

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

SM 0920CE 000K

| | | | |
|----------------------------|--|-----------------------|----------------|
| Date In: 14/12/20 18:46 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 20013924/64 | SAS e-filing | | |
| Veh No: FBJ 7848 Z | E-mail (within 3hrs, AIC 2hrs) | | |
| ICIA: 10/12/20 14:00 | I-Motor Claim Form | MT/1113707-001 | 15/12/20 14:10 |
| OD: (P) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel: 4

Fax:)

TP Particulars: Veh No: SKC 1770H. INC () / Non-INC ()

Owner / Driver: (Tel:)

Policy No: () Period: () Cover Type: ()

Confirmed by: (Date: Time:)

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 20013924/64) Date Claim Completed by: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Action: ()

NA2100467

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessors' Comments:

Tel: ()

2/2/3

| | | |
|---|-------------|--------------|
| Invoice Breakdown (Gross) | | Amount (USD) |
| 1) AR: Accident Reporting (\$30); | INC (\$30) | 30.00 |
| 2) DA: Damage Assessment (\$100); | INC (\$100) | |
| 3) TP: Towing Fee | \$40/\$45 | |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming against INC Only (wef 10 Jan 2003) | | |
| 6) TR: Re-inspection | \$75 | |
| 7) NI: Idas DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services: | | |
| OD: | | |
| *NS: Courtesy Car / Tpt Allowance | \$5 | |
| *NG: Repair Co-ordination | \$10 | |
| *NI: Post Repair Inspection | \$25 | |
| *NB: DV / Collect Excess Coordination | \$5 | |
| *NT: TP (NI) : TP (Non INC) against INC | \$20 | |
| 9) NI: Idas Mobile | \$0 | |
| Invoice dated | Fee Charged | |
| Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|--------------------------------------|
| Date of Submission | 14/12/2020 18:46 (SGT) |
| Date of Accident | 10/12/2020 14:00 (SGT) |
| Exact Location of Accident | 747 Mountbatten Rd, Singapore 437852 |
| Additional Location Information | MOUNTBATTEN RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBJ7848Z |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | LIM SIONG INN |
| NRIC No | SXXXX108E |
| Email Address | LIMDANOTE172@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90683122 |
| Alternative Phone No | +65-90683122 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | Jupiter mx 135 |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Motorcycle |

INSURANCE COMPANY

| | |
|---------------------------|---------------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | 5119408020 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LIM SIONG INN |
| NRIC No | SXXXX108E |
| Date Of Birth | 19/02/1964 |
| Occupation | Outdoor |

| | |
|--|--------------------------|
| Date Of Driving Pass | 20/09/2002 |
| Driving experience | 18 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90683122 |
| Alt. Phone Number | +65-90683122 |
| Email Address | LIMDANOTE172@GMAIL.COM |
| Address | BLK 72 CIRCUIT RD #03-11 |
| Address complement | - |
| Postcode | 370072 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|----------------------------|
| Type of Accident | Collision - Major/Minor Rd |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | MacPherson Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007449999 |
| Alt. Police Station Phone No | (Fax) +65-65476366 |
| Police Station Address | Blk 54 Pipit Road #01-82/84 Singapore 370054 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201211/2096

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 | SKC1770H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |

| | |
|---|---|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

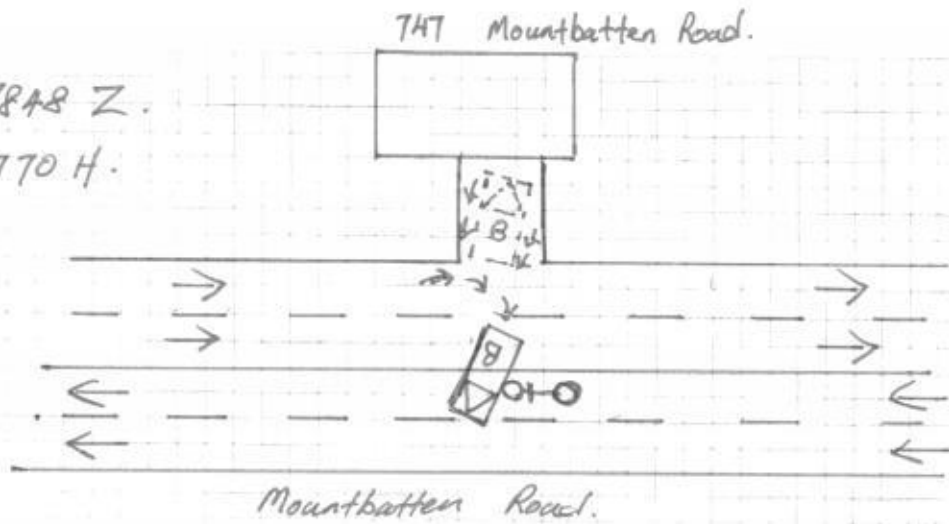
INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------|
| Name of injured person | LIM SIONG INN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | FBJ7848Z |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

(A) FBJ 7848 Z.
(B) SKC 1770 H.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to Police Report
No: T/20201211/2096

DECLARATION

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

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.:

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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:
- (i) 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.

X

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.:



SINGAPORE POLICE FORCE



T/20201211/2096

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20201211/2096

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 11/12/2020 16:55 | Vide Report No.: | Station Diary No.: 25 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|----------------------------|-----------------|
| Name of Informant: LIM SIONG INN | | | Address: APT BLK 72 CIRCUIT ROAD #03-11 SINGAPORE 370072 | | |
| ID Type / ID No.: NRIC NO / S2757108E | | | Contact No.: Home/Office: Mobile: 90683122 | | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Male | Age: 56 | Date of Birth: 19/02/1964 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: GRAB FOOD RIDER | | | Driving Licence Information: Class: 2B,2A,2,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 10/12/2020 14:00 | Type of Location: Straight Road |
| Location: MOUNTBATTEN ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|---|-------|-----------|-----------------|
| FBJ7848Z | Motorcycle | YAMAHA | JUPITER MX (HC) | Red | | 0 |
| SKC1770H | Minivan | TOYOTA | NOAH HYBRID 7- SEATER 1.8X CVT | White | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



SINGAPORE POLICE FORCE



T/20201211/2096

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20201211/2096

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBJ7848Z | NTUC Income Insurance Co-Operative Limited | 5119408020 | 30/10/2020 | 29/10/2021 |

| Details of Person Involved | | | |
|-----------------------------------|-----------------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | LIM SIONG INN | | ID No. S2757108E |
| Related Vehicle | FBJ7848Z (Motorcycle) | | Contact No. 90683122 |
| Hospital/Clinic | RAFFLES HOSPITAL | | Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 10/12/2020 | | Date Discharge 11/12/2020 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | NIL |

Brief Details.

I was traveling along Mountbatten road towards Nicoll Highway on my bike (FBJ7848Z) as I was going to deliver food nearby at ford road. While traveling a white Toyota minivan (SKC1770H) Reversed his vehicle then drove into my lane from location 747 Mountbatten rd. As he drove all of the sudden I could not control my vehicle in time and therefore I collided head first onto the left side of vehicle (SKC1770H). A Traffic police officer was at scene and I was conveyed to hospital.

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5119408020

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle
 Chassis Number

: **FBJ7848Z**
 : MH350C004DK705305

2. Name of Policyholder

: LIM SIONG INN

3. Effective Date of Insurance

: 30 Oct 2020

4. Expiry Date of Insurance

: 29 Oct 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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

6. Limitations as to Use#

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

This Policy does not cover

(a) Use for hire or reward.

