

[wef 1 Jan'05]

51 SK10921160003

Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars:	Veh No: <u>SLR 47416</u>		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 hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

[illegible]

		Invoice Preparation Checklist	Am't (\$)	Am't (\$)
			1st Bill	Add Bill
LA 7100398				
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);		
		2) DA : Damage Assessment (\$100); INC (\$80)		
		3) TF : Towing Fee \$40/\$45		
Driver/Owner:		4) FT : Follow-Through Survey \$120		
		5) FT : Follow-Through Survey (Resurvey) \$30		
Contact No:		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR : Re-inspection \$75		
Damaged Portion:		7) N1 : Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		QD*		
QC Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpl Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-		TP (N11) : TP (N11 INC) against INC \$20		
Cat. 1:		9) N12: Idac Mobile 30		
		Invoice dated Fee Charged		
Cat. 2 / 3:		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	07/01/2021 12:13 (SGT)
Date of Accident	29/12/2020 13:00 (SGT)
Exact Location of Accident	Boon Lay Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN3042L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN CHEN POOI
NRIC No	SXXXX144E
Email Address	chooiyee78@gmail.com
Mobile Phone No	(Phone) +65-98876623
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Honda
Model	AFS125MSF
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	5112058791-01
Cover Note Number	-

DRIVER

Name of Driver	CHIN CHEN POOI
NRIC No	SXXXX144E
Date Of Birth	13/06/1974
Occupation	Outdoor

Date Of Driving Pass	02/01/2002
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98876623
Alt. Phone Number	+--
Email Address	chooiyee78@gmail.com
Address	BLK 2 BEACH ROAD
Address complement	#03-4797
Postcode	190002
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 - Change/cross lane
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?	No
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201229/2167 & T/20210101/2032.

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	SLR4741G
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	CHIN CHEN POOI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER
Injured person in which vehicle?	FBN3042L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	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 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)

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;

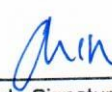
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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

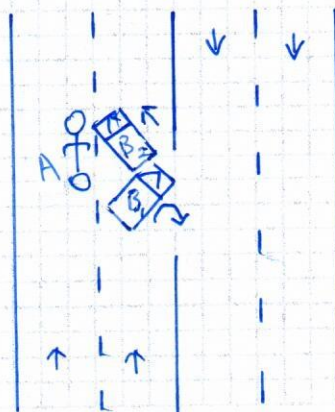
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



A: FBN3042L

B: SLR4741G

Describe Circumstances of the Accident

Refer to Police Report
T/20210101/2032

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

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 companies to repudiate policy liability.
- ❖ 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.

ACCIDENT DETAILS

Date of accident	29/12/2020	(DD/MM/YY)
Time of accident	1300	(HH:MM)
Exact location of accident	Boon Lay drive	

DETAILS OF VEHICLE

Vehicle registration number	FRN 3042L		
Vehicle make and model	Honda 125		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: <u>Bike</u>
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number	5112058791-01		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Chin Chen Pooi	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S748714E	
Contact	98876623	
Address	Blk 2 Beach Road #03-4797 S(190002)	

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	13/06/1974	
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>
Driving date pass	02/10/2002	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	0 (Inclusive of driver)

PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Jurong West NPC

WITNESS 1

Name	
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WITNESS 2

Name	
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THIRD PARTY VEHICLE 1

Vehicle registration number	SLR 4741G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	Chin chen Pooi	
Injuries sustained	Shoulder	
Which vehicle person in?	F3N3042L	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20201229/2167

1 of 4

Report No. T/20201229/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/12/2020 23:23

Vide Report No.:

Station Diary No.:
195

Informant's Particulars

Name of Informant: CHIN CHEN POOI			Address: APT BLK 2 BEACH ROAD #03-4797 SINGAPORE 190002		
ID Type / ID No.: NRIC NO / S7487144E			Contact No.: Home/Office: Mobile: 98876623		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 13/03/1974	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: Glass & windows manufacturing wokrer			Institution / School Name:		
			Driving Licence Information: Class: 2B,3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2020 13:00	Type of Location: Straight Road
Location: BOON LAY DRIVE				
Weather: Clear				
Road Surface: Dry		Road Speed Limit: 50 Km/h		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Traffic Volume: No Traffic		
		Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN3042L	Motorcycle	HONDA	AFS125MSF	Blue	Slightly Damaged	0
SLR4741G	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20201229/2167

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201229/2167

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN3042L	NTUC Income Insurance Co-Operative Limited	5112058791-01	07/09/2020	06/09/2021

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	CHIN CHEN POOI	ID No.	S7487144E
Related Vehicle	FBN3042L (Motorcycle)	Contact No.	98876623
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Driver

Name	RICKY	ID No.	NIL
Related Vehicle	SLR4741G (Car)	Contact No.	90052692
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/12/2020, at around 1300hrs, I was driving my motorbike, V1) FBN3042L along the dotted line of Boon Lay Drive, between Blk 197A Boon Lay Dr and Tuas Pek Kong Keng Temple, in the direction away from Corporation Rd. Then, I saw this car, V2) SLR4741G in front of me was in the right lane of Boon Lay Dr, preparing to make a U-turn.

When I was driving past V2, V2 suddenly decided not to make the U-turn and turn left in order to continue to go straight. I was on his left, very near to the vehicle (V2), hence its left side mirror hit me and I fell off from my motorbike and the motorbike was moved to slightly ahead of me due to its inertia. V2's driver also admitted that he was hesitating to make the U-turn and did not check his left side mirror before continuing to go straight, thus he did not see me. I did not manage to get V2's driver's particulars but I have his phone number, 90052692. His name is Ricky.

There were some scratches on the left handle bar area of my vehicle and my left side mirror was bent and damaged. V2's left side mirror was also bent and damaged and the bottom part of the exterior outside



**SINGAPORE
POLICE FORCE**



T/20201229/2167

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20201229/2167

CONTINUATION OF REPORT

V2's co-driver seat also has some scratches. My right shoulder and both thighs feel sore until now. Currently my right hand was unable to lift up any heavy item. I have obtained a 5-days MC from 29/12/2020 to 02/01/2021 from Ng Teng Fong General Hospital.

Ricky rented V2 from Grab company and Grab has been informed regarding this accident.

V2's

Current

29/12/2020

Ricky

12/12/2020

12/12/2020

12/12/2020

12/12/2020



**SINGAPORE
POLICE FORCE**



T/20201229/2167

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20201229/2167

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /
SC2 CHENG DEREN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
29/12/2020 23:23

Officer In Charge Of Case:

TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

USN 126

Authentication Stamp
NP168



Signature :

Singapore Police Force



SINGAPORE POLICE FORCE



T/20210101/2032

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210101/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 13:11		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: CHIN CHEN POOI			Address: APT BLK 2 BEACH ROAD #03-4797 SINGAPORE 190002		
ID Type / ID No.: NRIC NO / S7487144E			Contact No.: Home/Office: Mobile: 98876623		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 13/06/1974	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: GLASS & WINDOWS MANUFACTURING WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2020 13:00	Type of Location: Straight Road
Location: BOON LAY DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN3042L	Motorcycle	HONDA	AFS125MSF	Blue	Slightly Damaged	0
SLR4741G	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20210101/2032

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20210101/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN3042L	NTUC Income Insurance Co-Operative Limited	5112058791-01	07/09/2020	06/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	CHIN CHEN POOI	ID No.	S7487144E	
Related Vehicle	FBN3042L (Motorcycle)	Contact No.	98876623	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	29/12/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Serious	
Driver				
Name	RICKY	ID No.	NIL	
Related Vehicle	SLR4741G (Car)	Contact No.	90052692	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

Vide report no.: T/20201229/2167

I wanted to make some amendments to the first paragraph of the vide report, T/20201229/2167.

It should be:

"On 29/12/2020, at around 1300hrs, I was riding my motorbike, V1) FBN3042L on the left lane of Boon Lay Drive, between Blk 197A Boon Lay Dr and Tuas Pek Kong Keng Temple, in the direction away from Corporation Rd. Then, I saw this car, V2) SLR4741G in front of me was in the right lane of Boon Lay Dr, preparing to make a U-turn."



**SINGAPORE
POLICE FORCE**



T/20210101/2032

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210101/203

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

SC2 CHENG DEREN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

01/01/2021 13:11

Classification Of Case:

SN 126

Authentication Stamp
NP168



Signature :

Singapore Police Force

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 : 5112058791-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBN3042L

Chassis Number

: MLHJA2138H5100154

2. Name of Policyholder

: CHIN CHEN POOI

3. Effective Date of Insurance

: 07 Sep 2020

4. Expiry Date of Insurance

: 06 Sep 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 35 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)	: CHIN CHEN POOI
NAMED DRIVER (2)	: LIM WEE MING
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 : A S PHOON PTE LTD (00000571911)

Date of Issue : 08 Aug 2020 10:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112058791-01		CHIN CHEN POOI	S7487144E	GMC	Third Party, Fire & Theft	FBN3042L	FBN3042L	07/09/2020	06/09/2021

Claim Handling

Accident MT/1115566

Policy No.	5112058791-01	Vehicle No.	FBN3042L	GST Registration No.	
Certificate No.					
Policyholder Name	CHIN CHEN POOI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S7487144E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98876623	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="Nc"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	30/12/2020 11:57	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	29/12/2020	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	BOON LAY DRIVE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

▼ Policyholder Mailing Address					
Address 1	117 JALAN INDAH	Address 2	1/17 TAMAN BUKIT INDAH	Address 3	81200 JOHOR BAHRU
Address 4	MALAYSIA	Address Type	Foreign address	Post Code	000000
Unit No.	03-4797	Related Policy Number	5112058791-01		
▼ OI Driver Info					
Driver Name	CHIN CHEN POOI	Driver Type	Main Driver	Driver DOB	13/06/1974
Unnamed driver Name		Driver NRIC	S7487144E	Driving Experience	18
Register Date of Driver License	02/01/2002	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	98876623	Contact No.(Office)		Address 3	81200 JOHOR BAHRU
Address 1	117 JALAN INDAH	Address 2	1/17 TAMAN BUKIT INDAH	Post Code	000000
Address 4	MALAYSIA	Address Type	Foreign address		
Unit No.	03-4797				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	CHIN CHEN POOI	Insured NRIC	S7487144E
Contact No.(Mobile)	98876623	Contact No.(Home)	63651633	Contact No.(Office)	
Email Address		OI Vehicle Number	FBN3042L	TP Vehicle Number	SLR4741G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBN3042L / SLR4741G ON 29 Dec 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/01/2021 13:18	Claim Close Date		Date Received	07/01/2021 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit













Attachment

Accident No.	MT/1115566	Claim No.	002	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/01/2021 13:21	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

☐ Send Message

Message Head

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:21	SAS		Normal	SAS 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:20	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:20	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:20	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:20	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:19	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:19	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:19	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:19	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:19	Photos		Normal	Photos 2021-1-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2021 13:19	Photos		Normal	Photos 2021-1-7	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		