

NATIONAL Assessment Centre Services (only for use by) **MA1801796**

Date In: <b>20/03/2018 09:20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NB01/18/005154/4</b>	SAS e-illing		
Veh No: <b>FBG 578 M</b>	E-mail (vehicle sheet, etc)		
D.O.A: <b>11/03/2018 14:45</b>	1-Motor Claim Form	<b>mil086154-002</b>	<b>20/03/2018 14:41</b>
OD <b>(TP)</b> Reporting Only	1-Motor W/O (vehicle sheet, etc)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QWY: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yell No: **SLF 7031R** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: BSL 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 release of repair.

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

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

Remarks: ( )

1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Injury: ( )

Other: ( )

**MA1801796**

Customer's Particulars	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner	1) AR: Accident Reporting (\$30)		
Policy No:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Assigned Portion:	3) TP: Towing Fee	\$40/\$10	
	4) FT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Recovery)	\$50	
	6) TR: Trailer Use	\$75	
	7) NTUC: DA + SMRT Survey	\$160	
	8) NTUC: Additional Services		
	9) NTUC: Courtesy Car / Trip Allowance	\$5	
	10) NTUC: Repair Condition	\$10	
	11) NTUC: Post Repair Inspection	\$10	
	12) NTUC: Call for Vehicle Condition	\$5	
	13) NTUC: TP (Non-INC) Vehicle INC	\$10	
	14) NTUC: Total	\$10	
	Invoice dated	Not Checked	
	Invoice dated	Not Checked	



## 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	20/03/2018 09:20
Date Of Accident	11/03/2018 14:45
Exact Location Of Accident	ALONG NICOLL HIGHWAY TOWARDS ESPLANADE DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5780M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW BENG SENG (LIAO BINGCHENG)
NRIC No	S8239389G
Email Address	SEANBSLIEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96975270
Alternative Phone No	OTHERS-96975270

### Vehicle Particulars

Manufacturer	DUCATI
Model	HYPERMOTARD 1100S-1.1 (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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088252005-01
Cover Note Number	

### Driver

Name of Driver	LIEW BENG SENG (LIAO BINGCHENG)
NRIC No	S8239389G
Date Of Birth	06/12/1982
Occupation	INDOOR
Date Of Driving Pass	16/02/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96975270
Fax Number	
Contact Number	OTHERS-96975270
Email Address	SEANBSLIEW@GMAIL.COM

Address	38 DOVER RISE #15-05
Postcode	138684
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	SIDE SWIPE
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	AIRPORT POLICE DIVISION
Police Station Address	ROAD: 35 AIRPORT BOULEVARD , POSTCODE: 819645 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65460000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180311/2109

#### 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	SLF7031R
Vehicle Make/Model/Colour	HONDA VEZEL
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	LIEW BENG SENG (LIAO BINGCHENG)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG5780M
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.

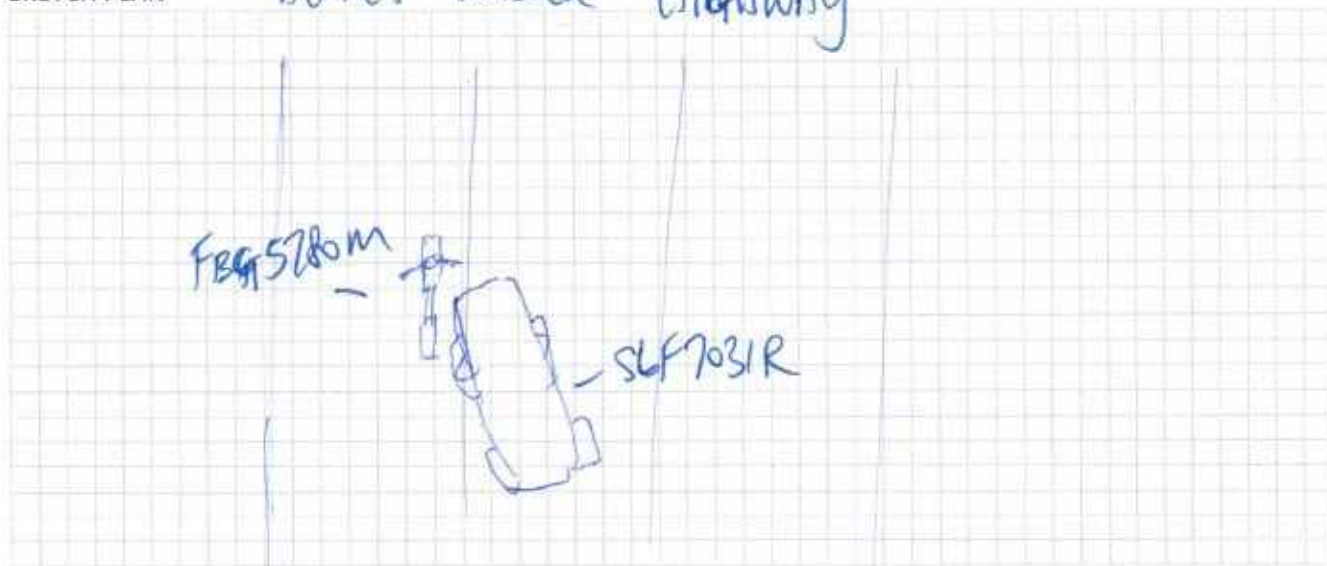
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19 MAR 2018 1726

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: K0211 W 11103

SKETCH PLAN

Along Aulicor Highway



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section:

pls refer to Police Report.  
7/2018 034/209

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: 5:00 PM 10/03/2018

Reporting Centre Personnel's Signature  
Name: 19/03/2018  
NRIC/FIN No.: [Signature]





**SINGAPORE  
POLICE FORCE**



T/20180311/2109

1 of 3

Police Station Of Origin:  
Airport Police, Airport Police Post  
35 Airport Boulevard SINGAPORE 819645  
Tel No: 1800-5460000

Report No. T/20180311/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2018 22:39	Vide Report No.: A/20180311/0131	Station Diary No.: 44
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**Informant's Particulars**

Informant's Particulars			
Name of Informant: LIEW BENG SENG			Address: 38 DOVER RISE #15-05 SINGAPORE 138684
ID Type / ID No.: NRIC NO / S8239389G			Contact No.: Home/Office: Mobile: 96975270
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age: 35	Date of Birth: 06/12/1982	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Product designer		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2018 14:45	Type of Location: Bridge
Location: Along Road 1 NICOLL HIGHWAY  Along Nicoll Highway towards Esplanade Drive Lamp Post Number: 67F				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: Yes		

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5780M	Motorcycle	DUCATI	HYPERMOT ARD 1100S	Red	Seriously Damaged	1
SLF7031R	Car				Slightly Damaged	4

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5780M	NTUC Income Insurance Co-Operative Limited	5088252005-01	07/03/2018	06/03/2019



Police Station Of Origin:  
Airport Police, Airport Police Post  
35 Airport Boulevard SINGAPORE 819645  
Tel No: 1800-5460000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LIEW BENG SENG	ID No.	S8239389G
Related Vehicle	FBG5780M (Motorcycle)	Contact No.	96975270
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/03/2018	Date Discharge	11/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and location, I was travelling at a speed of 30 km/hr at 3rd lane of the road and the white in colour Honda Vezel was travelling behind me at the 2nd lane. As the lane that I was travelling was merging to the main highway, the Honda Vezel came from the rear and side swipe onto me. During that point of time, I felt my right thigh was touching at the left side of the car and it hit onto my handle bar in which caused me to lose control and fell down from my bike.





**SINGAPORE  
POLICE FORCE**



T/20180311/2109

3 of 3

Report No. T/20180311/2109

Police Station Of Origin:  
Airport Police, Airport Police Post  
35 Airport Boulevard SINGAPORE 819645  
Tel No: 1800-5460000

**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:  
APD /  
Sgt 2 HO JIAN HUI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/03/2018 22:39

Classification Of Case:

SIGNATURE

## Claim Handling

## Accident MT/0986154

Policy No.	5888252005-01	Vehicle No.	FBG5780M	GST Registration No.	
Policyholder Name	LIEW BENG SENG (LIAO BINGCHENG)			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	NA	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	Not available

## ▼ Accident Details

Report Date	15/03/2018 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/03/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NICOLE HIGHWAY OUTSIDE NATIONAL STADIUM				

## ▼ 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	38 DOVER RISE	Address 2	#15-05 DOVER PARKVIEW	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5888252005-01		

## ▼ O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 2	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Modification History

## Claim 002 New

Claim Type *	OD-MK	Insured Name	LIEW BENG SENG (LIAO BINGCHENG)	Insured NRIC		
Contact No.(Mobile)	99975270	Contact No.(Home)	6466891	Contact No.(Office)		
Email Address		O1 Vehicle Number	FBG5780M	TP Vehicle Number		
Claim Description	FBG5780M / SLF7031R ON 11 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	20/03/2018 09:39	Claim Close Date				
Report Taken By	ROSLI WAHAB					

☐ Print AK letter

## Attachment

Accident No.	MT/0986154	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 09:41
Path *		Category *	
		Confidential	Urgency
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	Normal



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	1/3	•	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	•	4/5	•	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:41	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:41	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:41	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:41	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:41	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:41	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:41	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:40	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 09:39	NRIC/ Driving License		Normal	NRIC/ Driving

 [Video List](#)

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 03 / 2018 (DD/MM/YYYY), TIME: 1445 (HH:MM)

LOCATION: NICOLE HIGHWAY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 5780M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5088 252005-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: DUCATI HYPER MOTARD 1100S  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: LJEW BENG SENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8293879 CONTACT: 96975270  
 c) ADDRESS: 39 PETER RISE #15-05 SINGAPORE

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

# No of passenger  
 (including driver)  
(1)

- DRIVER  
 a) NAME: DR OBEVIL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 06 / 12 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 FEB 2017

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) 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: AIRPORT POLICE POST

## 8. THIRD PARTY VEHICLE

# No of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: SLF 7031 R MODEL: HONDA V8246  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

# No of passenger  
 (including driver)  
( )

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

Email = SEANBSLEW@GMAIL.COM

Fax =

V1000

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8239389G



Name

LIEW BENG SENG  
(LIAO BINGCHENG)

廖炳城

Race

CHINESE

Date of birth

06-12-1982

Country/Place of birth

SINGAPORE

Sex

M



5247107



NRIC No. S8239389G



Date of issue

13-12-2013

Address

38 DOVER RISE  
#15-05  
SINGAPORE 138684

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8239389G

Passport

LIEW BENG SENG  
(LIAO BINGCHENG)

Birth Date: 06 Dec 1982

Issue Date: 10 Jul 2013



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

EFFECTIVE DATE

Class 1B	Motorcycles <= 200 CC	86 Feb 2014
Class 1A	Motorcycles between 201 CC and 400 CC	86 Oct 2015
Class 2	Motorcycles > 400 CC	16 Feb 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	11 Oct 2004

S8239389G

S / No. 9000266768

NP 425A





eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

Policy No.:	<input type="text"/>	Date of Accident:	<input type="text" value="11/03/2018 17:27"/>						
Vehicle No. (For Motor):	<input type="text" value="FBG5780M"/>								
<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"/>	5088252005-01	LEW BENG SENG (LIAO BINGCHENG)	S8239389G	GMC	Third Party, Fire & Theft	FBG5780M	FBG5780M	07/03/2018	06/03/2019
<input type="button" value="Continue"/>									