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Owner / Driver: (		Tel: '.	
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	· Datsi,	Timer	0.1007/3
Insured/Driver Liability: ( %)	[Note-Est Sintus (WO): N: C	-20%; P: 21-79%. P: 8	0-100%
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-SN0820CU0005-01 / National Assessment Centre Services [159721] EÑTRY DATE & TIME: 30/12/2020 12:23 (SGT) SUBMITTED BY: Rosii Bin Abdul Wahab YERSION: 2 (04/01/2021 19:27 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

2. This Form must be completed by the Policyholder and/or the Authorised Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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.

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 ladgement 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

30/12/2020 12:23 (SGT) 27/12/2020 14:35 (SGT) Alexandra Rd. Singapore SLIP RD TOWARDS TELOK BKANGAH RD Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBH9249A

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address

Mobile Phone No Alternative Phone No No CHING YEN LING, DEBBIE (JIN YANLING, DEBBIE) SXXXX925C debbieching@gmail.com (Phone) +65-91520320

+65-91520320

#### VEHICLE PARTICULARS

Manufacturer

Model

Variant

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? Vehicle Category Piaggio

VESPA LX 150 I.E. 3V

Private use

No - Claiming third party Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

NTUC

ThirdPartyFireTheft

5102954848-02

DRIVER

Name of Driver NRIC No

CHING YEN LING, DEBBIE (JIN YANLING, DEBBIE) SXXXX925C

Date Of Driving Pass	18/07/2018
-Driving experience	2 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91520320
Alt. Phone Number	+65-91520320
Email Address	debbieching@gmail.com
Address	BLK 53 COMMONWEALTH DRIVE
Address complement	#12-550
Postcode	142053
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	110
Insurance Company of Other Vehicle Owned by Driver	×
GENERAL INFORMATION OF THE ACCIDENT	
\$2 px np n	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	With the second
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
soluting decident claims assistance?	NO
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	V
Police Station Name	Yes
Police Station Phone No	Clementi Division Headquarters
Alt. Police Station Phone No	(Phone) +65-18007740000
Police Station Address	(Fax) +65-67741705
Was notice of intended Prosecution given?	20 Clementi Avenue 5 Singapore 129858
If yes, against whom?	No
ii yes, agaiist wildins	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT D/20201227/7027	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No No
Was there any audio recorded?	No No
A contraver direction contribute or dispersion for the contribute and contribute of the contribute of	
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLF4217S
Vehicle Manufacturer	BMW
Vehicle Model	El Company
Vehicle Variant	₽
Vehicle Colour	¥
Vehicle Category	Private car
THE PARTY OF THE PARTY.	

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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?

Vas this injured conveyed to hospital by ambulance?

CHING YEN LING, DEBBIE (JIN YANLING, DEBBIE)

SLIGHT INJURY
FBH9249A

Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

30/12/2020 (0:53.5m) Policytolder's Signature / Date &

's Signature / Date & Driver's Signature (If driver in not the policyholder) / Date & Time

PUDNIGOST

Witnessed by Reporting Centre

Personnel

Sketch Plan

Time

A) FBH 21
B) SLF (
BCHKANDER ROAD

214004	Obles	-	0 1		· ·	
MATOR	KATHA	1	Polich	PHORI	D/20 20	1227-
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		100				
Less.						

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

Witnessed by Reporting Centre Personnel

### ACCIDENT STATEMENT

ACCI	DENT DATE: (27/1)	YYMMIDDIOSOK L	YY), TIME: ( 14;	35 )(HH:MM)-
LOCAT	6110 2	Miximono	v 17	THEOR SLAN
1.	DETAILS OF VEHICLE		*0	10 St
	a) VEHICLE NUMBER		aE .	50
		PANY: NTUC INCOM 5102154848-	nz	
	CIPOLICY NUMBER:	MPREHENSIVE / THIRD P	APTY ATLINED BAR	TY FIRE &THEFT!
	ajpoucy lype (co	VESPA LXISO	AKIT / ITINO I PAR	
	e)MAKE & MODEL	OUPE / MPV /VAN/ LO	PROTOPOYO	F / OTHERS)
	THYPE:(SALOON / C	DUPE / MPV / VAIVY CO	CIAL MOTORCY	CLE
	g) VEHICLE CATEGO	RY: (PRIVATE / COMMER	PRIVATE US	6
2	HIPURPOSE OF USING	G AT ACCIDENT TIME:	CUDANCE NES/NO	2)
10	IJAKE YOU CLAIMING	E (THIRD PARTY CLAIM /	REPORTING ONU	7
•	INSURED / POLICY H	OLDER		AG (E)
2.	AINAME . CHIN	A JEN MNH DER	BIE IMA	LE / FEMALE
	DINRIC/FIN/PASSPO	RI: 582/6923C	CONTACT	4127370
	CIADDRESS: 5300	MMONWEALTH DE	21VE #12-5	20
	. 5 (14	2030/		
	. CONTINUE TO 3.d I	F DRIVER ALSO POLICY	HOLDER	
\$No of passanger	DRIVER '			E / FEMALE!
(Including driver)	a)NAME: M			LE / FEMALE)
Cindualing anver)	b)NRIC/FIN/PASSPO	RT:	CONTACT:_	
()	c ADDRESS:		THE WAR	
	- Um ATT OF DIDTUAL	09/06/18210	D/MM/YYYY)	•
8	e)OCCUPATION: (IN	DOOR ( OHITDOOR)		8
114		DAGG (X/O)	12018	·
4.	INCO DETVIED AN EL	UDI OVER OF THE INSI	JRED'S COMPAN	AS (AEA NO)
100	IF NO. RELATIONS!	HIP OF THE DRIVER W	THE INSURED:	DMNEK
5.	alWEATHER CONDIT	ION: (CLEAR / RAINING	/OTHERS	
	bIROAD SURFACE: [	DRY / WET / OTHERS		<del>-,</del>
6.	WAS ANYBODY INJU	RED (YES /NO)		67 9¥
7.	a) REPORTED TO POL	ICE (YES / NO)	ON CLEMEN	170
		E WHICH POLICE STATIC	JN: OSSIT	
4	THIRD PARTY VEHICLE a) VEHICLE NUMBE	. SLEADIZS	MODEL:	B MW
4 Ho of passenger	b) DRIVER'S NAME	K:		
(Including driver).	c) NRIC/FIN/PASSP		CONTACT:	
( ) .	THIRD PARTY VEHICLE		AMARIA COLORONIA	
A	d) VEHICLE NUMBE		MODEL:	
Ho of passanger	e) DRIVER'S NAME			
( Including driver)	f) NRIC/FIN/PASSP		CONTACT:	
( )	886 M F	9		
(				7: **

email = debbieching@gmail.com





1 of 2

### POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HO 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Report No. D/20201227/7027

Date/Time Report Made 27/12/2020 20:22	Vide Report No.			Station Diary No		
Name Of Informant CHING YEN LING, DEBBIE	Address 53 COMI 142053		LTH DRIVE #12-5	50 SINGAPORE		
ID Type / ID No. NRIC NO / S8216925C	Contact No. Home/Office: Mobile: 91520320 Email Address DEBBIECHING@GMAIL.COM					
Nationality SINGAPORE CITIZEN						
Occupation Business consultant	Sex Female	Age 38	Date of Birth 09/06/1982	Race Chinese		
Institution/School Name	Language English					
Date/Time Of Incident 27/12/2020 14:35 - 27/12/2020 14:40	Location Of Incident 53 COMMONWEALTH DRIVE #12-550 SINGAPORE 142053					
Brief details.	1142000					

I was traveling on my scooter (FBH9249A) towards VivoCity. At about 2.35pm, I was on the outer left lane of slip road at the junction of Alexandra Road and Telok Blangah. I saw an oncoming bus that was traveling fast and I stopped at the give way line. All of a sudden, I felt a sudden hard impact on the rear of my scooter. A dark blue BMW car (SLF4217S) had hit my scooter and the impact caused my bike to surge forward one car length toward the main road. I fell backwards and landed on my lower back, suffered abrasions and hit my head on the ground.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2020 20:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

Authentication Stamp

## CONTINUATION OF REPORT

Report No. D/20201227/7027

The driver of the dark blue BMW car (SLF4217S) got out from the car to check on me and proceed with lodging the accident with the authorities. A cyclist stopped and helped while waiting for the ambulance to

Person Name	CHING YEN LING, DEBB	IF.	
ID Type	NRIC NO		
Gender	Female	ID No	S8216925C
Race	Chinese	Age	38
Occupation	Carlo	Language	English
	Business consultant	Address	53 COMMONWEALTH DRIV
Mobile No	91520320		#12-550 SINGAPORE 14205:
pinomes a series		Is Informant A	Yes
		Victim?	
Person Name	CHING YEN LING, DEBBII		

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by
Signature Of Interpreter: Not applicable	SingPass. No signature is required.  Date/Time: 27/12/2020 20:22
Officer In-Charge Of Case:	Classification Of Case:

### Claim Handling

Claim Handling					
Accident MT/1115572					
Policy No.	5102954848-02	Water W			
Cértificate No.		Vehicle No.	FBH9249A		GST Registration
Policyholder Name	CHING YEN LING DEBBIE				
Product Code					Policyholder NRI
Contact No.(Mobile)	MOTORCYCLE INSURANCE 91520320	Cover Type	Third Party, Fire	B Theft	Loading
Email Address	*2520320	Contact No.(Office)			Contact No.(Horr
KEK	No Yes	Special Remark			eCode
NCD Protection		TCA	No Yes		eCode Reason
	No	NCD Entitlement(%)	15		Private Hire
Report Date	2012/2000 00 /0				
Date of Accident	30/12/2020 12:19	Accident Report Within 24 hrs	Yes		Accident Type
Reporting Centre	29/12/2020	Time of Accident nn:mm	14:35		Country of Accide
Accident Location	ugher various services a best conserved	Orange Force			ICM No.
▼ Total Excess Applicable	ALEXANDRA ROAD SLIP ROAD TOWARDS	TELOK BLANGAH RDAD			046243401
Excess Type	CAN III A COMPANIE CO				
LACES TYPE	Per Accident	Windscreen Excess			
OO Standard Excess	0.00	**************************************			
VIED OD Excess	0.00	TP Standard Excess		0.00	
Additional Excess	0.00	YIED TP Excess		9.00	Driver is Covered?
Total OD Excess Applicable		ALPHANIST MONTE TO THE PLANE.			
<b>▽</b> Benefits	0.00	Total TP Excess Applicable		0.00	
♥ GST Registered Information	lien				
GST Registered					
GST Registration No.	Nu		GST Regi	stration Date	
Modification History			GST Stati	us Verified	Yes
100 00788800000250					
▼ Policyholder Mailing Add	ress				
Address 1	BLK 53 #12-550	g (30%) (10%)			
Address 4	SINGAPORE 142053	Address 2	COMMONWEALTH	DRIVE	Address 3
Unit No.	12-550	Address Type	Singapore address		Post Code
♥ OI Driver Info	12-350	Related Policy Number	5102954848-02		
Driver Name	Ching Yen Ling Debbie				
Innamed driver Name	Ching Yen Ling Deadle	Driver Type	Main Driver		
Register Date of Driver License	01 01 770 0	Driver NRIC	58216925C		Driver DOB
Contact No.(Mobile)	01/01/2018	Driver Aga	38		Driving Experience
Address 1	91520320	Contact No.(Office)			Contact No.(Home)
Address 4	8LK 53 #12-550	Address 2	COMMONWEALTH	DATVE	Address 3
thit No.	SINGAPORE 142053	Address Type	Singapore address		Post Code
loes he own a Singapore	12-550				
legistered car?	Yes No	Driver Vehicle No.	FBH9249A		Driver Insurer Com-
eclération					priver anadrer com
reathalyser or Blood Test	NAME OF THE PARTY				
eading?	0 mg	Any injury?	Yes No		
odification History					
Claim 001 New					
Claim 001 New					
aim Type •					
				OD-MX	Name CHING Y
intact No.(Mobile)					Contact
nail Address					No. [NIL (Horne)
THE POLICES				debbleching@gmail.com	OI Vehicle FBH9249
alm Description				1	Number
eforred				FBH9245A / SLF4217S ON	29 Dec 2020
orkshop	Preference Liability Not at Faul	It.			
Hitiket No. Yes	✓ Repair Preferred Workshop, N	lame unknown V GIA Goodward	v		
te Registered	Option	report (Received)		30/17/2020 12:25	Claim

ROSLI WAHAB

- Print AK letter

Antonia .			Save Subm	nit.			
Attachment							
*							
Accident No.	MT/1115572	Claim No.					
ast Doc. Receive	d ® Yes ○ No	Upload Date		001			
	Path *	Tarrest Late		30/12/2020 12:27			
Choose File			60.1	Category +		Confide	itial
Choose File			Clear	Please Select	~	NO	
Choose File			Clear	Please Select	*	NO	
Choose File A			Clear	Please Select	٧	NO	
Choose File N			Clear	Please Select	*	NO	
CHOOSE FILE	o lile chosen		Clear	Please Select	~	NO	_ '
▼ Attachmen	1 list			Transaction of the Control	•	NO	,
Attachment							
Serse 1	Uploaded By/Date	Category	9	Urgency			Desc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:27	HERMAN.	.171				nesi
NS.	11 30 DEC 2020 12:27	Photos		Normal		Phot	09.2
7	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Dec 2020 12:27	- Ar 1956					
107 35	11 34 Det 5050 1515)	Photos		Normal		Phot	os 2
TO 30	NAC_PAYA_UB1_600601( NATIONAL ASSESSMENT CENTRE SERVICES) o	784-04-00					
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	420					
APPLE	n 30 Dec 2020 12:27	Photos		Normal		Phot	s 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	529/90/00					
PP STAR	n 30 Dec 2020 12:26	Photos		Normal		Photo	s 20
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o	NAME OF STREET					
SE DUSK	n 30 Dec 2020 12:26	Photos		Normal		Photo	5 71
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	Medical Control					
XXXXX	n 30 Dec 2020 12:26	Photos		Normal		Photo	s 24
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) 0	22.5					
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43	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	1222					
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# 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 : 5102954848-02

1. Index mark and Registration Number of Vehicle

Cover : Third Party, Fire & Theft

Chassis Number

: FBH9249A

Name of Policyholder

: ZAPM6840000003542

3. Effective Date of Insurance

: CHING YEN LING DEBBIE

: 19 Nov 2020

4. Expiry Date of Insurance

: 18 Nov 2021

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

- 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

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

NAMED DRIVER (1)

: CHING YEN LING DEBBIE

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

N/A

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

: DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 30 Oct 2020 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

Policyholder / Driver's Signature

Date:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: SN0820CU0005 Vehicle Registration No: FBH 92K9 A
	Name (as shown in NRIC): CHING NULL LING, DEBBIK NRIC/FIN/Passport No : SXXXX 925
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :Singapore(
	Contact (Tel) :Mobile No.:
	Email Address :
	Date of Accident : 14:35
	Place of Accident: BUNKANORS SUP RO POWERDS THICK BLONKERY RT
	Insurance Company:
	HOUDAND DOTH TO 27/14/2020
	(m) / 04/01/2020
	Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Name: