

# NATIONAL Assessment Centre Services

(011) 111-1111

NA/18012175

Date In: 24/01/2018 18:14

Ref No: NA/18012175

Veh No: SLH 9715X

D.O.A: 23/01/2018 18:25

OD: TP Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-111ing

E-mail (with 3hrs, AIC 3hrs)

1-Motor Claim Form

1-Motor V/O (with 100 3hrs, TP 3hrs)

1-Photo Uploaded

Assessment/Survey Report

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

MT/01/19359

24/01/2018 18:36

Preferred Wksp / INC Assign Wksp / OW:

Tel:

Fax:

TP Particulars: Yeh No: SKD 6853P

INC ( ) / Non-INC ( )

Owner / Driver:

Policy No:

Period:

Tel:

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 Case: to e-mail Insurer URGENTLY.

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

Remarks:

NA/18012175

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury:

Date/Time

Actions

NA/1800567

Human Resources

Driver/Owner:

Contact No:

Assigned Person:

C. Checked by (Engr-In-Charge):

Customer's Comments:

U. I:

U. 2/3:

Invoice Preparation Checklist

Item	Amount	INC (230)	Non-INC (230)
1) AR: Accident Reporting (300)	300		
2) DA: Damage Assessment (3100)	3100	INC (230)	
3) TP: Towing Fee	500/510		
4) PT: Follow-Through Survey	110		
5) RT: Follow-Through Survey (Recovery)	30		
6) TR: Re-inspection	30		
7) NI: 1 day DA + SMRT Survey	160		
8) NTUC Additional Serv (200)	200		
9) NI: Courtesy Car / Tpl Allowance	30		
10) NI: Repair Coordination	110		
11) NI: Post Repair Inspection	30		
12) NI: DY / Collision Update Coordination	30		
13) NI: TP (Non-INC) against INC	30		
14) NI: 1 day DA	160		

Invoice date

File Charged

File Charged

NA/1800567

## 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 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	24/01/2018 17:49
Date Of Accident	23/01/2018 18:25
Exact Location Of Accident	ALONG MARYMOUNT ROAD TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN9715X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE CHEE YONG, JEFFREY
NRIC No	S8741398E
Email Address	JEFFGQL@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93694941
Alternative Phone No	OTHERS-93694941
<b>Vehicle Particulars</b>	
Manufacturer	CITROEN
Model	C4-1.6 PICASSO (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091316849
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE CHEE YONG, JEFFREY
NRIC No	S8741398E
Date Of Birth	12/12/1987
Occupation	INDOOR
Date Of Driving Pass	27/10/2012
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93694941
Fax Number	
Contact Number	OTHERS-93694941
EEmail Address	JEFFGQL@OUTLOOK.COM

Address	BLK 631 ANG MO KIO AVENUE 4 #08-910
Postcode	560631
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SKD6853P
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	LEE CHEE YONG, JEFFREY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLN9715X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	FELREEN LEE SOCK TENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLN9715X
Were seat belts worn?	YES
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.

Policyholder's Signature  
Date & Time:

24/11/18 / 1655HRS

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

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

SKETCH PLAN

ALONG MARYMOUNT ROAD B/F AMK 1/6



A) SLN 9715X  
B) SKD 6853P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
T/20180123/2131

DECLARATION

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

Policyholder's Signature  
Date & Time: 24/1/18/1655

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

24/01/2018  
Reporting Centre Personnel's Signature  
Name: Rishi Wadhwa  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180123/2131

1 of 4

Report No. T/20180123/2131

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2018 19:17	Vide Report No.:	Station Diary No.: 107
--	------------------	---------------------------

### Informant's Particulars

Name of Informant: LEE CHEE YONG, JEFFEREY	Address: APT BLK 631 ANG MO KIO AVENUE 4 #08-910 SINGAPORE 560631
ID Type / ID No.: NRIC NO / S8741398E	Contact No.: Home/Office: Mobile: 93694941
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 30 Date of Birth: 12/12/1987	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: CIVIL SERVANT	Driving Licence Information: Class: Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2018 06:25	Type of Location: Straight Road
Location: Along Road 1 MARYMOUNT ROAD	<p>Along Marymount road before Ang Mo Kio Ave 1/6 @1824hrs</p> <p>Handwritten notes: 1824hrs, Singapore 569784, Tel: 4849999</p>			
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
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
SKD6853P	Car					0
SLN9715X	Car	CITROEN	GRAND C4 PICASSO 1.6L EXCLUSIVE PSR HID	Brown	No Damage	1



Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20180123/2131

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN9715X	NTUC Income Insurance Co-Operative Limited	5091316849	26/05/2017	06/06/2018

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	LEE CHEE YONG, JEFFEREY		ID No.	S8741398E
Related Vehicle	SLN9715X (Car)		Contact No.	93694941
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
<b>Passenger</b>				
Name	Felreen Lee Sock Teng		ID No.	S8716818B
Related Vehicle	SLN9715X (Car)		Contact No.	93650275
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	Serious

**Brief Details.**

On 23/01/2018 at 1824hrs, I was driving my vehicle of plate number SLN9715X along Marymount road before Ang Mo Kio Ave 6/1 together with my wife of the name Felreen Lee on board. As the traffic was red, I stopped behind a vehicle. A while later, a vehicle of plate number SKD6853P banged onto the rear on my vehicle, resulting my vehicle moved forward a little. I got down to make a check, both vehicle did not suffered any damages. He then gave me his number as 94588811. As the traffic was quite jam, I noted down his number, car plate number and left.

At about 1835hrs, while I reached my house down stair, I checked with my wife if she is fine, she informed that she feel giddy and wanted to vomit. I called up the Indian driver of vehicle SKD6853P at 94588811 but the line was unable to get through.

I wish to state that my wife is one month pregnant and after the accident, she feel giddy and feel like vomiting. I tried many times to contact the Indian driver but the line was unable to get through. I believed the Indian driver gave me a wrong hand phone number.



**SINGAPORE  
POLICE FORCE**



T/20180123/2131

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

3 of 4

Report No. T/20180123/2131

CONTINUATION OF REPORT

I am lodging this Traffic report for assistance. That's all.



**SINGAPORE  
POLICE FORCE**



T/20180123/2131

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

4 of 4

Report No. T/20180123/2131

**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:

F /

Sgt 1 TAN CHING LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

23/01/2018 19:17

Classification Of Case:

Authentication Stamp

NP168

## Claim Handling

Accident MT/0979359

Policy No.	5091316849	Vehicle No.	SLN9715X	GST Registration No.	
Policyholder Name	LEE CHEE YONG, JEFFREY	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	
Contact No. (Mobile)	93694941	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	-
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No		
<b>Accident Details</b>					
Report Date	24/01/2018 18:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	23/01/2018	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG MARYMOUNT ROAD TOWARDS ANG MO KIO				
<b>Benefit</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 631 #08-910	Address 2	ANG MO KIO AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	08-910	Related Policy Number	5091316849		
<b>OI Driver Info</b>					
Driver Name	LEE CHEE YONG JEFFREY	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	58741398E	Driving Experience	
Register Date of Driver License	01/01/2010	Driver Age	30	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1	BLK 631 #08-910	Address 2	ANG MO KIO AVENUE 4	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	08-910	Driver Vehicle No.	SLN9715X	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="radio"/> No <input type="radio"/>		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE CHEE YONG, JEFFREY	Insured NRIC	
Contact No. (Mobile)	93694941	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SLN9715X	TP Vehicle Number	
Claim Description	SLN9715X / SKD6853P ON 23 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	24/01/2018 18:35	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0979359	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/01/2018 18:36
Path *		Category *	Confidential
		Urgency	Normal
		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 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 18:36	NRIC/ Driving License	Normal	NRIC/ Driving

#### Video List

Uploaded By/Date	Folder Data	File Name	Source
------------------	-------------	-----------	--------

# ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 01 / 2018) (DD/MM/YYYY), TIME: (8 : 25) (HH:MM)

LOCATION: MARYMOUNT ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SN 915X  
 b) INSURANCE COMPANY: NRIC  
 c) POLICY NUMBER: 5091316849  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: C4 PICASSO 1.6 THP PANORAMIC ROOF  
 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: LEE CHEE YONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 587439EE CONTACT: 9369 4941  
 c) ADDRESS: 84631 Ang Mo Kio Ave 4 #08-910 S58631

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

4 No of passenger  
(Including driver)  
(2)

- DRIVER  
 a) NAME: AS PER ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (12 / 12 / 1987) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 16/1/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/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: AMK POLICE STATION

## 8. THIRD PARTY VEHICLE

4 No of passenger  
(Including driver)  
( )

a) VEHICLE NUMBER: SKD6853P MODEL: CHEVROLET

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

4 No of passenger  
(Including driver)  
( )

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: JEFFGOL JEFFGOL@outlook.com

Fax: \_\_\_\_\_

V1080

Jeffgol @ outlook . com



# SINGAPORE ARMED FORCES IDENTITY CARD

Name

**LEE CHEE YONG,  
JEFFEREY**

NRIC No

**S8741398E**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

LEE CHEE YONG JEFFERE  
Vehicle No. \*\*\*\*\*5X

and Transport

GEMALTOSGPU105451980116

00000050278496

NRIC No/Colour

**S8741398E/ PINK**

Race

**CHINESE**

Date Of Birth

**12/12/1987**

Service Status

**REGULAR**

Address

Blood Group

**B (+)**

Country Of Birth

**SINGAPORE**

Military Rank Status

**SPECIALIST**

Sex

**M**

ADDRESS: APT BLK 631 ANG MO KIO AVENUE 4 #08-910

SINGAPORE 560631

DATE: 28.12.2016

S8741398E



TO BE OPENED BY  
PRIVATE & CO

Singapore  
POST

PP 1984

SINGAPORE



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  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  27 Oct 2012



Licence No: S8741398E

NP 428A

eBaoTech

Hello, NAC\_BUKIT\_MERAH\_800676

General Claim

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

## Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091316849	LEE CHEE YONG, JEFFREY	58741398E	GPC	drive CLASSIC	SLN9715X	SLN9715X	26/05/2017	06/06/2018

Continue

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MNA418012175 Vehicle Registration No: 52N9715X  
Name (as shown in NRIC): LEE CHUCK YONG, JEFFREY NRIC/FIN/Passport No: S8741398E  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 98694941  
Email Address: \_\_\_\_\_  
Date of Accident: 23/01/2018 Time of Accident: 18:25  
Place of Accident: ALLENBY MARYMOUNT ROAD TOWARDS ANG MO KIO  
Insurance Company: M7UL

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURER INJURED PARTIES.

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rosalyn  
NRIC/FIN No.: 24/01/2018  
Date: