

NATIONAL Assessment Centre Services

(Ver 1.2/2008)

NA180/447

Date In: 02/03/2018 16:29	Job description	Date & Time Completed	Done by
Ref No: NA180/447	SAS e-Milling		
Veh No: FB 3703K	E-inoll (with 3hrs, A/C 3hrs)		
D.O.A: 02/03/2018 11:15	f-Motor Claim Form	NA180/447	02/03/2018
OD: TP Reporting Only	f-Motor VVO (with 3hrs, A/C 3hrs)		
	f-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars	Yell No: VN 9988X	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% (Note: BSL Status (WO): NI 0-20%; PI 21-79%; PI 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 Hotline: 6788 0016	Date Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury:

Date/Time	Action

NA180/447	Invoice Preparation Checklist	BLIND	Hand Bill
Insured's Requirements	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/145	
Assigned Portion:	4) FT: Follow-Through Survey	\$110	
	5) FT: Follow-Through Survey (Resurvey)	\$10	
	6) TR: Road Repair	\$15	
	7) NI: (day DA + SMRT Survey)	\$160	
	8) NTUC Additional Services		
	9) Q11		
C. Checked by (Engi-In-Charge):	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$15	
	*NI: DY / Collision Excess Coordination	\$5	
	TP (NI) / TP (Non-INC) against INC	\$10	
	3) NI: (day DA + SMRT Survey)	\$160	
	Invoice dated	1st Charge	
	Invoice due	2nd Charge	

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	02/03/2018 16:29
Date Of Accident	02/03/2018 11:15
Exact Location Of Accident	NORTH BUONA VISTA RD TOWARDS AYER RAJAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3203K
Insured/Policyholder	
Name Of Registered Owner	GOH KOK HIN HENRY
NRIC No	S8208572F
Email Address	HENRYGOHKH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96560838
Alternative Phone No	OTHERS-96560838

Vehicle Particulars

Manufacturer	HONDA
Model	CB400ASFYJ-399CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5064836830-03
Cover Note Number	

Driver

Name of Driver	GOH KOK HIN HENRY
NRIC No	S8208572F
Date Of Birth	21/03/1982
Occupation	INDOOR
Date Of Driving Pass	21/02/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96560838
Fax Number	
Contact Number	OTHERS-96560838
Email Address	HENRYGOHKH@HOTMAIL.COM

Address	BLK 307 SHUN FU ROAD #06-129
Postcode	570307
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH 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	YN9988X
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	81108059
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GOH KOK HIN HENRY

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBJ3203K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

2nd MAR 2018

Driver's Signature

(If driver is not the policyholder)

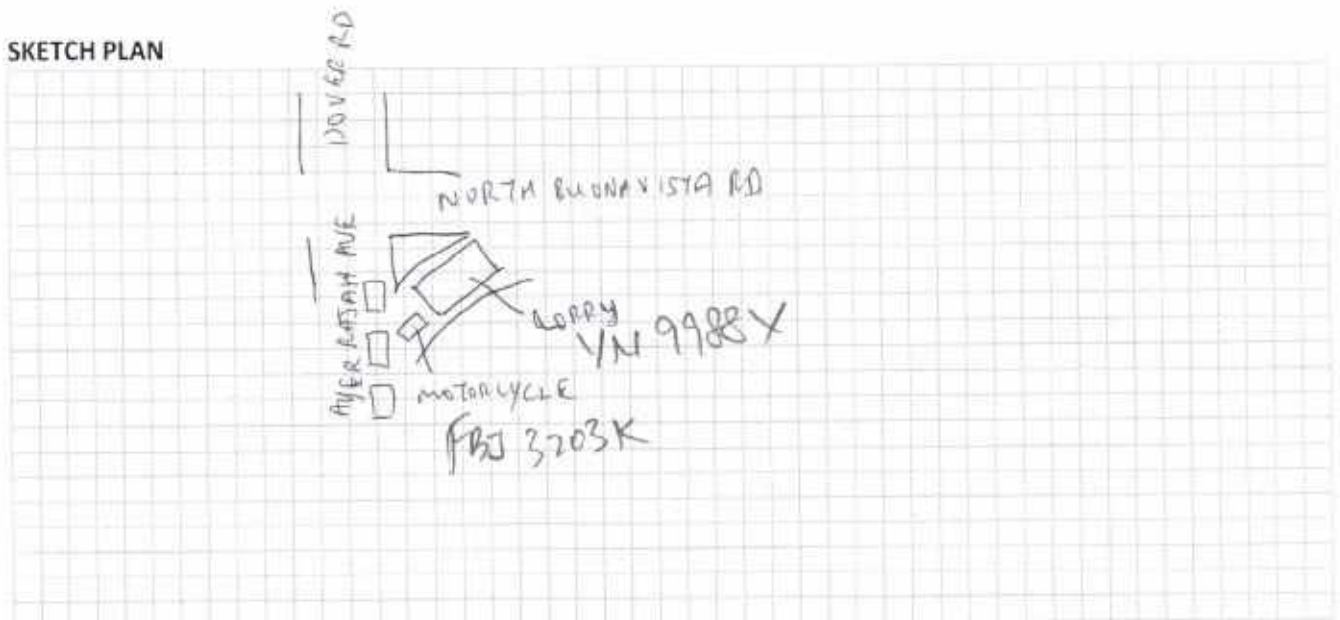
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

219 refer to Police Report 1/20180302/201

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/20180302/2101

1 of 3

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

Report No. T/20180302/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2018 15:34		Vide Report No.:		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: GOH KOK HIN HENRY			Address: APT BLK 307 SHUNFU ROAD #06-129 SINGAPORE 570307		
ID Type / ID No.: NRIC NO / S8208572F			Contact No.:		Mobile: 96560838
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 21/03/1982	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2018 11:15	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 NORTH BUONA VISTA ROAD AYER RAJAH AVENUE Along North Buona Vista Road left slip road turning onto Ayer Rajah Avenue.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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
FBJ3203K	Motorcycle				Slightly Damaged	0
YN9988X	Lorry				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180302/2101

2 of 3

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

Report No. T/20180302/2101

CONTINUATION OF REPORT

Rider			
Name	GOH KOK HIN HENRY		ID No. S8208572F
Related Vehicle	NIL		Contact No. 96560838
Hospital/Clinic	SHALOM CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	NIL		Contact No. 81108059
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 02/03/2018, at about 1115hrs, I was riding my motorcycle, a White coloured Honda Super 4 Revo, along North Buona Vista Road and was at approaching the slip road onto Ayer Rajah Avenue. I noticed that there was a Silver coloured lorry, vehicle registration number: YN9988X, which was tailgating me from behind.

As I was entering the slip road, I stopped to allow pedestrians to cross the zebra crossing. After the pedestrians had crossed, I started moving off past the zebra crossing. However I had to stop before the Give Way dotted line as the traffic light from Dover Road had turned green. Suddenly, I felt an impact from the rear of my motorcycle and I fell off my motorcycle as a result from the impact and suffered abrasions on my knee and my left hand knuckle. My motorcycle damages are: bent gear lever, box mount bracket bent, clutch lever scratched, IU unit is scratched, handlebar is scratched and bent. I am unsure of the cost of repair. Subsequently, I went to see a doctor at Shalom Clinic & Surgery and was given 3 days of medical leave, Medical Certificate number: 0000067863 for my injuries. I wish to state that this is the first time such an incident has happened to me. I wish to state that Traffic Police had attended to my incident, reference: D/20180302/0052. TP IO



**SINGAPORE
POLICE FORCE**



T/20180302/2101

3 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20180302/2101

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 YIP XUANYU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Signature Of Informant:

Date/Time:

02/03/2018 15:34

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/0984460

Policy No.	5064836830-03	Vehicle No.	FB13203K	GST Registration No.	
Policyholder Name	GOH KOK HIN HENRY			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	96560838	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(%)	20	Private Hire	No
Accident Details					
Report Date	02/03/2018 17:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	02/03/2018	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTH BUONA VISTA RD TOWARDS AYER RAJAH RD				
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 307 #06-129	Address 2	SHUNFU ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5064836830-03		
OI Driver Info					
Driver Name	GOH KOK HIN HENRY	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8208572F	Driving Experience	
Register Date of Driver License	14/12/2006	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	96560838	Contact No.(Office)		Address 3	
Address 1	BLK 307 #06-129	Address 2	SHUNFU ROAD	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.	FB13203K	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	GOH KOK HIN HENRY	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	FB13203K	TP Vehicle Number	
Claim Description	FB13203K / YH9988X ON 2 Mar 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	02/03/2018 17:05	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					




Save Submit

Attachment

Accident No.	MT/0984460	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2018 17:06
Path *		Category *	Confidential Urgency
		Browse Clear	Please Select

<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 (BUKIT MERAH)) on 02 Mar 2018 17:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:06	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:06	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:05	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:05	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Mar 2018 17:05	SAS	Normal	SAS

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display In New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 02/03/2018 (DD/MM/YYYY), TIME: 11:15 (HH:MM)

LOCATION: NORTH BOUND VISTA RD. SLIP ROAD (LEFT) TO AYER RASAH AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 3203K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CB400
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL
 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: GOH KOK HIN HENRY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8208572F CONTACT: 96560838
 c) ADDRESS: BLK 307 SHUNFU ROAD #06-129
SINGAPORE 570307

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: GOH KOK HIN HENRY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8208572F CONTACT: 96560838
 c) ADDRESS: BLK 307 SHUNFU ROAD #06-129
SINGAPORE 570307

* d) DATE OF BIRTH: 21/03/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS 14 DEC 2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: QUEENSTOWN NPC

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
(1)

- a) VEHICLE NUMBER: YN 9988X MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

email: henrygohkh@hotmail.com

fax: _____

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8208572F



Name

GOH KOK HIN HENRY
(WU GUOXING HENRY)

吴国兴

Race

CHINESE

Date of birth

21-03-1982

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8208572F

Name

GOH KOK HIN HENRY
(WU GUOXING HENRY)

Birth Date: 21 Mar 1982

Issue Date: 14 Dec 2006



4804530



NRIC No S8208572F

Date of issue

12-11-2012

Address

APT BLK 307 SHUNFU ROAD
#06-129
SINGAPORE 570307

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles <= 200 CC	14 Dec 2006
Class 2A	Motorcycles between 201 CC and 400 CC	21 Feb 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	28 Jul 2008

S8208572F

S / No. 9000196051

NP 428A



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5064836830-03	GOH KOK HIN HENRY	S8208572F	GMC	Third Party, Fire & Theft	FBJ3203K	FBJ3203K	21/03/2017	20/03/2018