu
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SN0920C5000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/12/2020 17:14 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (05/12/2020 17:14 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

1. Please report correctly the details of the accident to speed up the claims process.

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.

- 4. The issue and acceptance of this Form by insurance companies is not all admission of pointy insurance part of the police for investigation.

  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.
- 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

05/12/2020 17:14 (SGT) Date of Submission 05/12/2020 13:25 (SGT) Date of Accident Still Rd, Singapore Exact Location of Accident TWDS JLN EUNOS Additional Location Information Singapore Country/State of Loss

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN8554T

INSURED/POLICYHOLDER

Is company? CHUA TSAI KIM CAREY Name Of Registered Owner ..... SXXXX868F careychua@bikerider.com NRIC No Email Address (Phone) +65-93387648 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer ..... SNIPER T150 Model Variant .....

Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Motorcycle Vehicle Category

#### INSURANCE COMPANY

Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5115035558 Policy Number Cover Note Number

#### DRIVER

CHUA TSAI KIM CAREY Name of Driver SXXXX868F NRIC No Date Of Birth 23/04/1980 Indoor Occupation

	10110100119	
Date Of Driving Pass	18/12/2018 2 YEARS	
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(2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Female (Phone) +65-93387648	
100 10 Page 1 Pa	+	
L. L	careychua@bikerider.com	
	BLK 318 UBI AVNUE 1	
	#07-489	
Control of the contro	400318	
	Yes	
	-	
Is the driver the policyholder?  If No, Relationship of the Driver with the Insured	No	
Does Driver Own Other Vehicles:  Vehicle Registration Number of Other Vehicle Owned by Driver	<u></u>	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
	o Winner Hood to Rear	
Type of Accident	Collision - Head to Rear	
We ather Conditions	Clear	
Road Surface	Dry	
THOSE SAME		
OTHER INFORMATION		
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	No	
a 11 lee involved in the accident	2	
Accident/	No	
	-	
	Yes	
Number of Passengers (Including Dilver)	1	
Has the driver been approached by unknown person(s)	No	
Has the driver been approached by unknown person (e) soliciting/offering accident claims assistance?	140	
DETAILS OF POLICE ACTION		
tod to the police?	No	
Was the accident reported to the police? Was notice of intended Prosecution given?	No	
If yes, against whom?	. •	
If yes, against whom?		
CIRCUMSTANCES OF ACCIDENT		
REFER TO STATEMENT.		
ATTACHMENT(S)		
	Yes	
Are accident photos available for attachment?	No	
Was there any video captured by Car Camera.  Was there any audio recorded?		
	HER VEHICLE PROPERTY 1	
DETAILS OF OT	TEN VENICE	
	SKU6669R	
Vehicle Registration Number		
A L L L Manufooturor		
Vehicle Model  Vehicle Model	-	
Vehicle Model Vehicle Variant Vehicle Colour		
Vehicle Colour Vehicle Category	Private car	
Vehicle Category  Name of Driver		
The second of the second secon		
Postcode Insurance Company Name	-	
Illisurance Company		Page 2 of 20
		ado E oi E

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

#### 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>.
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date & Time:

NRIC/FIN No .:

On 05.12.2020 at about 13:25 hours along Still Road towards Jalan Eunos (Before Langsat Road). I was travelling straight on lane 2 at the above mentioned location and when I wished to change my lane into lane 1, unfortunately my vehicle (A) contacted with the rear and right hand side portion of vehicle (B).

Vehicle (A): FBN 8554T

Vehicle (B): SKU 6669R



# SINGAPORE ACCIDENT STATEMENT

Vehicle Number FBN 8554 T  Insured Name Chief Tsoi Fim Carey  NRIC /FIN \$ \$011868 F  Contact Number 9338 7648  Make Yamaha Model Super 1150  Are you claiming under your own insurance policy for repair to your vehicle?  () Yes If No,Pls select: () Third Party () Reporting  Insurance Company NTUC  Type of Policy () Comphensive () Third Party Fire & Theft () TP Only  Policy Number 5115035558  Name of Driver () Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation () Indoor () Outdoor  Gender () Male () Female  Email Address Carey and & birender com () NO EMAIL  Address of Driver blk 2/16 Uh flows 1  Mas driver an employee of the Insured's Company? () Yes () No  If No, Relationship of the Driver with the Insured  (() Owner () Spouse () Friend () Relative () Children () Sibling  Does the Driver Own Any Other Vehicle? () Yes (/) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions () Clear () Raining () Others
Insured Name Chief Tsai Fill Carey  NRIC /FIN \$80 1868 F Contact Number 9338 7648  Make Yamaha Model Supper T150  Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No,Pls select: ( ) Third Party ( \( \) ) Reporting  Insurance Company NT0C  Type of Policy ( \( \) ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number 5115035558  Name of Driver ( \( \) ) Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( \( \) ) Indoor ( ) Outdoor  Gender ( ) Male ( \( \) ) Female  Email Address Carey Child & Diker Com ( ) NO EMAIL  Address of Driver ( ) R 18 Un flame 1  Mas driver an employee of the Insured's Company? ( ) Yes ( \( \) ) No  If No, Relationship of the Driver with the Insured  ( \( \) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle ? ( ) Yes ( \( \) ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( \( \) ) Clear ( ) Raining ( ) Others
Insured Name Chief Tsai Fill Carey  NRIC /FIN \$80 1868 F Contact Number 9338 7648  Make Yamaha Model Supper T150  Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No,Pls select: ( ) Third Party ( \( \) ) Reporting  Insurance Company NT0C  Type of Policy ( \( \) ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number 5115035558  Name of Driver ( \( \) ) Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( \( \) ) Indoor ( ) Outdoor  Gender ( ) Male ( \( \) ) Female  Email Address Carey Child & Diker Com ( ) NO EMAIL  Address of Driver ( ) R 18 Un flame 1  Mas driver an employee of the Insured's Company? ( ) Yes ( \( \) ) No  If No, Relationship of the Driver with the Insured  ( \( \) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle ? ( ) Yes ( \( \) ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( \( \) ) Clear ( ) Raining ( ) Others
NRIC /FIN S 801868 F Contact Number 9338 7648  Make   Manaha   Model   Super T150    Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No,Pls select: ( ) Third Party ( \(  \) Reporting  Insurance Company   NTOC  Type of Policy ( \(  \) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number   5115035558    Name of Driver ( \(  \) Same as Insured  NRIC / FIN   Contact Number  Date of Birth   23/04/1980    Driving Pass Date   18/12/2018    Occupation ( \(  \) Indoor ( ) Outdoor  Gender ( ) Male ( \(  \) Female  Email Address   Carrey Child   Siker der   Company ( ) NO EMAIL  Address of Driver   Siker   Siker
NRIC /FIN S 801868 F Contact Number 9338 7648  Make   Manda   Model   Super 7150    Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No,Pls select: ( ) Third Party ( \(  \) Reporting  Insurance Company   NTOC    Type of Policy ( \(  \) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number   5115035558    Name of Driver ( \(  \) Same as Insured  NRIC / FIN   Contact Number    Date of Birth   23/04/1980    Driving Pass Date   18/12/2018    Occupation ( \(  \) Indoor ( ) Outdoor    Gender ( ) Male ( \(  \)) Female    Email Address   Carrey Child   Siker der   Company ( ) NO EMAIL    Address of Driver   Siker   Siker   Siker   Siker   Siker    Was driver an employee of the Insured's Company? ( ) Yes ( \(  \)) No    If No, Relationship of the Driver with the Insured    ( \(  \)) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling    Does the Driver Own Any Other Vehicle ? ( ) Yes ( \(  \) No    If Yes , Vehicle Registration Number of Driver's Own Vehicle    Weather Conditions ( \(  \) Clear ( ) Raining ( ) Others
Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No,Pls select: ( ) Third Party ( ✓ ) Reporting  Insurance Company NTUC  Type of Policy ( ✓ ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number 5115035558  Name of Driver ( ✓ ) Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( ✓ ) Indoor ( ) Outdoor  Gender ( ) Male ( ✓ ) Female  Email Address Carey And & bikender Com  Email Address of Driver bik 1/6 Uniformal 1,  Was driver an employee of the Insured's Company? ( ) Yes ( ✓ ) No  If No, Relationship of the Driver with the Insured  ( ✓ ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ✓ ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ✓ ) Clear ( ) Raining ( ) Others
Insurance Company NTOC  Type of Policy ( / ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only Policy Number 511503555 &  Name of Driver ( / ) Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( / ) Indoor ( ) Outdoor  Gender ( ) Male ( / ) Female  Email Address Carey Child & biker der com ( ) NO EMAIL  Address of Driver DIE 7/18 Uh Alexa 1,  ***Totales** SCHOOLE**  Was driver an employee of the Insured's Company? ( ) Yes ( / ) No  If No, Relationship of the Driver with the Insured  ( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle ? ( ) Yes ( / ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( / ) Clear ( ) Raining ( ) Others
Insurance Company NTOC  Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number 5115035558  Name of Driver ( ) Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address Cavey and & bixender com ( ) NO EMAIL  Address of Driver blk 218 Up Alexa 1  # 07-489 \$ C + 002 ( 8 )  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ) Clear ( ) Raining ( ) Others
Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only Policy Number 5115035558  Name of Driver ( ) Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address Carey And & bixer der wom ( ) NO EMAIL  Address of Driver bik 2/18 Uhi Advance 1,  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ) Clear ( ) Raining ( ) Others
Policy Number 5115035558  Name of Driver ( V )Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( V ) Indoor ( ) Outdoor  Gender ( ) Male ( V ) Female  Email Address Carey Chulo & birely der com ( )NO EMAIL  Address of Driver blk 2/18 Uh Alense 1,  # 07-489 \$ (4002/8)  Was driver an employee of the Insured's Company? ( ) Yes ( V ) No  If No, Relationship of the Driver with the Insured  ( V ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( V ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( V ) Clear ( ) Raining ( ) Others
Name of Driver ( ) Same as Insured  NRIC / FIN Contact Number  Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address Carey and birerider com ( ) NO EMAIL  Address of Driver bir 1/6 Un Arena 1,  # 07-489 \$ C400318 )  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ) Clear ( ) Raining ( ) Others
Name of Driver    NRIC / FIN   Contact Number
Date of Birth 23/04/1980  Driving Pass Date 18/12/2018  Occupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address Carey and & birerider com ( ) NO EMAIL  Address of Driver bir 1/8 Un Area 1  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ) Clear ( ) Raining ( ) Others
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Driving Pass Date 18/12/2018  Occupation ( ✓ ) Indoor ( ) Outdoor  Gender ( ) Male ( ✓ ) Female  Email Address Cavey Chura & bikerider com ( ) NO EMAIL  Address of Driver blk 3/8 Un Address 1,  # 07-489 \$ C4003/8 )  Was driver an employee of the Insured's Company? ( ) Yes ( ✓ ) No  If No, Relationship of the Driver with the Insured  ( ✓ ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ✓ ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ✓ ) Clear ( ) Raining ( ) Others
Occupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address Cavey and & bixerider wom ( )NO EMAIL  Address of Driver bix his Unit Advance 1,  # 07-489 S(400)(8)  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ) Clear ( ) Raining ( ) Others
Occupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address Cavey and & bixerider wom ( )NO EMAIL  Address of Driver bix his Unit Advance 1,  # 07-489 S(400)(8)  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ) Clear ( ) Raining ( ) Others
Gender ( ) Male ( /) Female  Email Address Cavey Child & bikerider wom ( ) NO EMAIL  Address of Driver Blk 1/6 Up Alexe 1  Was driver an employee of the Insured's Company? ( ) Yes (/) No  If No, Relationship of the Driver with the Insured  ( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No  If Yes , Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( / ) Clear ( ) Raining ( ) Others
Address of Driver Blk 318 Uh Alexae 1,  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ) Clear ( ) Raining ( ) Others
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If No, Relationship of the Driver with the Insured  (✓) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions (✓) Clear ( ) Raining ( ) Others
If No, Relationship of the Driver with the Insured  (✓) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions (✓) Clear ( ) Raining ( ) Others
Does the Driver Own Any Other Vehicle? ( ) Yes ( ✓ ) No  If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ✓ ) Clear ( ) Raining ( ) Others
If Yes, Vehicle Registration Number of Driver's Own Vehicle  Insurance Company of Driver's Own Vehicle  Weather Conditions ( ✓ ) Clear ( ) Raining ( ) Others
Insurance Company of Driver's Own Vehicle  Weather Conditions ( ✓ ) Clear ( ) Raining ( ) Others
Weather Conditions ( ✓ ) Clear ( ) Raining ( ) Others
( ) ( )
Road Surface ( V ) Dry ( ) Wet ( ) Others
Was any foreign vehicle involved in this accident? ( ) Yes ( ✓ ) No
Was anybody injured in the accident? ( ) Yes ( ✓ ) No
If yes, injured detail
Was there any video captured by Car Camera? ( ) Yes ( ) No
Was the Accident reported to the Police? ( ) Yes ( ✓ ) No If yes attach police report  DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact
Veh B SKU 6669R
Veh C
Veh D
Veh E
Veh F



