

NATIONAL Assessment Centre Services (part 1 of 2) **MAA418038466**

Date In: 21/03/2018 14:18	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18005266Y	SAS e-illing		
Veh No: FD 29617	E-mail (vehicle hire, A/C etc)		
D.O.A: 20/03/2018 21.05	1-Motor Claim Form	mile 987050	21/03/2018
OD: TP Reporting Only	1-Motor W/O (within 100 days, 30 days)		19:56
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:

TP Particulars: **Yell No: GBA6496J** **INC () / Non-INC ()**

Owner / Driver (**Tel: ()**)

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

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

Insured/Driver Liability: () % (Note: Est. Status (WO): N1 0-20%, P1 21-79%, P1 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Client: Customer's information strictly Confidential & strictly NO refer of repeller.

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

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

Remarks: **INC 18005266Y** **On the Line Completed** **Done by**

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Actions: ()

NA1801848

Invoice Preparation Charge	Invoice	Charges	Charges
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee (\$40/\$60)			
4) FT: Follow-Through Survey (\$120)			
5) FT: Follow-Through Survey (Resurvey) (\$20)			
For all items apply INC Only (up to 10 Jan 2018)			
6) TR: Mileage (\$12)			
7) NI: 144 DA + SMART Survey (\$140)			
8) NTUC: Accident Survey (\$20)			
9) NI: ()			
10) NI: Courtesy Car / Tel Allowance (\$3)			
11) NI: Repairs Coordination (\$10)			
12) NI: Post Repair Inspection (\$15)			
13) NI: DV / Collision Under Coordination (\$3)			
14) NI: 111 TP (Non-INC) / 1111 INC (\$20)			
15) NI: 1111111111 (\$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	21/03/2018 14:18
Date Of Accident	20/03/2018 21:05
Exact Location Of Accident	TECH WHYE AVE OPEN CARPARK OUTSIDE MACDONALD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2961T
Insured/Policyholder	
Name Of Registered Owner	AU KAH FATT
NRIC No	S9221679I
Email Address	YODAKF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98006647
Alternative Phone No	OTHERS-98006647

Vehicle Particulars

Manufacturer	DUCATI
Model	MONSTER 400-398CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5098091667
Cover Note Number	

Driver

Name of Driver	AU KAH FATT
NRIC No	S9221679I
Date Of Birth	20/06/1992
Occupation	INDOOR
Date Of Driving Pass	01/02/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98006647
Fax Number	
Contact Number	OTHERS-98006647
Email Address	YODAKF@GMAIL.COM

Address	BLK 663 CHOA CHU KANG CRESCENT #17-263
Postcode	680663
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180320/2196

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	GBA6496J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBE2361U
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAY JIA JUN ROYCE
NRIC/Passport Number	
Contact Number	90401133
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FBB2690K
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD HANIF BIN MOHAMMAD
NRIC/Passport Number	
Contact Number	96159911
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 21/03/2018

Driver's Signature

(If driver is not the policyholder)

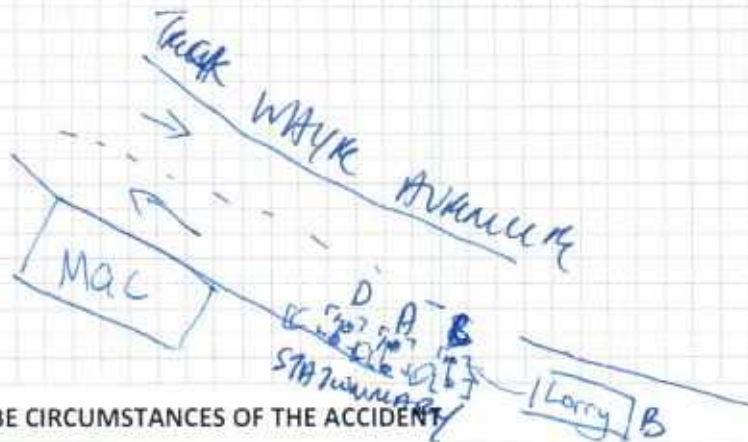
Date & Time: 21/03/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



- A) FBD2961T
- B) GBA6496J
- C) FBE23614
- D) FBB2690K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*pls refer to police Report
T/20180320/2196*

DECLARATION

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

Policyholder's Signature

Date & Time: 21/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/3/18

Reporting Centre Personnel's Signature

Name: Resli Wathas

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180320/2196

1 of 4

Police Station Of Origin
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116

Tel No 1800-7629999

Report No. T/20180320/2196

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 20/03/2018 22 51	Vide Report No	Station Diary No 110
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Informant's Particulars

Name of Informant AU KAH FATT			Address APT BLK 663 CHOA CHU KANG CRESCENT #17-263 SINGAPORE 680663	
ID Type / ID No NRIC NO / S9221679I			Contact No Home/Office	Mobile 98006647
Nationality SINGAPORE CITIZEN			Email	
Sex Male	Age 25	Date of Birth 20/06/1992	Type of Informant Vehicle Owner	
Race Chinese			Language English	Institution / School Name
Occupation Property officer			Driving Licence Information Class 2B,2A Date of Expiry	

General Information of the Accident

Type of Accident	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident 20/03/2018 21 15	Type of Location Straight Road
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Location
Along Road 1
TECK WHYE AVENUE

At Open Carpark outside Teck Whye Avenue MacDonald

Weather Clear	Road Surface Dry	Road Speed Limit
Traffic Flow Two Way	Traffic Control Not Controlled	Traffic Volume No Traffic
Type of Collision Moving Vehicle Against - Parked Vehicle	Anyone conveyed by ambulance No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB2030K	Motorcycle	YAMAHA	T135	White	Good	0
FBD2961T	Motorcycle	DUCATI	400 MONSTER	Red	Good	0
FBE2361U	Motorcycle	YAMAHA	YZF-R15	Yellow	Good	0
GBA6496J	Lorry	TOYOTA	DYNA 150 MANUAL	Silver	Good	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No 1800-7629999



T/20180320/2195

2 of 4

Report No T/20180320/2195

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Vehicle Owner			
Name	Muhammad Hanif Bin Mohammad Salim	ID No	S9229080E
Related Vehicle	FBB2690K (Motorcycle)	Contact No	96159911
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
Vehicle Owner			
Name	AU KAH FATT	ID No	S9221679I
Related Vehicle	FBD2961T (Motorcycle)	Contact No	98006647
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B 2A Date of Expiry NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	Tay Jia Jun Royce	ID No	NIL
Related Vehicle	FBE2361U (Motorcycle)	Contact No	90401133
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



**SINGAPORE
POLICE FORCE**



T/20180320/2196

3 of 4

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180320/2196

CONTINUATION OF REPORT

Driver		Vehicle	
Name	Nil	ID No.	NIL
Related Vehicle	GBA6496J (Lorry)	Contact No.	Nil
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 20/03/2018 at about 2105hrs, I parked my vehicle V1(FBD2961T) at the open carpark outside MacDonald. Everything was intact and nothing amiss, I then go into MacDonald.
On the same day at about 2115hrs informed by motorcycle owner of V2(FBB2690K), that my vehicle V1 was involved in a hit and run accident.
I went to my vehicle V1 and discovered my vehicle suffered from scratches and dents on the tank. My vehicle's right side mirror was broken into 2 pieces. I suspect that my engine compartment might also be damaged as there is sign of oil leakage. Vehicle owner of V2 also informed that a passerby namely Hassan of HP 86618950 witnessed a Lorry (GBA6496J) collided onto V3(FBE2361U) then onto my vehicle V1 (FBD2961T) and onto V2 (FBB2690K) causing all V1- V3 to fall onto the ground suffering from some scratches and damages. Subsequently Hassan out of good will, assisted to carry up V1-V3.

Later, all of us then proceed to the nearest police station to lodge a police report for police investigation.



**SINGAPORE
POLICE FORCE**



T/20180320/2196

4 of 4

Police Station Of Origin
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No: T/20180320/2196

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT Please attach a copy of your vehicle's Insurance Certificate from the Police. If you do not have the certificate with you now, please fax a copy to 65474885 stating the report number or email it.

Signature Of Officer Recording The Report

J/

Sgt 2 SIAU JING YANG

Signature Of Interpreter

Signature Of Interpreter

Not applicable

Date/Time

22/03/2018 22:01

Officer In Charge Of Case

TP / HRT

SIABOU KUNSEMION HEDRA HARJUE

Contact No: 65475012

Officer In Charge Of Case

Authentication Stamp

W-18

Claim Handling

Accident MT/0987050

Policy No.	5098091667	Vehicle No.	FBD2961T	GST Registration No.	
Policyholder Name	AU KAH FATT	Cover Type	Third Party	Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	98006647	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No	Private Hire	No		
Accident Details					
Report Date	21/03/2018 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	20/03/2018	Time of Accident hh:mm	21:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TECH WHITE AVE OPEN CARPARK OUTSIDE MACDONALD				
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 663 #17-263	Address 2	CHOA CHU KANG CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	17-263	Related Policy Number	5098091667		
OI Driver Info					
Driver Name	au kah fatt	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	99221679	Driving Experience	
Register Date of Driver License	01/01/2016	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 663 #17-263	Address 2	CHOA CHU KANG CRESCENT	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	17-263	Driver Vehicle No.	fbd2961t	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
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	AU KAH FATT	Insured NRIC	
Contact No.(Mobile)	98006647	Contact No.(Home)	65356796	Contact No.(Office)	
Email Address	ybdakf@gmail.com	Q1 Vehicle Number	FBD2961T	TP Vehicle Number	
Claim Description	FBD2961T / GBA6496J ON 20 Mar 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	21/03/2018 14:55	Claim Close Date		Date Received	
Report Taken By	WISLI WANAB				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0987050	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/03/2018 14:56
Path *			
<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select		Confidential <input type="checkbox"/> Urgency <input type="checkbox"/> Normal	

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	+	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	+	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	+	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	+	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	+	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:56	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:56	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:56	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:56	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:56	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:56	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:55	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 14:55	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Size
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (20/03/2018) (DD/MM/YYYY), TIME: (21:05) (HH:MM)

LOCATION: Open carpark outside national d TACH WATY/K AVAK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 2961F
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Ducati monster 1098
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Get delivery
 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: AU KAH FATT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S92216791 CONTACT: 98006647
 c) ADDRESS: Chor Chu Kong Crescent Blk 663 #13-263
650 663

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (20/06/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/2/2017

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)

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: CCK NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBA 64696J MODEL: Toyota van
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FBE 2861 U MODEL: motorcycle
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

F6B 2690K motorcycle

email: kdakf@gmail.com

fax: _____

video: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S92216791



Name

AU KAH FATT

歐家發

Race

CHINESE

Date of birth

20-05-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S92216791

Name

AU KAH FATT

Birth Date: 20 Jun 1992

Issue Date: 13 Nov 2015



SG
50



4 E 7 9 3 1 0

NRIC No. S92216791



Date of issue
15-01-2011

Address

APT BLK 663 CHOA CHU KANG CRESCENT
#17-263
SINGAPORE 680663

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

EFFECTIVE DATE

Class 2B Motorcycles up to 200 CC
Class 2A Motorcycles between 201 CC and 400 CC

13 Nov 2015
01 Feb 2017

5

S92216791

S / No. 9000266518



NP 423A

eBaoTech

GeneralClaim

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/03/2018 14:15"/>
Vehicle No. (For Motor)	<input type="text" value="FBD2961T"/>		

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098091667	AU KAH FATT	S9221679J	GMC	Third Party	FBD2961T	FBD2961T	12/02/2018	11/02/2019

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