

# NATIONAL Assessment Centre Services

(Ref: 1/2000)

NA18013666

Date In: 29/01/2018 11:37	Job description	Date & Time Completed	Done by
Ref No: NA18013666	SAS e-illing		
Veh No: SGW 9655	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 28/01/2018 15:25	E-Motor Claim Form	NA18013666	29/01/2018 11:33
OD: TP / Reporting Only	E-Motor W/O (within 2hrs, A/C 2hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars: Yell No: XE 1750B	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 & Supply NO refer of repairer.
( ) Total Loss Case: 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	Actions

NA1800670	Invoice Preparation/Checklist	NA1800670
Customer/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee (\$100)	
	4) FT: Follow-Through Survey (\$100)	
	5) PT: Follow-Through Survey (Resurvey) (\$50)	
	6) TR: Assessment (\$75)	
	7) H: 144 DA + SMRT Survey (\$160)	
	8) NTUC Additional Services	
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	100) NTUC Additional Services	

## 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	29/01/2018 10:41
Date Of Accident	28/01/2018 15:25
Exact Location Of Accident	ALONG TAMPINES ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9655Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW SEOW CHYE
NRIC No	S0350253H
Email Address	LSCCOCPA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97272181
Alternative Phone No	OTHERS-91116761

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5055062215-05
Cover Note Number	

### Driver

Name of Driver	LIM KHOON BOCK
NRIC No	S0033537A
Date Of Birth	11/11/1948
Occupation	INDOOR
Date Of Driving Pass	31/08/1968
Driving Experience	49 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-91116761
Fax Number	
Contact Number	OTHERS-97272181
Email Address	KBLIM1002@YAHOO.COM



Address	159B TAMPINES ROAD
Postcode	535155
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHMENT(TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	XE1750B
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN LIAN HUAY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

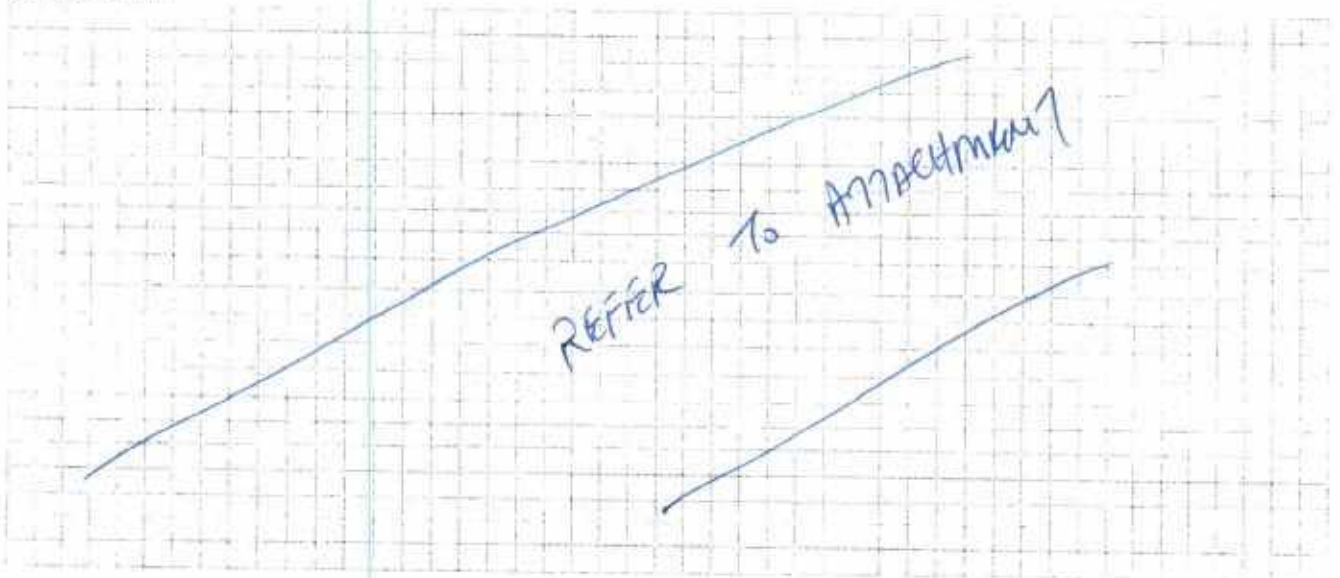
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*Lil* 29/1/18 @ 10:14 am  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*29/01/2018*  
Reporting Centre Personnel's Signature  
Name: *Roshni WATOB*  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hand-drawn sketch plan on graph paper showing two parallel diagonal lines. The text 'REFER TO ATTACHMENT 1' is written in blue ink between the lines.

## 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.:



Circumstances of Accident between SGW9655Y and XE1750B on 28<sup>th</sup> January 2018

On Sunday 28/1/18 at about 3.23pm, I, Mr Lim Khoon Bock the Named Driver of SGW9655Y, was driving this car belonging to the policyholder Mr Low Seow Chye, from my house in an access road to the junction with Tampines Road. There is a Yellow Box drawn at this junction. The weather was fine and visibility was good.

When I reached the junction with Tampines Road, I stopped completely at the junction, intending to turn left into Tampines Road. At this instance, I saw that there was a lorry XE1750B stopped with half of the lorry inside the Yellow Box to my right. There is a traffic light at the Tampines Road junction with Hougang Avenue 2 about 15-20 metres ahead of the lorry and it was showing Red at that instance. See sketch plan at DIAGRAM 1 attached.

As the traffic light was Red and all other cars were stopped, I honked at the lorry and started to turn left slowly into Tampines Road. About 10 seconds into my turning, the lights changed to Green and suddenly the Lorry surged ahead. I honked again continuously but the lorry continued to move ahead. Obviously the lorry driver did not hear or see my car ahead of him turning.

The lorry stopped only when it knocked into the front of my car. The lorry's left bumper hit my car just before the right headlamp. The lorry did not sustain any visible damage. No one was injured. See DIAGRAM 2 at the point of impact.

We exchanged identity after that. The driver said he did not see my car or hear the continuous honking. He said he moved ahead as the traffic light turned green. At the time the traffic lights turned Green, my car was already clearly ahead of the lorry.

I have a video recording of the incident. The car owner Mr Low Seow Chye was with me throughout the incident in the co-driver's seat and can verify what had happened as recorded in this statement. The driver of the lorry XE1750B was Mr Tan Lian Huay I/C No. S1359460J.

*Lil* 29/1/18 10:14 a.m.

*[Signature]* 29/01/2018

Policyholder's Signature/Date      Driver's Signature (if driver is not      Witnessed by Reporting Centre

& Time      the policyholder)/Date & Time      Personnel

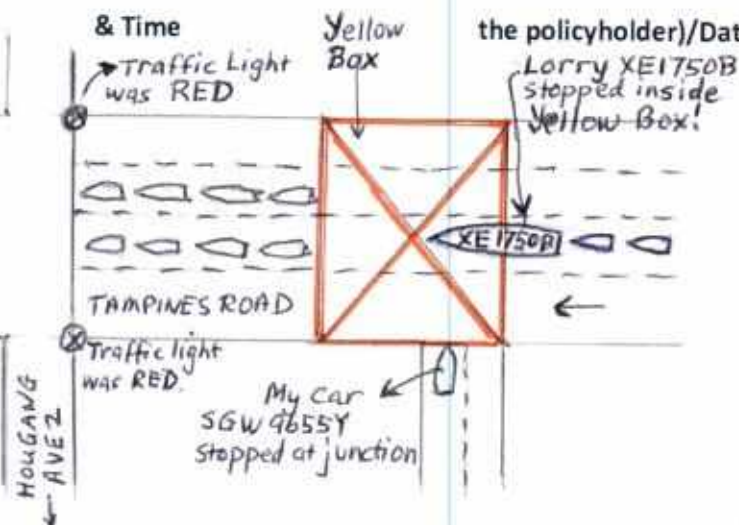


DIAGRAM 1

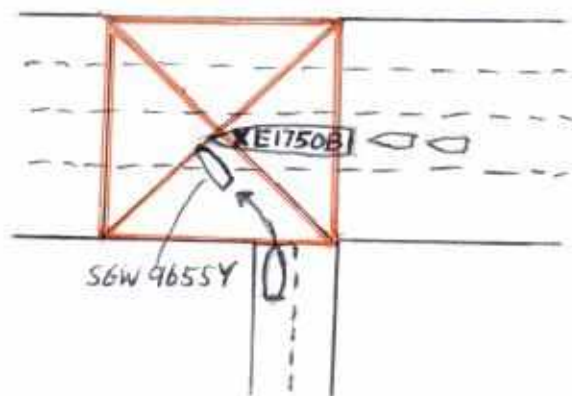


DIAGRAM 2 - IMPACT

## Claim Handling

Accident MT/0979800

Policy No.	5055062215-05	Vehicle No.	SGW9655Y	GST Registration No.	
Policyholder Name	LOW SEOW CHYE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97272181	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	No

**Accident Details**

Report Date	29/01/2018 11:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major
Date of Accident	28/01/2018	Time of Accident h/m/min	15/25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAMPINES ROAD				

**Benefits**

**Excess**

Own Damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	83 FABER GREEN	Address 2	FABER HILLS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5055062215-05		

**DI Driver Info**

Driver Name	LIM KHOON BOCK	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	50033537A	Driving Experience	
Register Date of Driver License	01/01/1982	Driver Age	35	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.	SGW9655Y	Driver Insurer Company	

**Declaration**

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	LOW SEOW CHYE	Insured NRIC	
Contact No.(Mobile)	97272181	Contact No.(Home)	67740769	Contact No.(Office)	
Email Address		DI Vehicle Number	SGW9655Y	TP Vehicle Number	
Claim Description	SGW9655Y / XE1705B ON 28 Jan 2018				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	29/01/2018 11:32	Claim Close Date		Date Received	
Report Taken By	BOSLI WANSAB				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0979800	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2018 11:33
Path *		Category *	Confidential Urgent
			Normal

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 29 Jan 2018 11:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 11:33	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 11:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 11:33	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 11:32	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 11:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 11:32	Photos	Normal	Photo

## 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: (28/01/2018) (DD/MM/YYYY), TIME: (3.23 pm) (HH:MM)

LOCATION: TAMPINES ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGW9655Y  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: S055062215-05  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA CAMRY 2.0  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: SOCIAL  
 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 SEOW CHYE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0350253H CONTACT: 97272181  
 c) ADDRESS: 83 FABER GREEN  
 S129304

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

## DRIVER

- a) NAME: LIM KHOOH BOON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0033537A CONTACT: 91116761  
 c) ADDRESS: 159-B TAMPINES ROAD  
 S535155

\* d) DATE OF BIRTH: (11/11/1948) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31 AUG 1968

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: NA

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE1750B MODEL: LORRY  
 b) DRIVER'S NAME: MR TAN LIAN HUAY  
 c) NRIC/FIN/PASSPORT: S1359450J CONTACT: -

## 9. THIRD PARTY VEHICLE

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

Email = kblim1002@yahoo.com  
 Fax = JSCCOP LSCCOPAC@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0033537A



Name  
LIM KHOON BOCK

林坤木

Race  
CHINESE

Date of Birth  
11-11-1948

Country of Birth  
SINGAPORE

Sex  
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0033537A

Name  
LIM KHOON BOCK

Birth Date 11 Nov 1948

Issue Date 29 Oct 2003




0380766



NRIC No. S0033537A



Blood Group B+ Date of issue 14-06-1992

Address  
150B TAMPINES ROAD  
SINGAPORE 1953

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

PASS DATE 31 Aug 1968

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No: S0033537A





eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/01/2018 10:03"/>						
Vehicle No. (For Motor)	<input type="text" value="SGW9655Y"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5055062215-05	LOW SEOW CHYE	50350253H	GPC	drive CLASSIC	SGW9655Y	SGW9655Y	06/08/2017	05/08/2018
<input type="button" value="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 : NMA418013666 Vehicle Registration No: SLW 9655A  
Name (as shown in NRIC) : Lim Kheow Boek NRIC/FIN/Passport No : S0033537A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91116761  
Email Address : \_\_\_\_\_  
Date of Accident : 28/01/2018 Time of Accident : 15:25  
Place of Accident : Away Tampines Road  
Insurance Company : HMC

**(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:

DRIVER NAME to Lim Kheow Boek

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Keethi  
NRIC/FIN No. 29/01/2018  
Date:



**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: MNA418013666-01 Vehicle Registration No: SGW 9655Y

Name (as shown in NRIC): Lim Kheon Boek NRIC/FIN/Passport No: 30033537A

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 91116761

Email Address: \_\_\_\_\_

Date of Accident: 28/01/2018 Time of Accident: 15:25

Place of Accident: Around Tan Pinang Road

Insurance Company: NTUC

**(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:

① T/P VEHICLE NUMBER TO XE 1750P

② INSURE NEW SKETCH PLAN

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: ROSLI WATON  
NRIC/FIN No.:  
Date: 31/01/2018