## **Certificate of Insurance**

ertificate Number : 5115035558  Index mark and Registration Number of Chassis Number  Name of Policyholder  Effective Date of Insurance  Expiry Date of Insurance  Persons or Classes of Persons entitled	Cover : Comprehensive  of Vehicle : FBN8554T : MH3UG0740J0141670 : CHUA TSAI KIM CAREY
Chassis Number  Name of Policyholder  Effective Date of Insurance  Expiry Date of Insurance	: MH3UG0740J0141670
Name of Policyholder     Effective Date of Insurance     Expiry Date of Insurance	
Effective Date of Insurance Expiry Date of Insurance	
Expiry Date of Insurance	: 27 Dec 2019
A THEORY OF THE PROPERTY OF TH	: 26 Dec 2020
reisons of classes of reisons entitled	
(a) Named Driver(s) Only.	TO diven
the Motor Vehicle or has been so enactment or regulation in that be	is permitted in accordance with the licensing or other laws or regulations to dri permitted and is not disqualified by order of a Court of Law or by reason of an ehalf from driving the Motor Vehicle.
. Limitations as to Use#	11 was a standard and
	ure purposes and in connection with the Policyholder's business or profession.
his Policy does not cover  (a) Use for hire or reward.	
(b) Use for racing, pace-making, relia	shility trial or speed-testing
	ner than samples) in connection with any trade or business.
(c) Use for the carriage of goods for	ici tilai sampies, in connection till en,
(d) Use for any purpose in connection # Limitations rendered inoperative	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act the Road Transport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative (Chapter 189) and Section 95 of the	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act
# Limitations rendered inoperative (Chapter 189) and Section 95 of the headings.  XCESS (SECTION 1)	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act the Road Transport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative (Chapter 189) and Section 95 of the headings.  XCESS (SECTION 1) XCESS (SECTION 2)	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act the Road Transport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative (Chapter 189) and Section 95 of theadings.  XCESS (SECTION 1) XCESS (SECTION 2) XCESS (THEFT OUTSIDE SINGAPORE)	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act the Road Transport Act, 1987 (Malaysia), are not to be included under these  : \$\$300   : N/A
# Limitations rendered inoperative (Chapter 189) and Section 95 of theadings.  XCESS (SECTION 1) XCESS (SECTION 2) XCESS (THEFT OUTSIDE SINGAPORE) NSURE WITH COE	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act the Road Transport Act, 1987 (Malaysia), are not to be included under these  : \$\$300  : N/A  : PLEASE REFER OVERLEAF  : YES  : CHUA TSAI KIM CAREY
(d) Use for any purpose in connection  # Limitations rendered inoperative (Chapter 189) and Section 95 of t	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act the Road Transport Act, 1987 (Malaysia), are not to be included under these  : \$\$300  : N/A  : PLEASE REFER OVERLEAF  : YES
# Limitations rendered inoperative (Chapter 189) and Section 95 of theadings.  EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (THEFT OUTSIDE SINGAPORE) NSURE WITH COE NAMED DRIVER (1)	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act the Road Transport Act, 1987 (Malaysia), are not to be included under these  : \$\$300  : N/A  : PLEASE REFER OVERLEAF  : YES  : CHUA TSAI KIM CAREY

**Authorised Officer** 

eBaoTech	601			No. and			· Change La	inguage	• Change	Password	→ Log Ou
My Desktop	Polic	cy Query									,
Notice of Loss	Policy N	ю.				Date o	of Accident	05/1	12/2020 13:	25	
		No.(For Motor)	FBN855	4T		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product		Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115035558		CHUA TSAI KIM CAREY	S8011868F	GMC	Comprehensive	FBN8554T	FBN8554T	27/12/2019	26/12/2020

olicy No.	5115035558	Policyholde Name	CHUA TSA	I KIM CAREY	Policyholder NRIC	S8011868F			
ertificate									
ddress	BLK 318 #07-489 UBI AVE 1 S	INGAPORE 40	0318						
roduct Iame	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N			
olicy ssue Date	19/12/2019	Effective Date	27/12/201	9 00:00	Expiry Date	26/12/2020 23:59			
xcess	Per Accident	All Claims Excess							
hird Party excess	0	Own damage Excess	200		Windscreen Excess	1			
Additional excess	e Outside Singapo TP Exce		n 0						
Outside Singapore OD Excess						Young/Inexperience Driver Excess			
Agent			Agent Tel. NIL			Y			
Co- nsurance Flag	No								
Open Policy Info									
Certificate Info									
Policyl	holder Mailing Address								
Address 1	BLK 318 #07-489	Add	Iress 2	UBI AVENUE 1		Address 3	SINGAPORE 400318		
Address 4		Add	iress Type	Singapore address		Post Code	400318		
Unit No.	07-489		ated Policy mber	5115035558-01					
<b>▶</b> Insure	ed Object: FBN8554T								
<b>▽</b> Endors	sements								
	nce Date of Endorsem	ent	Endorseme	ent Type	Endorsemen	t Status	Endorsement Cont	ent	

	5115035558	Vehicle No.	FBN8554T	GST Registration No.			
tificate No.					20011002		
cyholder Name C	CHUA TSAI KIM CAREY			Policyholder NRIC	S8011868F		
duct Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0 0 No No Collision - Head to Rear		
ntact No.(Mobile)	93387648	Contact No.(Office)	0	Contact No. (Home)			
nail Address		Special Remark		eCode			
K	No ○ Yes	TCA	No ○Yes	eCode Reason			
	No	NCD Entitlement(%)	0	Private Hire			
Accident Details							
	05/12/2020 17:16	Accident Report Within 24 hrs	Yes	Accident Type			
1.0000000000000000000000000000000000000			13:25	Country of Accident	Singapore		
ate of Accident	05/12/2020	Time of Accident hh:mm	13.25	ICM No.			
eporting Centre		Orange Force		ICM NO.			
ccident Location	5115035558						
▼ Total Excess Applicable							
ccess Type	Per Accident	Windscreen Excess					
D Standard Excess	300.00	TP Standard Excess	0.00	AND THE PROPERTY OF THE PROPER			
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered		
dditional Excess							
otal OD Excess Applicable	300.00	Total TP Excess Applicable	0.00				
Benefits	5354776						
GST Registered Informat	ion						
	No		GST Registration Date				
ST Registered			GST Status Verified	Yes			
ST Registration No. odification History							
ounication riistory							
Policyholder Mailing Add	rass						
		Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400318		
	BLK 318 #07-489	Address Type	Singapore address	Post Code	400318		
Address 4							
Jnit No.	07-489	Related Policy Number	5115035558-01				
OI Driver Info							
Driver Name	Chua Tsai Kim Carey	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	S8011868F	Driver DOB	23/04/1980		
tegister Date of Driver License	18/12/2018	Driver Age	40	Driving Experience	1		
Contact No.(Mobile)	93387648	Contact No.(Office)	0	Contact No.(Home)	0		
	BLK 318	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400318		
Address 1	BLK 310	Address Type	Singapore address	Post Code	400318		
Address 4	BENEFIT AND THE PROPERTY OF TH	Address Type					
Unit No.	07-489			Driver Insurer Company	- Interest to the second		
Does he own a Singapore Registered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	HET HIS COUNTY OF THE PARTY OF		
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes  No				
County							
To the control of the							
Modification History							
10 10 M							
Claim 001 New							
10 10 EM By				Insured NPIC	S8011868F		
10 10 EM By	ор-мх 🗸	Insured Name	CHUA TSAI KIM CAREY	Insured NRIC	S8011868F		
Claim Type •	OD-MX	Insured Name Contact No.(Home)	67450062	Contact No.(Office)			
Claim 001 New Claim Type • Contact No.(Mobile)					\$8011868F SKU6669R		
Claim 001 New Claim Type * Contact No.(Mobile) Email Address	93387648 CAREYCHUA@BIKERIDER.COM	Contact No.(Home)	67450062	Contact No.(Office)			
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *	93387648  CAREYCHUA@BIKERIDER.COM  Please Select	Contact No.(Home) OI Vehicle Number	67450062 FBN8554T	Contact No.(Office)			
Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *	93387648 CAREYCHUA@BIKERIDER.COM	Contact No.(Home) OI Vehicle Number Type of Benefit *	67450062 FBN8554T	Contact No.(Office)			
Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *	93387648  CAREYCHUA@BIKERIDER.COM  Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	67450062 FBN8554T	Contact No.(Office)	SKU6669R		
Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description	93387648  CAREYCHUA@BIKERIDER.COM  Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	67450062 FBN8554T Please Select	Contact No.(Office) TP Vehicle Number	SKU6669R		
Claim 001 New	93387648  CAREYCHUA@BIKERIDER.COM  Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	67450062 FBN8554T Please Select  Fully at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	SKU6669R		
Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Cla	93387648  CAREYCHUA@BIKERIDER.COM  Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	67450062 FBN8554T Please Select  Fully at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop	SKU6669R  Received		
Claim Type * . Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Add	93387648  CAREYCHUA@BIKERIDER.COM  Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	67450062 FBN8554T Please Select  Fully at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	SKU6669R		
Claim Type * .  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered	93387648  CAREYCHUA@BIKERIDER.COM  Please Select  ≥≥  FBN8554T / SKU6669R ON 5 Dec 2020  Yes  □5/12/2020 17:18	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	67450062 FBN8554T Please Select  Fully at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop	SKU6669R  Received		
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Addre	93387648  CAREYCHUA@BIKERIDER.COM  Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	67450062 FBN8554T Please Select  Fully at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop	SKU6669R  Received		
Claim Type * . Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Add	93387648  CAREYCHUA@BIKERIDER.COM  Please Select  ≥≥  FBN8554T / SKU6669R ON 5 Dec 2020  Yes  □5/12/2020 17:18	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	67450062 FBN8554T Please Select  Fully at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop	SKU6669R  Received		
Claim Type * .  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Require Finalisation  Date Registered  Report Taken By	93387648  CAREYCHUA@BIKERIDER.COM  Please Select  ≥≥  FBN8554T / SKU6669R ON 5 Dec 2020  Yes  □5/12/2020 17:18	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	67450062 FBN8554T Please Select  Fully at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop	SKU6669R  Received		
Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	93387648  CAREYCHUA@BIKERIDER.COM  Please Select  ≥≥  FBN8554T / SKU6669R ON 5 Dec 2020  Yes  □5/12/2020 17:18	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	67450062  FBN8554T  Please Select  Fully at Fault  Preferred Workshop, Name unknown	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop	SKU6669R  Received		
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Addre	93387648  CAREYCHUA@BIKERIDER.COM  Please Select  ≥≥  FBN8554T / SKU6669R ON 5 Dec 2020  Yes  □5/12/2020 17:18	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	67450062  FBN8554T  Please Select  Fully at Fault  Preferred Workshop, Name unknown	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop	SKU6669R  Received		
Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	93387648  CAREYCHUA@BIKERIDER.COM  Please Select  ≥≥  FBN8554T / SKU6669R ON 5 Dec 2020  Yes  □5/12/2020 17:18	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	67450062  FBN8554T  Please Select  Fully at Fault  Preferred Workshop, Name unknown	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop	SKU6669R  Received		
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Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Prieferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	93387648  CAREYCHUA@BIKERIDER.COM  Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date	FBN8554T  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Save Submit  001 05/12/2020 17:20 Category *  Clear Please Select	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received	SKU6669R   SKU6669R   P   P   P   P   P   P   P   P   P		
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Attachment							
Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sen (CO)	t?
E. 1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE S CES) on 05 Dec 2020 17:20	ERVI NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-5	(60)	
•	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SI CES) on 05 Dec 2020 17:20	ERVI NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-5		
10	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SI CES) on 05 Dec 2020 17:20	ERVI SAS		Normal	SAS 2020-12-5		
~	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SI CES) on 05 Dec 2020 17:19	ERVI Photos		Normal	Photos 2020-12-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SI CES) on 05 Dec 2020 17:19	Photos		Normal	Photos 2020-12-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SECTION 05 Dec 2020 17:19	RVI Photos		Normal	Photos 2020-12-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:19	Photos		Normal	Photos 2020-12-5		
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:19	Photos		Normal	Photos 2020-12-5		
3	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:19	RVI Photos		Normal	Photos 2020-12-5		
<b>A</b>	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:19	RVI Photos		Normal	Photos 2020-12-5		
0	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:19	RVI Photos		Normal	Photos 2020-12-5		
7,2	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:18	RVI Photos		Normal	Photos 2020-12-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:18	RVI Photos		Normal	Photos 2020-12-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:18	RVI Photos		Normal	Photos 2020-12-5		
5	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:18	RVI Photos		Normal	Photos 2020-12-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:18	RVI Photos		Normal	Photos 2020-12-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE CES) on 05 Dec 2020 17:18	RVI Photos		Normal	Photos 2020-12-5		
Video List							