

NATIONAL Assessment Centre Services. (M11 12000)			
Date In:	Job description	Date & Time Completed	Done by
13/02/2018 09:44	SAS e-illing		
Ref No: N88/M1118021791	E-mail (vehicle data, AIC data)		
Vel No: FG6974	E-Motor Claim Form		
D.O.A: 31/01/2018 14:48	E-Motor VVO (Whitlock data, TP data)	M11/082090	13/02/2018
OD (TP) Reporting Only	E-Photo Uploaded		10:22
TP Insured:	Assessment/Survey Report		
Preferred Wksp / INC Assgn Wksp / OW:	Ass'n Report by Fax / Hand to Owner/VWksp		

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

Preferred Wksp / INC Assign Wksp / OWI /

TP Particulars: Yeh No: SKA11477 Tel: _____ Fax: _____
Owner / Driver: (_____) INC () / Non-INC ()

Owner / Driver: (

Policy No: () Period: () Tel: ()

Confirmed by: () Cover Type: ()

Insured/Driver Liability:	Dates	Things
() (%) (None, But, Some, All)		

Year of Registrations () (Note: Bst. Status (WO): NI 0-20%; P: 21-79%; P: 80-100%)

Excess: (\$) Warranty: YES () / NO ()
Loading: \$1,000 () / \$2,000 ()

General Rem. No. 46

() Walk-In Customer: Customers information strictly Confidential.

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

Drive-In () / Towel-In () / Invoice: YES () / NO ()

Remor 5: NING Boiling 5288 6015 720 71 NO 1 Towing Co: ()

1) Apply for Transport Allowance () / Country () Done: The Sample () Done by ()

[illegible][illegible]

Injury: _____

Priority	Actions	Due Date	Status
1	Review and approve the proposed changes to the project plan.	2023-10-25	Completed
2	Conduct a meeting with the project team to discuss the progress and challenges.	2023-10-26	In Progress
3	Identify the key risks and develop mitigation strategies.	2023-10-27	Not Started
4	Finalize the budget and allocate resources.	2023-10-28	Not Started
5	Implement the project plan and monitor progress.	2023-10-29	Not Started

[illegible]

NA1800960

Invoice Preparation Checklist

Item	Amount	Balance	Notes
1) A: Acid Report (300)	300		
2) D: Demand Assessment (100)	100		

Ver/Owner:	3) TPI Towing Fee	3/8/75
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Contract No:	1) FTI Follow Through Survey	1150
	2) FTI Follow Through Survey (Resurvey)	870

<p> <u>Unaged Portion:</u> <u>11/10/03</u> <u>11/10/03</u> </p>	<p> <u>Forced Aging applied (NO Only) (Wed 10 Jan 2004)</u> <u>0) TRI As-Is Reproduction</u> </p>	<p> <u>375</u> </p>
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7) NITDA + SMRT Survey	11/160
8) NTUC Additional Service	

Checked by (Ingr-In-Charge): Q11

'N/ Courtesy Car / Tol Allowance	15
'N/ Repels Coordination	5.0

1707, Post Only Inspection	333
1708, BY / Collection Inspection	

	TP (NII) TP (KIN INC)	TP (KIN INC)	\$70
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2/3	3) Millions Mobile	101	
	Invoice dated	Net Charged	10/16/14

Training Card

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	13/02/2018 09:44
Date Of Accident	31/01/2018 14:45
Exact Location Of Accident	ALONG CTE TOWARDS BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FG697G
Insured/Policyholder	
Name Of Registered Owner	YEE KWONG YING
NRIC No	S0142645A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86061929
Alternative Phone No	OTHERS-86061929

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0077039334-14
Cover Note Number	

Driver

Name of Driver	YEE KWONG YING
NRIC No	S0142645A
Date Of Birth	01/12/1950
Occupation	INDOOR
Date Of Driving Pass	23/03/1985
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86061929
Fax Number	
Contact Number	OTHERS-86061929
EMail Address	NOEMAIL

Address	BLK 20 TELOK BLANGAH CRESCENT #13-66
Postcode	090020
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180201/2098

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	SKA1147T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG TIAC PIN
NRIC/Passport Number	
Contact Number	82885021
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name YEE KWONG YING

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FG697G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

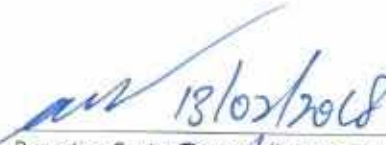
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

