

NATIONAL Assessment Centre Services

(part 1 of 2)

NA41770126

Date In: 27/12/2017 17:26	Job description	Date & Time Completed	Done by
Ref No: NBA/MIC/17024560/Y	SAS e-illing		
Veh No: FBC 8564Y	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 27/12/2017 15:00	I-Motor Claim Form	MI/0975416	28/12/2017
OD: TP / Reporting Only	I-Motor W/O (within 2hrs, TP 2hrs)		10:30
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars	Yell No: SLM850.C	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: Customers information strictly Confidential & Strictly NO rate of repair.

() Total Loss Case: I to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	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/800010	Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Human's Particulars	1) AR: Accident Reporting (30)		
Driver/Owner:	2) DA: Damage Assessment (300) INC (550)		
Contact No:	3) TP: Towing Fee (10/140)		
Damaged Portion:	4) PT: Follow-Through Survey (120)		
	5) RT: Follow-Through Survey (Resurvey) (30)		
	6) TR: Re-inspection (30)		
	7) NI: 1 day DA + SMRT Survey (350)		
	8) NTUC Additional Services		
C. Checked by (Sign-In-Charge):	Q1:		
	*NI: Courtesy Car / Tpl Allowance (5)		
	*NI: Repair Coordination (10)		
	*NI: Post Repair Inspection (30)		
	*NI: DY / Collect Excess Coordination (5)		
	TP (NI) / TP (Non INC) against INC (20)		
	9) N22: Idnc Mobile (10)		
	Invoice dated	Fax Charged	
	Invoice faxed	Phone 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 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	27/12/2017 17:26
Date Of Accident	27/12/2017 12:00
Exact Location Of Accident	ALONG EU TONG SEN STREET TOWARDS LAVENDER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8564Y
Insured/Policyholder	
Name Of Registered Owner	CAO TINGHUI
NRIC No	G2488033N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84588851
Alternative Phone No	OTHERS-84588851

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5071746789-02
Cover Note Number	

Driver

Name of Driver	CAO TINGHUI
NRIC No	G2488033N
Date Of Birth	25/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84588851
Fax Number	
Contact Number	OTHERS-84588851
EMail Address	NOEMAIL

Address	BLK 23 TELOK BLANGAH CRESCENT #11-30
Postcode	090023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20171227/2103

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	SLM850C
Vehicle Make/Model/Colour	MITSUBHISHI
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TEO AN SIONG KENNY
NRIC/Passport Number	S8616159A
Contact Number	92978509
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

CAO TINGHUI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC8564Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:

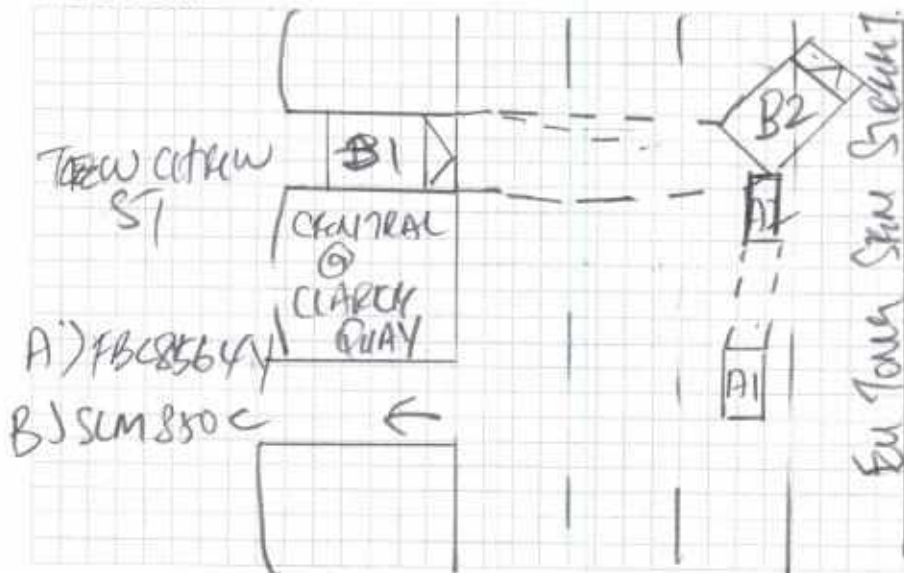
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

Gao Ting Lin
Policyholder's Signature
Date & Time: 14:35
27/12/2017

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

28/12/2017
Reporting Centre Personnel's Signature
Name: *Rashmi Wadhwa*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/12/2017 AT 12:00HRS I WAS TRAVELLING ALONG ED TONG SAN STREET TOWARDS LAVENDER, SUDDENLY A CAR SCM 850C CAME OUT FROM TAN CATAN ST DROVE OUT STRAIGHT IN 3RD LANE WHERE I WAS RIDING I TRY TO BREAK BUT NOT IN TIME MY BIKE FBC 8564Y HIT THE REAR RIGHT SIDE OF THE CAR.

POLICE REPORT 1/20171227/2103.

DECLARATION

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

Gao Tong him

Policyholder's Signature

Date & Time: 14:35

27/12/2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/12/2017

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Roshni Wadhwa



SINGAPORE POLICE FORCE



T/20171227/2103

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20171227/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2017 16:13	Vide Report No.:	Station Diary No.: 67
--------------------------------------------	------------------	--------------------------

Informant's Particulars				
Name of Informant: CAO TINGHUI		Address: APT BLK 23 Telok Blangah Crescent #11-30 SINGAPORE 090023		
ID Type / ID No.: FIN NO / G2488033N		Contact No.: Home/Office: Mobile: 84588851		
Nationality: CHINESE		Email:		
Sex: Male	Age: 33	Date of Birth: 25/07/1984	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Delivery Man		Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2017 12:00	Type of Location: Straight Road
Location: Along Road 1 EU TONG SEN STREET Towards Lavender				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8564Y	Motorcycle	YAMAHA	YBR125	Red	Slightly Damaged	0
SLM850C	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC8564Y	NTUC Income Insurance Co-Operative Limited	5071746789-02	16/07/2017	15/07/2018



SINGAPORE POLICE FORCE



T/20171227/2103

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20171227/2103

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CAO TINGHUI	ID No.	G2488033N
Related Vehicle	FBC8564Y (Motorcycle)	Contact No.	84588851
Hospital/Clinic	Shalom Clinic Surgery	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 07/04/2021
Date Treatment	27/12/2017	Date Discharge	27/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Teo An Siong Kenny	ID No.	S8616159A
Related Vehicle	SLM850C (Car)	Contact No.	92978509
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 27/12/2017 at 1200hrs, I was travelling along Eu Tong Sen St towards Lavender, suddenly a car SLM850C came out from a building named, Central @ Clark Quay drive out straight in 3rd lane where I was riding. I tried to break but not in time, my bike FBC8564Y Hit onto the said car rear right.

I sustain a scratches from the accident. I had also seek medical treatment and was given 5 days of MC from 27/12/2017 till 31/12/2017,



**SINGAPORE
POLICE FORCE**



T/20171227/2103

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20171227/2103

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 2 TAN WEI HAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

SN 46

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/12/2017 16:13

Classification Of Case:

Claim Handling

Accident MT/0975416

Policy No.	5071746789-02	Vehicle No.	FBC8564Y	GST Registration No.	
Policyholder Name	CAO TINGHUI			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	84588851	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(%)	10	Private Hire	Not available

Accident Details

Report Date	26/12/2017 18:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	27/12/2017	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG EU TONG SEN STREET TOWARDS LAVENDER				

Benefits

Excess

Own damage Excess	0.00	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	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 23 #11-30	Address 2	TELOK BLANGAH CRESCENT	Address 3	
Address 4	SINGAPORE 090023	Address Type	Singapore address	Post Code	
Unit No.	01-10	Related Policy Number	5071746789-02		

OI Driver Info

Driver Name	CAO TINGHUI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G2488033N	Driver DOB	
Register Date of Driver License	25/10/2005	Driver Age	33	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 23 #11-30	Address 2	TELOK BLANGAH CRESCENT	Address 3	
Address 4	SINGAPORE 090023	Address Type	Singapore address	Post Code	
Unit No.	01-10				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBC8564Y	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-HX	Insured Name	CAO TINGHUI	Insured NRIC		
Contact No.(Mobile)	84588851	Contact No.(Home)		Contact No.(Office)		
Email Address		DI Vehicle Number	FBC8564Y	TP Vehicle Number		
Claim Description	FBC8564Y / SLM850C ON 27 Dec 2017				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		
Date Registered	28/12/2017 10:29	Claim Close Date		Date Received		
Report Taken By	ROSJI WAHAB					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0975416	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/12/2017 10:30

Path *

Category *

Confidential ☐ Urgency ☐

Browse Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:30	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:30	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:29	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Dec 2017 10:29	NRIC/ Driving License		Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: 27/12/2017 (DD/MM/YYYY) TIME: 12:00 (HH:MM)
LOCATION: Along Tan catan 87

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBC 8564Y
b) INSURANCE COMPANY: 1124
c) POLICY NUMBER: CO11746788-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA FJR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: CAO TUNG HUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: BUK 23 TAIOR BLOMGAH CHERAM CONTACT: #11-30 (090022)
c) ADDRESS: #11-30 (090022)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: MR ABRAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: MR ABRAH CONTACT: MR ABRAH
c) ADDRESS: MR ABRAH

* d) DATE OF BIRTH: 25/07/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 08/04/2018

f) DATE OF DRIVING LICENSE: 08/04/2018
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SEM 850C MODEL: MITSUBISHI
b) DRIVER'S NAME: TAO AN SIONG KIMMY
c) NRIC/FIN/PASSPORT: 58616159A CONTACT: 52972509

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME: CONTACT:
f) NRIC/FIN/PASSPORT: CONTACT:

email =

fax =

VIDEO

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TRANSNATIONAL SUPPLY CHAIN LOGISTICS PTE LTD

Sector: **SERVICE**

Name:
CAO TINGHUI

Occupation:
DELIVERY MAN

Work Permit No.
0 75265070

Date of Application
13-04-2015

Date of Issue
13-04-2017

Date of Expiry
13-04-2019

L7871324

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G2488033N**

Name:
CAO TINGHUI

Birth Date: **25 Jul 1984**

Issue Date: **08 Apr 2016**

Valid Till: **07/04/2021**

002555691D

VISIT PASS
Immigration Regulations

Name:
CAO TINGHUI

Date of Birth: **25-07-1984** Sex: **M** Nationality: **CHINESE**

PRN: **G2488033N** Date of Issue: **13-04-2017** Date of Expiry: **13-04-2019**

MULTIPLE JOURNEY VISA ISSUED

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)

Class 2B Motorcycles <= 200 cc

Class 3C Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver

EFFECTIVE DATE
08 Apr 2016
06 Apr 2016

Licence No: **G2488033N**

NP 426A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5071746789-02	CAO TINGHUI	G2488033N	GMC	Third Party	FBC8564Y	FBC8564Y	16/07/2017	15/07/2018