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SN08211B0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/01/2021 11:26 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/01/2021 11:26 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

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

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

11/01/2021 11:26 (SGT) 06/01/2021 15:15 (SGT) Merchant Rd, Singapore

Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBL8249K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

LAM JINXIANG SXXXX316A ix89lam@gmail.com (Phone) +65-90053551

+65-90053551

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

Yamaha

Mt-03

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

5119363713

DRIVER

Name of Driver

NRIC No

LAM JINXIANG

SXXXX316A

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Does Driver Own Other Vehicles?

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210107/2065

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

No No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

SLV1147X Toyota Private car CHAIRIN TAKE

14/08/2007 13 YEARS AND 5 MONTHS

(Phone) +65-90053551 +65-90053551 jx89lam@gmail.com

BLK 110 JALAN BUKIT MERAH

#08-1570 160110 Yes

No

Collision - Head to Rear

DRIZZLING Wet

No

3 Yes No Yes

No

Yes

Bukit Merah West Neighbourhood Police Centre (Phone) +65-18003779999 (Fax) +65-63773923

500 Bukit Merah View #01-01 Singapore 159682 No

Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Category
Name of Driver
Private car
JOHN BOSCO LEE

Contact Number (Phone) +65-93360101

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 LAM JINXIANG

Address
Address Complement
Post Code

Approximate Age Years Old

Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? FBL8249K
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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' 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

B) FBL8249K B) SLV 1147X C) EN 3328C

Sketch Plan

merchan loan

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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

Witnessed by Reporting Centre Personnel

# ACCIDENT'STATEMENT

ACCI	DENT DATE 16 . 191 / 2021 (DD/MM/YYY).	TIME: (30-: )(HH:MM)-
LOCA	MON: T-junction of Merchant.	*
1.	DETAILS OF VEHICLE FBUSZ49K	
(E)	DINSURANCE COMPANY: NTUC CIPOLICY NUMBER: 511 9363713	
	LIBOURY TYPE COMPREHENSIVE / THIPD PAPT	// THIRD PARTY FIRE &THEFT)
66	e)MAKE & MODEL: MT-63 YOMENON	MOTORCYCLE / OTHERS)
	GIVEHICLE CATEGORY: (PRIVATE / COMMERCIA)	/ MOTORCYCLE)
10	h)PURPOSE OF USING AT ACCIDENT TIME:	ANCE (YES/NO)
	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REP.	ORTING ONLY)
24,	AJNAME . LAW SINGIAMS .	CONTACT: COSSSS
	DINRIC/FIN/PASSPORT: S843+316A CIADDRESS: 110 School Bukit March	#08-1570.
	CONTINUE TO 3.4 IF DRIVER ALSO POUCY HOU	DER
# No of passanger	DRIVER AC AC A MA	(MALE / FEMALE)
(Including driver)	b/NRIC/FIN/PASSPORY:	_CONTACT:
(T)	c)ADDRESS:	
¥K	e)OCCUPATION: (INDOOR / OUTDOOR)	22 DE 1923 B
51 31	FIDATE OF DRIVING PASS 27 07 200 WAS DRIVER AN EMPLOYEE OF THE INSURED	O'S COMPANY? (YES! NO)
4,		
5,	bIROAD SURFACE: [DRY / WET / OTHERS	PIEKS_S
· 6. 7.	WAS ANYBODY INJURED (YES / NO)	- L. Dav-
***	IE VES PLEASE STATE WHICH POLICE STATION:	Henderson police Pro-
# He of passonger	a) VEHICLE NUMBER:	MODEL: Toyota
( Including driver)	b) DRIVER'S NAME	_CONTACT: 91606957
() 9.	THIRD PARTY VEHICLE EN 3328C	MODEL: RMW .
(Including driver)	e) DRIVER'S NAME: John Bosco Ce.	CONTACT: 933 60101
( )	f) NRIC/FIN/PASSPORT:	
!		

email = 5x89lam@gmail.com.





1 of 4

Report No. T/20210107/2065

Police Station Of Origin: Bukit Merah West N.P.C . 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim	ne Report M 21 13:47		Vide Report No.:	Station Diary No.: 38	
Informa	nt's Particu	ilars			
Name of Informant: LAM JINXIANG			Address: APT BLK 110 JALAN BUKIT MERAH #08-1570 SINGAPORE 160110		
ID Type / ID No.: NRIC NO / S8434316A			Contact No.: Home/Office: Mobile: 90053551		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 02/11/1984	Type of Informant: Rider		
Race: Chinese			Language: Institution / School Na		
Occupa Postal/C	tion: Courier serv	ice supervisor	Driving Licence Information: Class: 2B,2A	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2021 15:15	Type of Location: T-Junction	
Location: MERCHANT	ROAD	12 10 6		Road Speed Limit:	
Weather: Drizzling		Road Surface: Wet		W .	
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
		Traffic Light - Wo	orking	Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EN3328C	Car	BMW		Black	Slightly Damaged	0
FBL8249K	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Black	Seriously Damaged	0
SLV1147X	Car	TOYOTA		Blue	Slightly Damaged	0

Li nils of Vehicle Insurance			died Hill Miller Co.
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





Report No. T/20210107/2065

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

# CONTINUATION OF REPORT

Details of V	ehicle Insurance	Insurance No	Effective	06/10/2021
	The second company	14000742	07/10/2020	00/10/202
FBL8249K	NTUC Income Insurance Co-Operative			

etails of Person	Involved					
Dedectrian In	volved: NO	lile	e of Pedes	strian (	Crossir	ig: NA
o of Pedestrians	s Injured: NIL	Us	101100		S. Thillie	etti ili ili ili ili ili ili ili ili ili
river			Tr	ID No.	7	NIL
	JOHN BOSCO LEE					We are the second of the secon
ame	SHAPP NIDWAY (STATE OF			Contac	at No.	93360101
Related Vehicle	EN3328C (Car)					
(elated ve				Class	of ·	Class: NIL
Hospital/Clinic	NIL			Driving	g	Date of Expiry: NIL
10spilar o			(1)	Licenc	ce &	
			· · · · · · · · · · · · · · · · · · ·	Expiry		
		I	Date Disch	narge	NIL	
Date Treatment	NIL NIL NIL		Degree of	Injury	NIL	
No. of Days gra	inted Medical Leave NIL			THERE		S8434316A
Rider				ID No	J.	504343107
Name	LAM JINXIANG				1.516	90053551
==1 0040K (Motorcycle)				Contr	tact No.	90053301
Related Vehicle	e FBL8249K (Motorcycle)					Class: 2B,2A
	HEALTH FIRST FAMILY	CLINIC		Class		Date of Expiry: NIL
Hospital/Clinic	HEALTH FIRST TANK	HEALTH FIRST FAMILE		Drivi	ing ince &	Date of Co.
				Lice	ince &	Δ
			Date Disc			01/2021
Treatme	nt 06/01/2021			of Injur		
Date Treatmen	ranted Medical Leave 0	3	Degree o	Ji mje.		
	anto in			IDN	No.	S7115785G
river	SUNNY TAN			100	.07	
Name				Co	ntact N	No. 91006957
Related Vehic	cle SLV1147X (Car)			-	A PARTITION	
Related voin	,16			Cli	ass of	Class: NIL
Hospital/Clini	ic NIL				riving	Date of Expiry: NIL
Hospitalion	. Constant			Lic	cence 8	&
				Ey	xpiry Da	ate
			Date Di	ischarg	ge N	11L
Date Treatm	nent NIL granted Medical Leave	NIL	Division	e of Inju	ury N	NIL





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

CONTINUATION OF REPORT

3 of 4 Report No. T/20210107/2065

### Brief Details.

Tel No: 1800-3779999

On the 06/01/2021 at about 1515hrs, I was riding my motorcycling bearing plate number FBL8249K (V1) as I arrived at a traffic junction of Merchant Road and Clemenceau Ave. When I approached the said junction along Merchant Road I saw that the traffic light turned red. I stopped V1 behind a car on the middle lane. I temembered that there were 3 lanes. The left lane was a left turn lane, while the middle and right lane was a right turn lane. When the traffic light turned green, I prepared to moved off however before I moved off, I felt that I was hit from the rear and V1 moved to the left colliding with a Black vehicle on the left lane. V1 collided on the right side of the said black vehicle and the side mirror of the said vehicle broke. V1 then continue to moved and I eventually fell to my ride side. There was a motorcyclist that passed by and helped me up. The driver of the black vehicle went down as well as the driver who had hit me from the rear. I called for ambulance as I felt pain on my left wrist and the left side of my body. Ambulance then came and assessed my injury. I refused to be conveyed as I thought that it was a minor injury. I then got the details of the two drivers as soon as Traffic Police arrived at scene. We were all advised to lodge a road traffic accident report. My motorcycle sustained a broken side view mirror, broken pillion stand and broken box. It had to be towed away as I could not start the engine.

Later that day, I felt that the pain on my wrist had not subside and I could not move it properly thus I went to a clinic to get myself checked. I was issue 3 days of MC at Health First Family Clinic and was referred for an X-ray scan to the same clinic.





4 of 4

Report No. T/20210107/2065

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

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:  D /  Sgt 3 MUHAMMAD HAIQAL BIN AZMAN	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2021 13:47	
Officer In Charge Of Case: TP / GIT /	Classification Of Case:	
Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	SN 45	
Authentication Stamp NP168		

### Claim Handling Accident MT/1116770

Accident MT/1116770						
Policy No.	5119363713	Vehicle No.	FBL8249K		GST Regis	tration No
Certificate No.						
Policyholder Name	LAM JINXIANG				Policyholde	er NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire B	Theft	Loading	
Contact No.(Mobile)	90053551	Contact No.(Office)			Contact No	o.(Hama)
Email Address		Special Remark			eCode	
KFK	No Yes	TCA	No Yes		eCode Rea	1500
NCD Protection	No.	NCD Entitlement(%)	20		Private His	18
→ Accident Details						
Report Date	11/01/2021 11 19	Accident Report Within 24 hrs	Yes		Accident T	ype
Date of Accident	06/01/2021	Time of Accident hhamm	15:00		Country of	Accident
Reporting Centre		Cirange Force			ICM No.	
Accident Location	MERCHANT ROAD					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess				
OD Standard Excess	0.00	TP Standard Excess		2.00		
YIED OD Excess	0.00	YIED TP Excess		0.00	Photo Care Care	*******
Additional Excess	16,000	THE TENESS		0.00	Driver is C	(Ostavo)
Total OD Excess Applicable	20.000	Todal TE Europe Westernheit		100.000		
■ Benefits	0.00	Total TP Excess Applicable		0.00		
C. Carlettovan	ton					
■ G5T Registered Information			, and the second			
GST Registered GST Registration No.	No		GST Regist	ration Date		9000
Modification History			GS1 Status	A 60.40.00		Yes
The section of the se						
Policyholder Mailing Add	ress					
Address 1	OLK 215 #10-73	Address 2	BOON LAY PLACE		Address 3	
Address 4	SINGAPORE 640215	Address Type	Singapore address		Post Code	
Linit No.		Related Policy Number	5119363713			
♥ OI Driver Infa						
Driver Name	LAM JINXIANG	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	58434316A		Driver DO	В
Register Date of Driver License	27/07/2005	Driver Age	36		Driving Ex	perience
Contact No.(Mobile)	90053551	Contact No.(Office)			Contact No	a_(Home)
Address 3	BLK 215 #10-73	Address 2	BOON LAY PLACE		Address 3	
Address 4	STNGAPORE 640215	Address Type	Singapore address		Post Code	
Unit No.						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBL8249K		Driver Ins	urer Com
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Claim 001 OD-MX New	l .					
Claim Type *				OD-MX	✓ Insured Name	LAM 317
Contact No.(Mobile)				94333458	No.	626417
				12422414	(Home)	0.2041
					OI Vehicle	FBL824
Email Address					Alternations	- Himiticality
				FBL8249K / SLV1147X OU	Number 6 Jan 2021	
Claim Description				FBLB249K / SLV1147X ON	UNIVERSE ASSESSMENT	North-Color
Claim Description Preferred Workshop	Insured Liability Not	ot Fault		FBLB249K / SLV1147X ON	UNIVERSE ASSESSMENT	N-795000
Email Address  Claim Description  Preferred Workshop Bentiet No. Finalisation  Yes	Preference I Hot	at Fault GIA shop, Name unknown Feport Received	¥	FRLR249K / SLV1147X ON	UNIVERSE ASSESSMENT	1000000

1/11/2021

Report Taken By

Workshop ROSLI WAHAB Repairer

- Print AK letter

Save Submit

Attachment Claim No. 001 Accident No. MT/1116770 11/01/2021 11:44 Last Doc. Received ⊕ Yes. ○ No. Upload Date Category \* Confidential Path . M NO Clear Please Select Choose File No file chosen NO Clear Please Select Choose File No file chosen NO Clear Please Select Choose File No file chosen w NO Clear Please Select Choose File No file chosen C

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	NAC_BUKTT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
1	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
(e)	NAC_BUKIT_MERAH_BD0676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
-	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11/44	Photos		Normal		Photos
1	NAC_BUKIT_MERAH_800876( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
100 A	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
And the	NAC_BUKIT_MERAH_BODG75( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:44	Photos		Normal		Photos
E.	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	Photos		Normal		Photos
2	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 11 Jan 2021 11:43	Photos		Normal		Photos
1	NAC_BUKIT_MERAH_BOD676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	Photos		Normal		Photos
1	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43	Photos		Normal		Photos

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43 NRIC/ Driving I NRIC/ Driving License Normal NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 11:43 SAS 2 Normal 545

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GeneralClaim Hello, NAC\_BUKIT\_MERAH\_800676 · Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss Palicy No. Date of Accident 06/01/2021 15:19 Vehicle No.(For Motor) FBL8249K Certificate Number Search Certificate Number Policy No. Policyhold.:r Name Policyholder NRIC Select Vehicle Insured Object Commence Date Product Cover Type Expiry Date LAM 0 Third Party, FBL8249K FBL8249K 5119363713 S8434316A JINXIANG 07/10/2020 06/10/2021

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