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IP Particulars: Veh No: SL	M92252.	. INC(Tel:)
Owner / Driver: (Cover Type: ()
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Drive-in ()/ Towed-in (); Invoice	: YES () / NO	- विकास स्वाप्ति स्व		大学版史法院	Slagne by
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1) Apply for Transjort Allowance ()/C	Courtesy Car ()				
2) OC Check / Post Repair Inspection	.(·).			8. 7	
1) Upload Resurvey Photo [Repair Cost > \$3	3000] (·)			0,1	
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SN09211S0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/01/2021 10:59 (SGT)

SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (28/01/2021 10:59 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

- 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 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.
 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

28/01/2021 10:59 (SGT) 21/01/2021 22:05 (SGT) Ang Mo Kio Ave 1, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBK5605R

INSURED/POLICYHOLDER

is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No ALFRED YIP MING LIANG SXXXX154G ALFRED_YIP@LIVE.COM.SG (Phone) +65-93275605 +65-93275605

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

your vehicle?

accident Are you claiming under your own insurance policy for repair to

Vehicle Category

Employment

Honda

Cb400

No - Claiming third party

Motorcycle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number NTUC ThirdParty

5113916729-01

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

ALFRED YIP MING LIANG SXXXX154G 06/10/1993 Outdoor

05/06/2018 Date Of Driving Pass 2 YEARS AND 7 MONTHS Driving experience (Phone) +65-93275605 Gender Mobile Number +65-93275605 ALFRED_YIP@LIVE.COM.SG Alt. Phone Number BLK 173 WOODLANDS ST 13 #05-401 Email Address Address Address complement 730173 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Clear Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? 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) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210122/2060 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM9225Z
Venicle Registration (Vanice)	
Vehicle Manufacturer	1200 11 10 11 11 11 11 11 11 11 11 11 11 1
Vehicle Model	
Vehicle Variant	
Vehicle Colour	Private car
Vehicle Category	
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

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

ALFRED YIP MING LIANG
BODY
FBK5605R
Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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
- (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 in 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: FBK5605R

2: SLM 9225Z

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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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20210122/2060

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

EPORT O	A TRAFFIC	ACCIDENT		Station Diary No.:
	e Report M		Vide Report No.:	Station Diesy
Informar	t's Particu	lars		
Name of	Informant: YIP MING		Address: APT BLK 173 WOODLANDS S SINGAPORE 730173	STREET 13 #05-401
D Type / ID No.: NRIC NO / S9336154G		54G	Contact No.: Home/Office:	Mobile: 93275605
Nationality: SINGAPORE CITIZEN			Email:	AT LINE PLANTED HIS
Sex:	Age:	Date of Birth: 06/10/1993	Type of Informant: Rider	The way of Cahael Name:
Race:		1.33	Language:	Institution / School Name:
Occupat		R	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulan	Drink Drive:	Date/Time of Accident: 21/01/2021 22:05	Type of Location	
Location: ANG MO KIC				Road Speed Limit:	
Weather:		load Surface:		Traffic Volume:	
Traffic Flow:		raffic Control:			
Traffic Flow.				Anyone conveyed by	

Details of Vo	ehicle Involve	d	Madel	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model			0
FBK5605R		HONDA	CB400 SF4J M	Silver		0
SLM9225Z	Car	TOYOTA	WISH 1.8 CVT	White		0

Details of V	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company		24/12/2020	23/12/2021
FBK5605R	NTUC Income Insurance Co-Operative Limited	5113916729-01	24/12/2020	





2 of 3

Report No. T/20210122/2060

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian In No. of Pedestrian	volved: No s Injured: NIL	Use of Peo	destrian	Cross	ing: NA
Rider			ID No.		S9336154G
Name	ALFRED YIP MING LIANG				
Related Vehicle	FBK5605R (Motorcycle)		Conta	ct No.	93275605
TOIGIGG T			Class	of	Class: NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Drivin Licent Expiry	g ce &	Date of Expiry: NIL
177		Date Disc			1/2021
Date Treatment	21/01/2021 ited Medical Leave 04	Date Discharge Degree of Injury			

Brief Details.

ON STATED DATE, TIME AND LOCATION, I WAS TRAVELLING ALONG ANG MO KIO AVENUE 1 TOWARDS BOUNDARY ROAD BEFORE ANG MO KIO AVENUE 6. I WAS ON THE FIRST LANE GOING STRAIGHT. ALL OF A SUDDEN, THERE WAS CAR WHICH COLLIDED ONTO ME FROM THE LEFTHAND SIDE. AS A RESULT, I SKIDDED ACROSS THE GROUND FOR ABOUT 3 SECONDS. AFTERWARDS, THE DRIVER STOPPED HIS VEHICLE AT THE TRAFFIC LIGHT FAR AHEAD AND SLOWLY WALKED BACK TO THE ACCIDENT AREA. THE AMBULANCE AND POLICE WAS CONTACTED BY THE PASSER-BYS AND I WAS CONVEYED TO TTSH. THAT'S ALL.

IO IN-CHARGE: DANIEL YAN





3 of 3

Report No. T/20210122/2060

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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: TP / MUHAMMAD AMIRUL M Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP/GIT/ Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200 Authentication Stamp NP168

Signature Of Informant:	
Date/Time: 22/01/2021 13:38	



Signature:

eBaoTech

Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss **Policy Query**

Policy No.

Select

0

FBK5605R Vehicle No.(For Motor)

Policy No.

01

Date of Accident Certificate Number

· Change Language

21/01/2021 10:49

· Change Password

Search

Certificate Number 5113916729-

Policyholder Name ALFRED YIP MING LIANG

Policyholder NRIC S9336154G

Product Cover Type GMC Third Party FBK5605R FBK5605R

Vehicle Object

Commence Date

24/12/2020 23/12/2021

Expiry Date

GeneralClaim

Log Out

Continue

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 ٠
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. ٠
- Any false reporting may be referred to the traffic police department for investigation.

DATE TO EAST AND A STATE OF	ACCIDENT DETAILS	A Constitution of the Cons
Date of accident	21/01/2021	(DD/MM/YY)
Time of accident	2205	(HH:MM)
Exact location of accident	Ang Mo Kro Avenue 1	

	DETAILS OF VEHICLE
Vehicle registration number	FBK 5605 R
Vehicle make and model	Honda CB 400
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			TD asks
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

	INSURED / POLICY HOLDER	
Name	Alfred Yip Ming Liang Male or	Female
NRIC / Fin / Passport number	S 933 6 15 4 G	
Contact	9327 5605	
Address	BIK 173 Woodlands Street 13 # 05-401 S(730 173)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	WATER TOTAL
	Male	Female 🗆
Name		
NRIC / Fin / Passport number		
Contact		
Address		
Email address	alfred-yip @ live. com.sg	
Date of birth	06/10/1993	
Occupation	Indoor Outdoor	
Driving date pass	05/06/2018	

	GENERAL I	NFORMATION OF	THE ACCIDENT	Marie Control of the
Was driver an employee of	Yes 🗆	No 🛭		Outer
he insured's company?	If no, rela	tionship of the dr	iver and insured:	Owner
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear 🗷	Raining	Others:	
Road surface	Dry 🗆	Wet 🗷		
No of passenger	01	V		(Inclusive of driver
10 0. passenger				
		PASSENGER :	1	支持是特殊的
Name				
Gender	Male 🗆	Female 🗆		
	THE STATE OF	PASSENGER	2	
Name				/
Gender	Male 🗆	Female		25 pH
dense			/	
THE REPORT OF THE PARTY OF THE		PASSENGER	3	
Name				
Gender	Male 🗆	Female		
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Name	Male 🗆	Female □		l-
Gender	Iviale 🗆	remaic D		
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		PASSENGER		
Name	Male 🗆	Female		
Gender	Iviale L	Temate 1		
	No transfer	OTHER INFORM	ATION	LICE OF THE PARTY OF THE PARTY.
	Yes	No 🗆	ATION	
Was anybody injured?		No 🗆		
Was other vehicle damaged?	Yés	NO		
	DETA	ILS OF POLICE STA	TION ACTION	
Description 2	Yes	No □ If ye	s, please state which	police station.
Reported to police?	Tes	IVO LI II YC	o, pieuse state triner	Property Systems (Sept. 1990)
Police station name				
	YOU WE	WITNESS	THE PARTY NAMED IN	and Calman Visited
	Ton Part of the last	WITINESS		
Name				
		144741566		
		WITNESS	2	CONTRACTOR OF THE SECOND
Name				

A TAIL AND BANK ON THE STATE OF THE	TUIDD DARTY VEHICLE 1	以更相《现在》,"差面
	THIRD PARTY VEHICLE 1	STREET, STREET
/ehicle registration number	SLM9225Z	
Vehicle make model	Toyota Wish	
Name	Our Lee Pheng	
NRIC / Fin / Passport number	S 7960164 J	
Contact	9721 8188	
	THE PARTY VEHICLE 3	MENNAME AND STREET
	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
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	THIRD PARTY VEHICLE 4	
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Vehicle make model		
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NRIC / Fin / Passport number		
Contact		
HOLDER STREET	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
ALL AND DESCRIPTION OF THE PARTY OF THE PART	THIRD PARTY VEHICLE 6	
Vehicle registration number	/	
Vehicle make model		
Name	/	
NRIC / Fin / Passport number		
Contact		
Mark the second	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Contact

	INJURED PERSON 1
Name	Alfred Yip Ming Liang
Injuries sustained	Body, hand
Which vehicle person in?	FBK 5605R
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes No 🗆
hospital by ambulance?	
TV CONTROL OF THE CON	
多多的对象的特别的特别的	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
,	
box is playing the	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 6
Name /	
Injuries sustained	
	Ves II No II
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	155.0
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes D No D