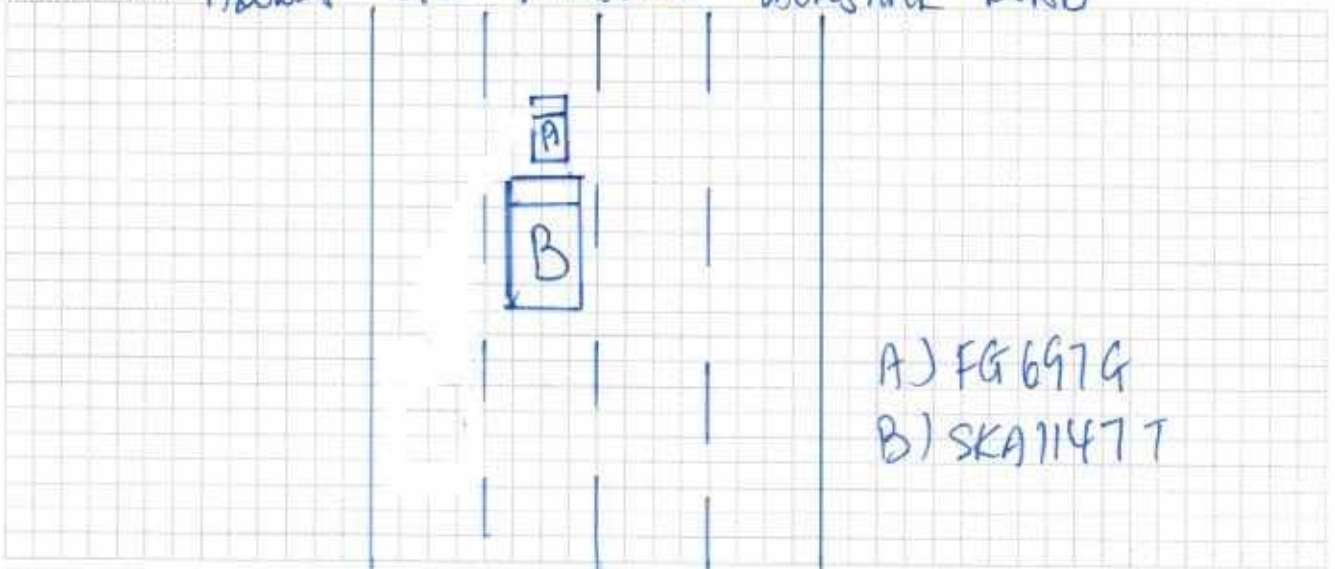

Policyholder's Signature
Date & Time:

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

 13/02/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

SKETCH PLAN

Along CRK towards BANGSHIR ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/20180201/2099

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:

 13/02/2018
Reporting Centre Personnel's Signature
Name: Rodi Winters
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180201/2099

1 of 3

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

Report No. T/20180201/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2018 14:59	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YEE KWONG YING			Address: APT BLK 20 TELOK BLANGAH CRES #13-66 SINGAPORE 090020	
ID Type / ID No.: NRIC NO / S0142645A			Contact No.: Home/Office:	Mobile: 86061929
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 01/12/1950	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: RETIREE			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/01/2018 14:45	Type of Location: EXPRESSWAY
Location: Along Road 1 CENTRAL EXPRESSWAY				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FG697G	Motorcycle	YAMAHA	RXZ	Red		0
SKA1147T	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FG697G	NTUC Income Insurance Co-Operative Limited	0077039334-14	01/10/2017	31/08/2018



**SINGAPORE
POLICE FORCE**



T/20180201/2099

2 of 3

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

Report No. T/20180201/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YEE KWONG YING	ID No.	S0142645A
Related Vehicle	FG697G (Motorcycle)	Contact No.	86061929
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/01/2018	Date Discharge	01/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	NG TIAC PIN	ID No.	NIL
Related Vehicle	SKA1147T (Car)	Contact No.	82885021
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 THE ABOVE MENTIONED DATE AND TIME

I WAS RIDING STRAIGHT ALONG CTE ON THE 3RD LANE OF A 4-LANE ROAD AT 70 KPH. WHEN SUDDENLY A CAR(SKA1147T) HIT THE BACK OF MY MOTORCYCLE WITH THE FRONT OF HIS CAR. IT CAUSED ME TO FLY AND LANDED QUITE FAR FROM THE PLACE. I MANAGED TO GET UP. THE CAR DRIVER STOPPED AND CALLED FOR AMBULANCE AND POLICE. AMBULANCE CAME AND CONVEYED ME TO TAN TOCK SENG HOSPITAL. SOON AFTER THE POLICE CAME. I WAS HOSPITALISED AT THE HOSPITAL FOR 1 DAY AND WAS GIVEN 5 DAYS MC. SUFFERED HEAD INJURIES THAT REQUIRED STICHES AND ABRASIONS ALL OVER THE BODY.



**SINGAPORE
POLICE FORCE**



T/20180201/2099

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

3 of 3

Report No. T/20180201/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/02/2018 14:59

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Claim Handling

Accident MT/0982090

Policy No.	0077039334-14	Vehicle No.	FG697G	GST Registration No.	
Policyholder Name	YEE KWONG YING			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	86061929	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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	No
Accident Details					
Report Date	13/02/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	12/02/2018	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TOWARDS BAILESTIER ROAD				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 20 #13-86	Address 2	TELOK BLANGAH CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	0077039334-14		
OI Driver Info					
Driver Name	YEE KWONG YING	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S0142645A	Driving Experience	
Register Date of Driver License	01/01/2001	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	86061929	Contact No.(Office)		Address 3	
Address 1	BLK 20 #13-86	Address 2	TELOK BLANGAH CRESCENT	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FG697G	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YEE KWONG YING	Insured NRIC	
Contact No.(Mobile)	90792645	Contact No.(Home)	62706298	Contact No.(Office)	
Email Address		OT Vehicle Number	FG697G	TP Vehicle Number	
Claim Description	FG697G / SKA1147T ON 12 Feb 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	13/02/2018 09:42	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					






Save Submit

Attachment

Accident No.	MT/0982090	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2018 10:22
Path *		Category *	Confidential
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	Urgency
Please Select		<input type="button" value="Normal"/>	

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 13 Feb 2018 10:22	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 13 Feb 2018 10:22	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 13 Feb 2018 09:43	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 13 Feb 2018 09:43	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 13 Feb 2018 09:43	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 13 Feb 2018 09:42	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 13 Feb 2018 09:42	Photos	Normal	Photo

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 31 Oct / 2018 (DD/MM/YYYY), TIME: 14.48 (HH:MM)

LOCATION: Along CRK towards BAKS/16th Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FG 697 Cr
 b) INSURANCE COMPANY: MMU
 c) POLICY NUMBER: 1
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA RX Z
 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: YAK KWONG YUNG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 80192645 CONTACT: 86061929
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: DR. ABOLIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS

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: T.P.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA 1147 T MODEL: CAR
 b) DRIVER'S NAME: NG TIAC PAI
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 82885021

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()



* No of passenger
 (including driver)
()

email =

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0142645A

Name
YEE KWONG YING

余 广 然

Race
CHINESE

Date of birth
01-12-1950

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S0142645A

Name
YEE KWONG YING

Exp. Date 01 Dec 1950

Issue Date 19 Apr 2003



555721



NRIC No. S0142645A



Date of issue
02-02-2016

Address
APT BLK 20 TELOK BLANGAH CRESCENT
#13-66
SINGAPORE 090020

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Class	Issue Date
Class 29	Motorcycles not exceeding 500 cc	23 May 1965
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	05 May 1971

Unissued No. S0142645A



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 : 0077039334-14

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FG597G

Chassis Number

: 2UX001719

2. Name of Policyholder

: YEE KWONG YING

3. Effective Date of Insurance

: 01 Oct 2017

4. Expiry Date of Insurance

: 31 Aug 2018

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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

NAMED DRIVER (1)

: YEE KWONG YING

NAMED DRIVER (2)

: 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 : JACKSON PUAH (00000407645)

Date of Issue : 25 Sep 2017 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



**SINGAPORE
POLICE FORCE**

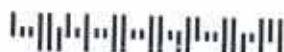
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 01 Feb 2018

Your Ref :
Our Ref : TP/IP/07233/2018

YEE KWONG YING
APT BLK 20 TELOK BLANGAH CRESCENT
#13-66
SINGAPORE 090020

000051



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT ALONG CENTRAL EXPRESSWAY ON 31 JAN 2018 @ 3.19 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer MD RIZWAN BIN KAMALUDIN at his / her office number: 65476185 or the supervisor NEO CHIN LOONG at 65476197 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.