

NATIONAL Assessment Centre Services

(Part 1 of 2)

NAAC/153213

Date In: 20/11/2017 12:17	Job description	Date & Time Completed	Done by
Ref No: N/A/2017022053/Y	SAS e-illing		
Vel No: GBC 1985	E-mail (withins 2hrs, AIC only)		
D.O.A: 17/11/2017 08:15	I-Motor Claim Form	MT/0920369	20/11/2017 12:49
OD / TP / Reporting Only	I-Motor Y/O (withins 2hrs, TP only)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% (Note: BSL 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) ()		

Infury:	
Date Time	Action

NAAC/707163	Invoice Preparation Checklist	By	Checked by	Signature
Human's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Contact No:	3) TP: Towing Fee	\$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$20		
	Excluding agent's INC Only (over \$10 Jan 2001)			
	6) TR: Re-inspection	\$23		
	7) NI: (Inc DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	9) NI: (Inc DA + SMRT Survey	\$160		
	10) NI: (Inc DA + SMRT Survey	\$160		
	11) NI: (Inc DA + SMRT Survey	\$160		
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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 ability.
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 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 Report	20/11/2017 12:17
Date Of Accident	17/11/2017 08:15
Exact Location Of Accident	SENOKO POWER STATION AT ATTAP VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1198S
Insured/Policyholder	
Name Of Registered Owner	ALLIED MEDICAL ASSOCIATES PTE LTD
Co Reg No	199203506W
Email Address	MARINAPS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91830858
Alternative Phone No	OFFICE-91830858

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5050358396-06
Cover Note Number	

Driver

Name of Driver	SAMY BENHERT
NRIC No	S0173584E
Date Of Birth	14/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1993
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91830858
Fax Number	
Contact Number	OTHERS-91830858
Email Address	MARINAPS@SINGNET.COM.SG

Address	BLK 813 CHOA CHU KANG AVENUE 7 #16-541
Postcode	681813
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125, POSTCODE: 160128, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFEDR TO POLICE REPORT T/20171117/2091(TYPE OF ACCIDENT INSURED REVERSE AND HIT THE PERSON WHO GUIDE HIM TO REVERSE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

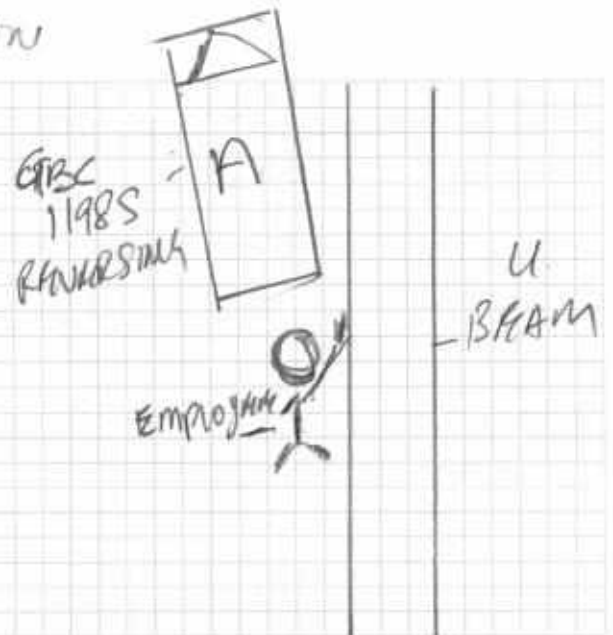
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ISSUED MEDICAL ASSOCIATES PTE LTD

SKETCH PLAN

SKANOKO POWER STATION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
7/0017/117/2011

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171117/2091

1 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20171117/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2017 15:46		Vide Report No.:		Station Diary No.: 31
Informant's Particulars				
Name of Informant: SAMY BEHNERT		Address: APT BLK 813A CHOA CHU KANG AVENUE 7 #16-541 SINGAPORE 681813		
ID Type / ID No.: NRIC NO / S0173584E		Contact No.: Home/Office: Mobile: 91830858		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 14/06/1950	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/11/2017 08:15	Type of Location: Car Park
Location: Along Road 1 ATTAP VALLEY ROAD Senoko Power Station				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1198S	Covered Truck	NISSAN	Cabstar	White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



**SINGAPORE
POLICE FORCE**



T/20171117/2091

2 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20171117/2091

CONTINUATION OF REPORT

Driver			
Name	SAMY BEHNERT	ID No.	S0173584E
Related Vehicle	GBC1198S (Covered Truck)	Contact No.	91830858
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/11/2017 at about 0815hrs, I was reversing a white in color Nissan Cabstar truck bearing registration plate number GBD1198S into a parking lot at Senoko Power Station. I wish to state that I was driving a nurse who is known to me as Margaret to the location. She had alighted from the vehicle prior to me parking so that she could direct me into the parking lot as I was reversing and am unable to see the rear of the vehicle.

Subsequently, after reversing, I drove forward to adjust the vehicle and noticed from the left side mirror that she was sitting on the floor. I immediately alighted from the vehicle and found that her right arm was injured. I found out that as she was waving at my van and directing me to reverse, she had placed her hand across a beam behind my vehicle. This caused her hand to get trapped between my vehicle and the U-beam.

Ambulance and the police was called for. She was then conveyed to Khoo Teck Puat Hospital before being transferred to Raffles Hospital. She has also informed me that she suffered a fractured arm and will need to go for an operation.

There are no damages to the vehicle.



**SINGAPORE
POLICE FORCE**



T/20171117/2091

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20171117/2091

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:

A /

Staff Sgt SURAJDEEP SINGH S/O
RAJVENDER SINGH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178

Signature Of Informant:

Date/Time:

17/11/2017 15:46

Classification Of Case:

Authentication Stamp

NP168

Signature

Singapore Police Force

Claim Handling

Accident MT/0970369

Policy No.	5050358396-06	Vehicle No.	GBC11985	GST Registration No.	
Policyholder Name	ALLIED MEDICAL ASSOCIATES PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	91830858	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

Accident Details

Report Date	20/11/2017 12:41	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	17/11/2017	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENKOKU POWER STATION AT ATTAP VALLEY ROAD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 78 #01-39	Address 2	GUAN CHUAN STREET	Address 3	
Address 4	SINGAPORE 160078	Address Type	Singapore address	Post Code	
Unit No.	#01-39	Related Policy Number	5050358396-06		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	SAMY SENHART	Driver NRIC	S0173584E	Driving Experience	
Register Date of Driver License	20/12/1993	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	91830858	Contact No.(Office)		Address 3	
Address 1	BLK 813A #16-541	Address 2	CHOA CHU KANG AVENUE 7	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	16-541				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBC11985	Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ALLIED MEDICAL ASSOCIATES	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBC11985	TP Vehicle Number	
Claim Description	GBC11985 / ON 17 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	20/11/2017 12:47	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0970369	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 12:49
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	•	NRIC	•	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	•	NRIC	•	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	•	NRIC	•	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	•	NRIC	•	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	•	NRIC	•	Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:49	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2017 12:48	Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	?	Size
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ACCIDENT STATEMENT

ACCIDENT DATE: 17/11/2017 (DD/MM/YYYY), TIME: 08:15 (HH:MM)

LOCATION: SERKOD POLICE STATION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4BC 1198S
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 3050358396-06
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN ROVER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 0815
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (3)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SAMU BERNARD ALLEN MEDICAL ASSOCIATE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SD1735616 CONTACT: 91830858
 c) ADDRESS: BLK 813A CHOA CHU LANE AVR 74 GUAL CHUNG ST
AVR 74 #16-501 SINGAPORE 681813 #11-39
8160078

* CONTINUE TO 3.3 IF DRIVER & SO POLICY HOLDER

DRIVER

- a) NAME: SAMU BERNARD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SD1735616 CONTACT: 91830858
 c) ADDRESS: BLK 813A CHOA CHU LANE
AVR 74 #16-501 SINGAPORE 681813

* d) DATE OF BIRTH: 10/06/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 10/07/2018

4. WAS DRIVER / EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TIONG BAHRU NPP

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER NAME: _____

c) NRIC / FIN / PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE


a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC / FIN / PASSPORT: _____ CONTACT: _____

Email = marinaps@singnet.com.sg
 Fax = 62223380
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0173584E





Name
SAMY BEHNERT

Race
INDIAN

Date of birth
14-08-1950

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0173584E
Name
SAMY BEHNERT

Birth Date 14 Jun 1950
Issue Date 02 Oct 2006



3933605




NRIC No. S0173584E

Date of issue
01-09-2006

APT BLK 813A CHOA CHU KANG AVENUE 7 #16-541
SINGAPORE 081813

NRIC No: S0173584E Date: 31/01/2017

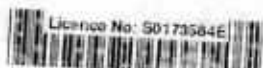
USED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE
20 Dec 1982

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$

NP 428A

Licence No: S0173584E



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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5050358396-06

Cover : Comprehensive

- | | |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBC11985 |
| Chassis Number | : JN1SC2F24Z0801816 |
| 2. Name of Policyholder | : ALLIED MEDICAL ASSOCIATES PTE LTD |
| 3. Effective Date of Insurance | : 30 Apr 2017 |
| 4. Expiry Date of Insurance | : 29 Apr 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |
| This Policy does not cover | |
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed-testing. | |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. | |

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

EXCESS (SECTION 1)	: S\$500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency	: THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000571089)
Date of Issue	: 27 Apr 2017 15:31 hrs
Reprint	: 27 Apr 2017 15:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive