

**NATIONAL Assessment Centre Services** (part 1 Jan 2005) **MMA 118044556**

Date In: <b>314/18 17:00</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA1 INC 18006116/14</b>	SAS e-filing		
Veh No: <b>G8G 5805 B</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>314/18 12:05</b>	i-Motor Claim Form	<b>MT10988863</b>	<b>314/18 17:56.</b>
OD: <b>(IP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>PBE 6567 S</b>	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) (%) [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 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 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:**

Date/Time	Actions

<b>MA1802059</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b>	<b>Amt (\$)</b>
		<b>Est Bill</b>	<b>Add Bill</b>
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);	<b>30.00</b>	
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100), INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	9) QP:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments:-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Est. 1:</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Est. 2 / 3:</b>	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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	03/04/2018 17:00
Date Of Accident	03/04/2018 12:05
Exact Location Of Accident	JUNC OF QUEENSWAY & PORTSDOWN AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5805B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	XYMPHONY
Co Reg No	53366678C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84486863

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DX MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093727091
Cover Note Number	-

### Driver

Name of Driver	DYLAN TAN MENG SUNG
NRIC No	S9590663Z
Date Of Birth	27/12/1995
Occupation	INDOOR
Date Of Driving Pass	29/11/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84486863
Fax Number	
Contact Number	
EMail Address	NOEMAIL



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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5. Any false reporting may be referred to the Police for investigation.
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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:

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

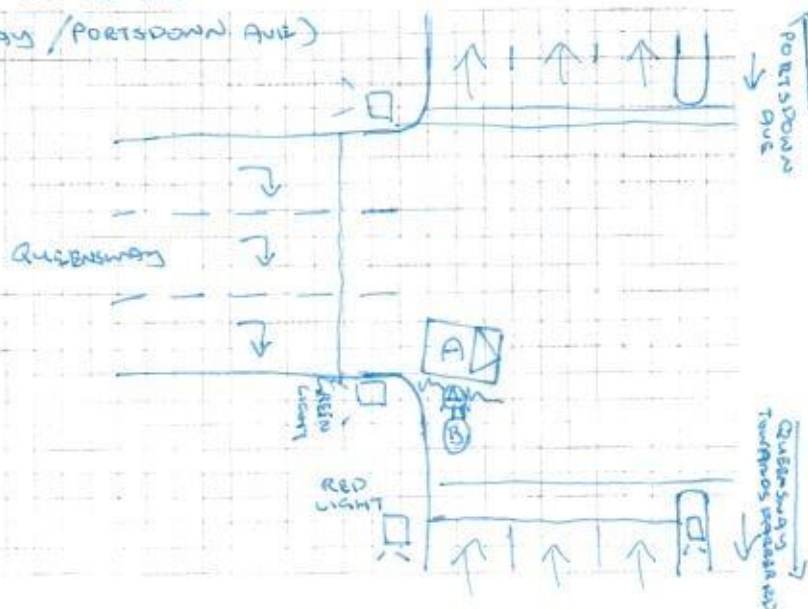


# SKETCH PLAN QUEENSWAY TOWARDS FARRER RD

(T JUNCTION OF QUEENSWAY / PORTSPOWN AVE)

VEHICLE A - GBC 5805 B

VEHICLE B - FBE 6567 S



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AND WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN AT THE (T JUNCTION OF QUEENSWAY / PORTSPOWN AVE) I WAS AT THE EXTREME RIGHT LANE.

WHEN THE LIGHT TURN GREEN, I PROCEEDED TO MOVE OFF, WHEN SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE RIGHT SIDE OF MY VEHICLE.

SO IMMEDIATELY, I ALIGHTED FROM MY VEHICLE AND REALIZED A MOTORCYCLE HAD COLLIDED TO THE RIGHT SIDE OF MY VEHICLE WHICH BARE THE VEHICLE NUMBER (FBE 6567 S).

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED DOWN BY MY IN-CAR CAMERA. (CLEARLY SHOWED THAT I MOVED OFF WHEN I AM IN THE RIGHT OF WAY OF TRAFFIC LIGHT SHOWN GREEN).

VEHICLE A - GBC 5805 B

VEHICLE B - FBE 6567 S

## 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.:





<b>Vehicle No.</b>	GBC 5805 B		<b>Model / Make</b>	TOYOTA HIACE
<b>Date of Accident</b>	03/04/18			
<b>Time of Accident</b>	1205	HRS		
<b>Location of Accident</b>	QUEENSWAY TOWARDS PARKER RD (JUNCTION OF QUEENSWAY AND PORTSDOWN AVE)			
<b>Exact purpose use during accident</b>	WORKING HOUR			
<b>Name of Owner</b>	XYMPHONY			
<b>Telephone No.</b>	H/P : 8448 6863	<b>Home :</b>	<b>Office :</b> 9190 9222	
<b>NRIC</b>	5336678 C			
<b>Address</b>	105 TAMPAWES ST 11 #08-59 S(521105)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5093727091			
<b>Name of Driver</b>	As Above If No, DYLAN TAN MENG JUNG			
<b>NRIC</b>	S 95906638		<b>Any Passengers :</b> NIL	
<b>Date of birth</b>	27 DEC 1995			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	29 NOV 2016			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P : 8448 6863	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>	BLK 105 TAMPAWES ST 11 #08-59 S(521105)			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	Employee,	If no, state		CO. OWNER
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No, If Yes, Who?			
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, If Yes, Where?			
<b>Vehicle B No.</b>	FBE 65675		<b>Any Passengers :</b>	
<b>Name of Driver</b>			<b>Contact No. :</b>	
<b>Vehicle C No.</b>			<b>Any Passengers :</b>	
<b>Vehicle D No.</b>			<b>Any Passengers :</b>	
<b>Vehicle E no.</b>			<b>Any Passengers :</b>	
<b>Vehicle F No.</b>			<b>Any Passengers :</b>	
<b>Vehicle G No.</b>			<b>Any Passengers :</b>	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	RIGHT SIDE OF VEHICLE			
<b>Camera Recorder</b>	Yes/ No PART / REAR			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	N-51 AUTOMOTIVE PTE LTD			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	IAN			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg			

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S9590663Z



Name

DYLAN TAN MENG SUNG

陳明桑

Race

CHINESE

Date of birth

27-12-1995

Country of birth

MALAYSIA

Sex

M

231590663Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9590663Z

Name:

DYLAN TAN MENG SUNG

Birth Date: 27 Dec 1995

Issue Date: 29 Nov 2016



4622885

NRIC No. S9590663Z



Date of issue

25-08-2010

APT BLK 105 TAMPINES STREET 11 #08-59  
SINGAPORE 521105

NRIC No: S9590663Z

Date: 24/04/2014

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

EFFECTIVE DATE

Class 3	Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver, and motor tractors/vehicles $\leq$ 2500 kg	29 Nov 2016
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	02 Mar 2017

S9590663Z

S / No. 9000257172



NP 428A



## 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 :** 5093727091

**Cover :** Comprehensive

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>GBG58058</b> |
| Chassis Number  | : KDH2010229223   |
| 2. Name of Policyholder   | : XYMPHONY        |
| 3. Effective Date of Insurance  | : 06 Sep 2017     |
| 4. Expiry Date of Insurance   | : 05 Sep 2018     |
| 5. Persons or Classes of Persons entitled to drive#   |                   |
| (a) The Policyholder.   |                   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                   |
| 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.   |                   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : INDEX AGENCY PTE LTD (00000572017)

Date of Issue : 06 Sep 2017 11:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer



Chief Executive

Text size +

**Transfer Of Vehicle Ownership (Acknowledgement)****Vehicle Details**

Vehicle No.:	GBG5805B	Vehicle Scheme:	Normal
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Model:	HIACE 3.0 DX MANUAL
Vehicle Make:	TOYOTA	Engine No.:	1KD2734177
Chassis No.:	KDH2010229223	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	2
Propellant:	Diesel	Power Rating:	-
Engine Capacity:	2982 cc	Maximum Laden Weight:	3225 kg
Unladen Weight:	1760 kg	Secondary Colour:	-
Primary Colour:	White	Maximum Power Output:	-
IU Label No.:	-	Original Registration Date:	06 Sep 2017
First Registration Date:	06 Sep 2017	Open Market Value:	\$32,272.00
Manufacturing Year:	2017	Minimum PARF Benefit:	\$0.00
PARF Eligibility:	No	Actual ARF Paid:	\$1,614.00
No. of Transfer:	1		

**Owner Particulars**

Owner Name: XYMPHONY

Owner ID Type: Business

Owner ID: 53366678C

Registered Address Type: HDB / HUDC

Registered Block/House No.: 105

Registered Street Name: TAMPINES STREET 11

Registered Unit No.: #08 - 59

Registered Building Name: -

Registered Postal Code: 521105

COE No./Expiry Date: 2017090605000884K / 05 Sep 2027

COE Bid Category: C - Goods Vehicle & Bus

PQP Paid: \$28,919.00

**Transaction Details**

Business Transaction Ref No: 20170907095319575392

Business Transaction Date: 07 Sep 2017

Business Transaction Time: 09:53:19

**Message**

Vehicle has been successfully transferred to XYMPHONY (53366678C).

Please note that \$11.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.





## Claim Handling

## Accident MT/0988863

Policy No.	S093727091	Vehicle No.	GBG5805B	GST Registration No.	53366678C
Policyholder Name	XYMPHONY			Policyholder NRIC	53366678C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	84486863	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

<b>Accident Details</b>					
Report Date	03/04/2018 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	03/04/2018	Time of Accident hh:mm	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF QUEENSWAY & PORTSDOWN AVE				

<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	17/07/2017		
GST Registration No.	53366678C	GST Status Verified	No		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 105 #08-59	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521105
Address 4		Address Type	Singapore address	Post Code	521105
Unit No.	08-59	Related Policy Number	S093727091		

<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/12/1995
Unnamed driver Name	DYLAN TAN MENG SUNG	Driver NRIC	S95906632	Driving Experience	1
Register Date of Driver License	29/11/2016	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	84486863	Contact No.(Office)		Address 3	SINGAPORE 521105
Address 1	BLK 105 #08-59	Address 2	TAMPINES STREET 11	Post Code	521105
Address 4		Address Type	Singapore address		
Unit No.	08-59				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	XYMPHONY	Insured NRIC	53366678C
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBG5805B	TP Vehicle Number	FBE6567S
Claim Description	GBG5805B / FBE6567S ON 3 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/04/2018 17:55	Claim Close Date		Date Received	03/04/2018 00:00
Report Taken By	LIEW SHAN HUI				

Save

Submit

## Attachment

Accident No.	MT/0988863	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	03/04/2018 17:56		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:56	SAS	Normal	SAS 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:56	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:56	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:55	Photos	Normal	Photos 2018-4-3

## Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			



Address	BLK 105 TAMPINES ST 11 #08-59
Postcode	521105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO.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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE6567S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	