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

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

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

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

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: LIM SIONG INN

NAMED DRIVER (2)

: LIM CHIN LEONG

HIRE PURCHASE COMPANY

: ATAN MOTORING SUPPLY PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 09 Oct 2020 12:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

| | | | |
|---|---|----------------------|-------------|
| VEHICLE NO: | FBJ 78482 | | |
| MAKE & MODEL: | Yamaha Jupiter (MX) AUTO / <u>MANUAL</u> | | |
| DATE OF ACCIDENT: | 10/12/2020 | CC: | |
| TIME OF ACCIDENT: | 1400 HRS | | |
| LOCATION OF ACCIDENT: | Mountbatten Road near to unit no. 747. | | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT: | EMPLOYMENT (<u>PRIVATE USE</u>) / PRIVATE HIRE | | |
| NAME OF OWNER: | Lim Siang Inn. | | |
| TEL NO: | H/P: 9068 3122 | OFFICE: | HOME: |
| NRIC: | S 2757 1086. | | |
| ADDRESS: | 845 72 Circuit Road #03-11 (E) 370072. | | |
| EMAIL: | limdanote172@gmail.com. | | |
| CLAIM TYPE: | OD / <u>THIRD PARTY</u> / REPORTING ONLY | | |
| FLEET POLICY: | YES / <u>NO</u> ? | | |
| INSURANCE COMPANY: | NJC. | | |
| TYPE OF COVERAGE: | Comprehensive / Third Party / <u>Third Party Fire & Theft</u> | | |
| POLICY NO: | 5119408020 | | |
| NAME OF DRIVER: | <u>AS ABOVE</u> / IF NO: | | |
| NRIC: | ANY PASSENGER: N.A. | | |
| DATE OF BIRTH: | 19/02/1964 | LICENCE PASSED DATE: | 10/05/1991. |
| OCCUPATION: | <u>OUTDOOR</u> / INDOOR | | |
| GENDER: | <u>MALE</u> / FEMALE | | |
| CONTACT NO: | H/P: | OFFICE: | HOME: |
| ADDRESS: | | | |
| EMAIL: | | | |
| DOES DRIVER OWNED ANY VEHICLE: | NO / IF YES, REG NO: | | |
| RELATIONSHIP: | <u>INSURER</u> / OTHER: | | |
| WEATHER CONDITION: | <u>CLEAR</u> / RAINING / OTHERS: | | |
| ROAD SURFACE: | <u>DRY</u> / WET / OTHER: | | |
| ANY INJURIES: | NO / IF YES, WHO? | | |
| NAME & CONTACT: | Lim Siang Inn. | | |
| NAME & CONTACT: | | | |
| POLICE REPORT: | NO / IF YES, WHERE? Macpherson NPP. | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO / IF YES, WHO? Driver of SKC 17704. | | |
| VEHICLE B REG NO: | SKC 17704. | ANY PASSENGERS: | N.A. |
| NAME OF DRIVER: | CONTACT NO: | | |
| VEHICLE C REG NO: | ANY PASSENGERS: | | |
| VEHICLE D REG NO: | ANY PASSENGERS: | | |
| VEHICLE E REG NO: | ANY PASSENGERS: | | |
| VEHICLE F REG NO: | ANY PASSENGERS: | | |
| VEHICLE G REG NO: | ANY PASSENGERS: | | |
| ANY WITNESS? IF YES, NAME: | WITNESS CONTACT: | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / <u>NO</u> | | |
| WAS THERE ANY AUDIO RECORDED? | YES / <u>NO</u> | | |
| ACCIDENT SCENE PHOTOS TAKEN? | <u>YES</u> / NO | | |
| ACCIDENT PORTION: | Front and right side. | | |
| WORKSHOP PARTICULAR: | MOTO 51 | | |
| CONTACT NO: | 68420051 / 67440510 | | |
| CONTACT PERSON: | Jacky. | | |
| FAX NO: | 67410510 | | |
| WORKSHOP EMAIL: | sales@n51.com.sg | | |