

NATIONAL Assessment Centre Services

(ver 1.2/100)

NA/477164951

Date In: 15/12/2017 12:03	Job description	Date & Time Completed	Done by
Ref No: NBA/INC470238574	SAS e-filing		
Veh No: GBC 444X	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 06/12/2017 21:30	I-Motor Claim Form	MT/0912836-002	15/12/2017
OD / TP / Reporting Only	I-Motor W/O (within OD 3hrs, TP 1hr)		16/12/2017
	I-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whsp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: SUM 62556	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 repeller.

() Total Loss Cost: 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:

Date/Time	Action

NA/707780	Invoice Preparation Charge (US\$)	SAH (US\$)
Customer Particulars:	1) AR: Accident Reporting (\$30)	1) B/LN
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	2) Add. Bill
Contact No:	3) TP: Towing Fee \$40/\$10	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$10	
	For claimant against INC Only (ver 1.0 Jan 2010)	
	6) TR: Re-inspection \$15	
	7) NI: (DA + SMRT) Survey \$160	
	8) NTUC Additional Services	
C. Checked by (Ungr-In-Charge):	9) NI: (DA + SMRT) Survey \$160	
	10) NI: (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	15/12/2017 12:03
Date Of Accident	06/12/2017 21:30
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD AFTER SIXTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC441X
Insured/Policyholder	
Name Of Registered Owner	SWIM CENTRE VERHOEF
Co Reg No	51713700C
Email Address	HENDRIKUS82@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91028794
Alternative Phone No	OFFICE-64635554

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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
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	5087238225
Cover Note Number	

Driver

Name of Driver	MELIS HENDRIKUS DIRK MARIA
Passport No/FIN	G1552577R
Date Of Birth	25/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91028794
Fax Number	
Contact Number	OFFICE-64635554
Email Address	HENDRIKUS82@GMAIL.COM

Address	BLK 128 ANG MO KIO AVENUE 10 #10-1865
Postcode	560128
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	COLLISION - HEAD TO REAR
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171214/2080

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	SLM6255G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
------	--

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 lodging 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 15/12/17

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

SKETCH PLAN

ALONG RT JMAA
AT SIXTH AVENUE



W. S. GROENE
P. J. SIMONSEN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
x/2017/214/2060

DECLARATION

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



Policyholder
Date & Time

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

15/12/2017

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

15/12/2017



SINGAPORE POLICE FORCE



T/20171214/2060

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

1 of 3

Report No. T/20171214/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2017 12:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MELIS HENDRIKUS DIRK			Address: APT BLK 128 ANG MO KIO AVE 3 #10-1865 SINGAPORE 560128		
ID Type / ID No.: FIN NO / G1552577R			Contact No.: Home/Office: Mobile: 90225382		
Nationality: NETHERLANDS			Email:		
Sex: Male	Age: 35	Date of Birth: 25/03/1982	Type of Informant: Driver		
Race: Netherlander			Language:		Institution / School Name:
Occupation: Other services managers nec			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2017 21:30	Type of Location:
Location: Along Road 1 BUKIT TIMAH ROAD ALONG SIXTH AVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC441X	Van				Slightly Damaged	0
SLM6255G	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171214/2060

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

2 of 3

Report No. T/20171214/2060

CONTINUATION OF REPORT

Driver			
Name	MELIS HENDRIKUS DIRK	ID No.	G1552577R
Related Vehicle	NIL	Contact No.	90225382
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.

06/12/2017 @ 2130HRS (ALONG SIXTH AVE)

I WAS TRAVELLING BUKIT TIMAH ROAD ALONG SIXTH AVE PLANNING TO MAKE A U-TURN TO DUNEARN ROAD. I WAS ENTERING IN THE FILTER LANE WHEN THE CAR BEHIND ME COLIDED INTO MY RIGHT REAR LIGHTS AND IT WAS DAMAGED. I WAS TURNING RIGHT TO THE FILTER LANE I THINK NEVER SEE HER VEHICLE.



**SINGAPORE
POLICE FORCE**



T/20171214/2060

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

3 of 3

Report No: T/20171214/2060

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 /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/12/2017 12:11

Classification Of Case:



Signature:

Claim Handling

Accident MT/0972836

Policy No.	5087238225	Vehicle No.	GBC441X	GST Registration No.	
Policyholder Name	SWIM CENTRE VERHOEF			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	08/12/2017 13:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cham
Date of Accident	08/12/2017	Time of Accident hh:mm	21:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RD. AFTER ANAMALAI 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	Yes	GST Registration Date	15/10/2017
GST Registration No.	200619422K	GST Status Verified	Yes
Modification History	08/12/2017 14:08:52 Nur Shahira Hassan changed GST Registered from No to Yes 08/12/2017 14:08:52 Nur Shahira Hassan changed GST Registration No. from null to 200619422K 08/12/2017 14:08:52 Nur Shahira Hassan changed GST Registration Date from null to 15/10/2017		

Policyholder Mailing Address

Address 1	43 JALAN MERAH SAGA	Address 2	#02-64	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5087238225		

01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SWIM CENTRE VERHOEF	Insured NRIC	
Contact No.(Mobile)	97941349	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	GBC441X	TP Vehicle Number	
Claim Description	GBC441X / SLM6255G ON 6 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	15/12/2017 16:38	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0972836	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/12/2017 16:40

Path *

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Category * Confidential Urgency

Browse...

Clear

Please Select

N/A

Normal

Browse...

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Please Select

N/A

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 15 Dec 2017 16:48	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 15 Dec 2017 16:39	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 15 Dec 2017 16:39	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 15 Dec 2017 16:39	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 15 Dec 2017 16:38	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

col's stamp

ACCIDENT STATEMENT

ACCIDENT DATE: 06/12/2017 (DD/MM/YYYY), TIME: 21:30 (HH:MM)

LOCATION: Along B1 Timah Rd A/F 81XTH Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 441X
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5087238225
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace GBC 441X
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Swimm Centre Veehoet (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 64635554
c) ADDRESS: 43 Jalan Meeah Saga 02-64
work loft @ chip bar 278115

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hendrikus Diel Maria Melis (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G1552577R CONTACT: 91028794
c) ADDRESS: 128 AMK AVE 3 10-1865 560128

* d) DATE OF BIRTH: 25/03/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/10/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLM 6255G MODEL: _____

b) DRIVER'S NAME: _____

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

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

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

email = hendrikus82@gmail.com

Lindy @ aquaducks.com.sg fax =

VIDEO

REPUBLIC OF SINGAPORE
FIN G1552577R



Name
MELIS HENDRIKUS DIRK
MARIA

Date of Birth: 25-03-1982 Sex: M
Nationality: NETHERLANDS



REPUBLIC OF SINGAPORE DRIVING LICENCE



FIN G1552577R

MELIS HENDRIKUS DIRK MARIA

Birth Date: 25 Mar 1982
Issue Date: 27 Jan 2017
Valid Till: 24/10/2021



FA1919914

VISIT PASS
Immigration Regulations



FIN G1552577R

PLUS

Date of Issue: 06-07-2017 Date of Expiry: 08-07-2020



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3: Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 26 Oct 2016

NP 428A



Licence No: G1552577R

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 : 5087238225

Cover : Comprehensive

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : G8C441X |
| Chassis Number | : JTFHT02P400069365 |
| 2. Name of Policyholder | : SWIM CENTRE VERHOEF |
| 3. Effective Date of Insurance | : 04 Jan 2017 |
| 4. Expiry Date of Insurance | : 02 Mar 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ETHOZ CAPITAL 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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)

Date of Issue : 04 Jan 2017 17:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive