

NATIONAL Assessment Centre Services

(Unit 1 Jan 2008)

NA18004368

Date In: 09/01/2018 16:17

Ref No: NAB/MC/18000574

Veh No: GZ 7286 B

D.O.A: 08/01/2018 19:50

OD / TP / Reporting Only

TP Insureh:

Job description

Date & Time Completed

Done by

SAS e-illing

B-mall (within 3hrs, AIO only)

1-Motor Claim Form

1-Motor VVO (Within 3hrs, TP only)

1-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Wksp

mile 977014

09/01/2018

17:07

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

SAO 9228K

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 repairer.

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

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

Remarks: INC balling 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: ()

Address: ()

Comments: ()

Signature: ()

Stamp: ()

Notes: ()

Attachments: ()

Other: ()

Remarks: ()

Signature: ()

Stamp: ()

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Other: ()

Remarks: ()

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	09/01/2018 16:17
Date Of Accident	08/01/2018 19:50
Exact Location Of Accident	SLIP ROAD ALONG BRADDELL ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ7286B
Insured/Policyholder	
Name Of Registered Owner	LOW AH KEOW
NRIC No	S2117920E
Email Address	SI_YEAN95@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94669668
Alternative Phone No	OTHERS-94669668
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	5093174796
Cover Note Number	
Driver	
Name of Driver	LOW SI YEAN
NRIC No	S9537125F
Date Of Birth	08/10/1995
Occupation	INDOOR
Date Of Driving Pass	18/12/2015
Driving Experience	2 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94669668
Fax Number	
Contact Number	OTHERS-94669668
EMail Address	SI_YEAN95@HOTMAIL.COM

Address	BLK 104 COMMONWEALTH CRESCENT #05-150
Postcode	140104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NIECE
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	
Was any body injured in the Accident?	NO
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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20170108/2202

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	SHD9228K
Vehicle Make/Model/Colour	CHEVROLET EPICA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE POON LUP
NRIC/Passport Number	S0425843F
Contact Number	93838792
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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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.

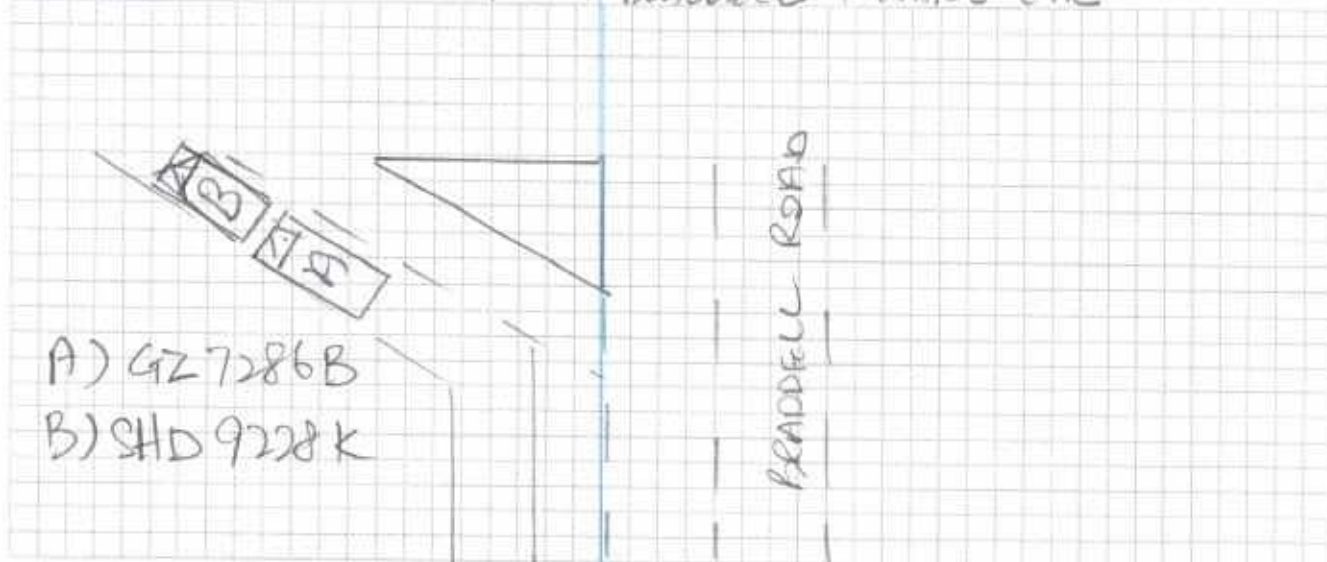
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/1/18

Reporting Centre Personnel's Signature
Name: Res Li WAT HAN
NRIC/FIN No.:

SKETCH PLAN

SLIP ROAD FROM BRADDELL TOWARD C7K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180108/2202

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/20180108/2202

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No: T/20180108/2202

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 21:45		Vide Report No.: E/20180108/0143		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: LOW SI YEAN			Address: APT BLK 104 COMMONWEALTH CRESCENT #05-150 SINGAPORE 140104		
ID Type / ID No.: NRIC NO / S9537125F			Contact No.: Home/Office: Mobile: 94669668		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 08/10/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/01/2018 19:50	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD A slip road along Braddell Rd towards CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ7286B	Lorry	TOYOTA		Grey	Slightly Damaged	0
SHD9228K	Car	CHEVROLET	Epica	Red	Seriously Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180108/2202

2 of 3

Police Station Of Origin:

Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

288A SINGAPORE 140111

Tel No: 1800-4749999

Report No. T/20180108/2202

CONTINUATION OF REPORT

Driver			
Name	LOW SI YEAN	ID No.	S9537125F
Related Vehicle	GZ7286B (Lorry)	Contact No.	94669668
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
Driver			
Name	LEE POON LUP	ID No.	S0425843F
Related Vehicle	SHD9228K (Car)	Contact No.	93838792
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 8/1/18 at about 1950hrs, I was driving a Toyota lorry, GZ7286B, along a slip road towards CTE. I saw a Transcab taxi, SHHD9228K, was stopping in front for about 1 and a half car distance. I did slow down my lorry and wanted to stop. However, it hit onto the rear of the taxi. There were dents on the rear of the taxi. There were scratches on the front of my lorry. We then exchanged particulars. He called for Police assistance and was conveyed by Ambulance to hospital for medical attention. He had 3 passengers on the taxi and they were not injured.



**SINGAPORE
POLICE FORCE**



T/20180108/2202

3 of 3

Report No. T/20180108/2202

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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 LI SHI HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/01/2018 21:45

Officer In Charge Of Case:

TP / GIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476423

Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/0977074

Policy No.	5093174796	Vehicle No.	GZ72868	GST Registration No.	
Policyholder Name	LOW AH KEOH			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	94669668	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFR	<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(%)	20	Private Hire	Not available

Accident Details

Report Date	09/01/2018 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	08/01/2018	Time of Accident (Approx)	19:38	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD ALONG BRADDELL ROAD TOWARDS CTE				

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 28C #20-47	Address 2	DOVER CRESCENT	Address 3	
Address 4	SINGAPORE 133028	Address Type	Singapore address	Post Code	
Unit No.	20-47	Related Policy Number	5093174796		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LOW SI YEAN	Driver NRIC	S9537125F	Driving Experience	
Register Date of Driver License	18/12/2015	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 104 #05-150	Address 2	COMMONWEALTH CRESCENT	Post Code	
Address 4	SINGAPORE 140104	Address Type	Foreign address		
Unit No.	05-150				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	GZ72868	Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LOW AH KEOH	Insured NRIC		
Contact No.(Mobile)		Contact No.(Home)	64757795	Contact No.(Office)		
Email Address		01 Vehicle Number	GZ72868	TP Vehicle Number		
Claim Description	GZ72868 / SHD9228K ON 8 Jan 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	09/01/2018 17:04	Claim Close Date				
Report Taken By	BOSLI WAHAB					
<input type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/0977074	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2018 17:07
Path *		Category *	Confidential <input type="radio"/> Urgency <input type="radio"/>
		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 (BUK IT MERAH)) on 09 Jan 2018 17:07	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:07	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:07	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:07	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:06	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:06	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:06	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:05	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:05	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:05	Photos		Normal	Photo

	NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:05	NRIC/ Driving license	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 17:04	SAS	Normal	SAS
Video List				
Uploaded By/Date	Folder Date	File Name	?	
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 08/01/2018 (DD/MM/YYYY), TIME: 07:50 (HH:MM)

LOCATION: SIP Road from Braddell 1410-172

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 7286 B
 b) INSURANCE COMPANY: income
 c) POLICY NUMBER: 5093174796
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Low Ah Kew (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2117920E CONTACT: _____
 c) ADDRESS: Apt B1K 28C Dover Crescent #20-47 Singapore 13328

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Low Si Yean (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9537125E CONTACT: 94664668
 c) ADDRESS: B1K 104 Commonwealth Crescent #05-150 Singapore 140104

* d) DATE OF BIRTH: 08/10/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18/12/15

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

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: Commonwealth

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH MODEL: Epira
 b) DRIVER'S NAME: Lee Poon LOP
 c) NRIC/FIN/PASSPORT: 30425843F CONTACT: 93833792

9. THIRD PARTY VEHICLE

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

Email: Si-Yean 95@hotmail.com

Fax: _____

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9537125F



Name

LOW SI YEAN

劉思謙

Race

CHINESE

Date of birth

08-10-1995

Sex

F

Country of birth

SINGAPORE

DRIVER

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9537125F

LOW SI YEAN

BIRTH DATE: 08 Oct 1995

VALID DATE: 18 Dec 2015



100

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2117920E



LOW AH KEOW

刘亚娇

Race

CHINESE

Date of birth

02-02-1947

Sex

F

Country of birth

SELANGOR

OWNER



NRIC No. S9537125F



Date of issue

06-04-2010

Address

APT BLK 104 COMMONWEALTH CRESCENT
#05-150
SINGAPORE 140104

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 $\leq 2500\text{kg}$ 18 Dec 2015

DRIVER

NP 428A



License No: S9537125F



NRIC No. S2117920E



Blood Group

O+

Date of issue

16-08-1993

APT BLK 28C DOVER CRESCENT #20-47
SINGAPORE 133028

NRIC No. S2117920E

Date: 17/05/2010

No: 6494210

OWNER

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 : 5093174796

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : Third Party |
| Chassis Number | : GZ7286B |
| 2. Name of Policyholder | : JTFUF34YX03012115 |
| 3. Effective Date of Insurance | : LOW AH KEOW |
| 4. Expiry Date of Insurance | : 17 Aug 2017 |
| 5. Persons or Classes of Persons entitled to drive# | : 16 Aug 2018 |
| (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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

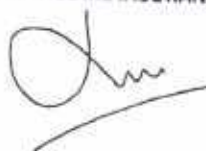
Agency : ASSURE PTE. LTD. (00000572842)
Date of Issue : 03 Aug 2017 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive