

Date In: 05/04/2018 12:50	Job Description	Date & Time Completed	Done by
Ref No: NB/11118006240/1	SAS e-illing		
Cell No: SAR 156 X	E-mail (with this, A103111)		
P.O.A: 04/04/2018 11:10	I-Motor Claim Form	05/04/2018	11:07
OO / TP Reporting Only	I-Motor W/O (with this, A103111)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whisp		

Preferred Wksp / INC Assgn Wksp / OW: ()

TP Particulars: Yell No: **SLS 71644** INC () / Non-INC ()

Owner / Drivers: ()

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

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note: BIL Status (WO): NI: 0-20%; PI: 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 refer of repeller.

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

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

Remarks: ()	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: ()

NA1802184	Invoice Preparation/Check/LLS		
Owner/Driver/Owner:	1) AR: Accident Reporting (\$30)		
Policy No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee (\$60)		
	4) FT: Follow-Through Survey (\$10)		
	5) PT: Follow-Through Survey (Resurvey) (\$10)		
	6) TR: Trail Inspection (\$10)		
	7) NI: New DA + SMRT Survey (\$10)		
	8) NTUC: Additional Survey (\$10)		
	9) NI: Courtesy Car / Tpl Allowance (\$1)		
	10) NI: Repair Coordination (\$10)		
	11) NI: Post Repair Inspection (\$10)		
	12) NI: BY / Callout User Coordination (\$1)		
	13) NI: ILLTP (KIA INC) repair INC (\$10)		
	14) NI: Repair Invoice (\$10)		
	15) NI: Repair Invoice (\$10)		
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	100) NI: Repair Invoice (\$10)		

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 judgement 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	04/04/2018 12:50
Date Of Accident	04/04/2018 11:10
Exact Location Of Accident	KIM KEAT LINK SLIP ROAD TOWARDS LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR156X
Insured/Policyholder	
Name Of Registered Owner	STANCHEONG
Co Reg No	53358417E
Email Address	CYPSTON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97390973
Alternative Phone No	OFFICE-97390973
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093991439
Cover Note Number	
Driver	
Name of Driver	CHEONG YAT PANG
NRIC No	S1347133I
Date Of Birth	03/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1977
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97390973
Fax Number	
Contact Number	OTHERS-97390973
Email Address	CYPSTON@YAHOO.COM.SG

Address BLK 202 BOON LAY DRIVE
#19-31
Postcode 640202
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
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) 2
Passenger 1 NAME: : PASSENGER (LYNN)
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180404/2104

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 SLS7164Y
Vehicle Make/Model/Colour HONDA ACCORD
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KUAN BOON YONG
NRIC/Passport Number S7533082J
Contact Number 90230579
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name PASSENGER (LYNN)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR156X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHEONG YAT PANG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR156X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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: 4/4/2018

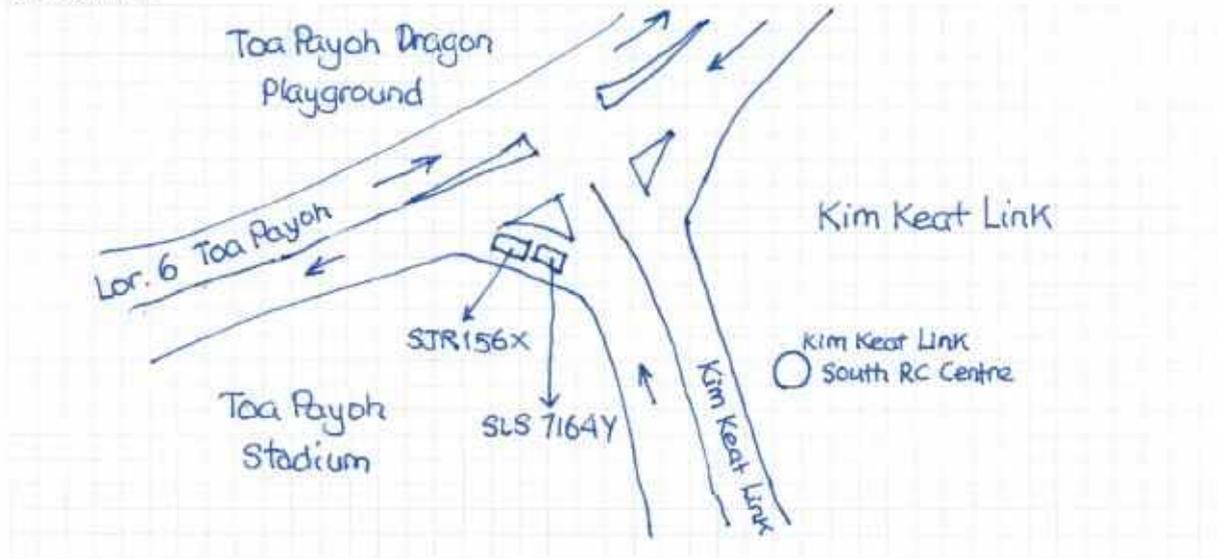
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/08/2018
Rajesh Kumar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*ps refer to police report
7/20/80404/2104*

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/4/2018 - 1251 hrs

[Signature]
Reporting Centre Personnel's Signature
Name: *Rishi Wadhwa*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180404/2104

1 of 3

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

Report No. T/20180404/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2018 15:30	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars			
Name of Informant: CHEONG YAT PANG		Address: APT BLK 202 BOON LAY DRIVE #19-31 SINGAPORE 640202	
ID Type / ID No.: NRIC NO / S1347133I		Contact No.: Home/Office: Mobile: 97390973	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 03/08/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2018 11:10	Type of Location: Slip Road
Location: KIM KEAT LINK LORONG 6 TOA PAYOH Slip Road along Kim Keat Link towards Lorong 6 Toa Payoh				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJR156X	Car				Slightly Damaged	1
SLS7164Y	Car				Slightly Damaged	0

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



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

Report No. T/20180404/2104

CONTINUATION OF REPORT

Driver			
Name	CHEONG YAT PANG	ID No.	S1347133I
Related Vehicle	SJR156X (Car)	Contact No.	97390973
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	04/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Kuan Boon Yong	ID No.	S7533082J
Related Vehicle	SLS7164Y (Car)	Contact No.	90230579
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 04.04.2018 at about 1111hrs, I was driving my vehicle, SJR156X along Kim Keat link with one passenger namely Lynn, Hp: 86667688. I make a left turn towards Toa Payoh Lorong 6. I then slowed down to check the traffic when I felt an impact coming from my Rear. I checked and realize that one black car with registration number SLS7164Y, hit onto my rear. We took some photos of the accident and drove our car by the side of the road before exchanging particulars. No one was seriously injured at that point of time and does not require ambulance. My passenger however informed that she have pain on her neck and abrasion on her thigh and will be seeking medical attention at clinic. Due to the accident, my car sustained damaged on the rear bumper and panel.



**SINGAPORE
POLICE FORCE**



T/20180404/2104

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

3 of 3

Report No. T/20180404/2104

CONTINUATION OF REPORT

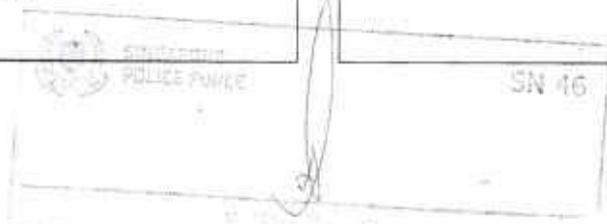
Sketch Plan

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 NUR HANNAH BINTE JAFFAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2018 15:30
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168



NOTICE OF REPORTING

This is to confirm that Name: **Cheong Yat Pang**, NRIC No: **S13471331**, Contact number: **97390973** had reported to the Police a non-injury traffic accident which occurred at on **04.04.2018** at about **1111hrs** involving the following vehicles:

SJR156X and SLS7164Y.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: **SGT T100462 Nur Hannah**

Date: **04/04/2018** Time: **1337hrs**

S/D Ref: **29**

Police Post/Unit : **Queenstown NPC**

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police


Queenstown
Neighbourhood Police Centre
No 3 Queensway #01-03
Singapore 13073

Claim Handling

Accident **HT/0989122**

Policy No.	SD92991438	Vehicle No.	SJR156X	GST Registration No.	
Policyholder Name	STANCHONG			Policyholder NRIC	S33584178
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	LOADING	0
Contact No.(Mobile)	97390973	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	Yes No	TCA	Yes No	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	Yes

Accident Details

Report Date	05/04/2018 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/04/2018	Time of Accident (Hour)	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KIM HERT LINK SLIP ROAD TOWARDS LOR S TGA PAYOH				

Excess

Own Damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 202 #15-31	Address 2	BOON LAY DRIVE	Address 3	BOON LAY GARDENS
Address 4	SINGAPORE 640202	Address Type	Singapore address	Post Code	640202
Unit No.	19-31	Related Policy Number	SD92991438		

GI Driver Info

Driver Name	CHEONG YAT FANG	Driver Type	Main Driver	Driver DOB	03/08/1958
Unnamed driver Name		Driver NRIC	S13471331	Driving Experience	40
Register Date of Driver License	08/10/1977	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	97390973	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?	Yes - No	Driver Vehicle No.	SJR156X	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	STANCHONG	Insured NRIC	S33584178
Contact No.(Mobile)	97390973	Contact No.(Home)		Contact No.(Office)	
Email Address		GI Vehicle Number	SJR156X	TP Vehicle Number	SLS7164Y
Claim Description	SJR156X / SLS7164Y ON 4 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	05/04/2018 00:00
Date Registered	05/04/2018 11:48	Claim Close Date			
Report Taken By	ROSLI WAMAB				

Attachment

Accident No.	HT/0989122	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/04/2018 11:49

Path *	Category *	Confidential	Urgency *	Description *
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	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
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Choose File No file chosen	Clear Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 11:49		Photo	Normal	Photos 2018-4-5		Edit
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 11:49		Photo	Normal	Photos 2018-4-5		Edit
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 11:49		Photo	Normal	Photos 2018-4-5		Edit

Police Report

ACCIDENT STATEMENT

ACCIDENT DATE: 04 / APR 2018 (DD/MM/YYYY), TIME: 11 : 10 (HH:MM)
 LOCATION: Kim Kwee Link slips towards lor 6 TBA - Projett

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 156X
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5093 991439
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: TOYOTA WISH
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

Passenger
(m)

- a) NAME: STANCHEONG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1247133/I CONTACT: 97390973
- c) ADDRESS: BLK 202 BOON LAY DRIVE #19-31
S(640202)

* CONTINUE TO 3. a IF DRIVER ALSO POLICY HOLDER

DRIVER

No of passenger
(including driver)
(1)

- a) NAME: CHEONG YAT PANG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1347133/I CONTACT: 97390973
- c) ADDRESS: BLK 202 BOON LAY DRIVE #19-31
S(640202)

* d) DATE OF BIRTH: 03 / 08 / 1959 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 i) DATE OF DRIVING PASS: 10/10/1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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 passenger
(including driver)
(1)

- a) VEHICLE NUMBER: SLS 7164 Y MODEL: HONDA ACCORD
- b) DRIVER'S NAME: KUAN BOON YONG
- c) NRIC/FIN/PASSPORT: S7533082 J CONTACT: 90230579

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

email: cypstan@yahoo.com.sg

fax: Florencekohel@yahoo.com.sg
 video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S13471331



Name



CHEONG YAT PANG

张日鹏

Race

CHINESE

Date of Birth

03-08-1959

Sex

M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S13471331

Name

CHEONG YAT PANG

Birth Date: 03 Aug 1959

Issue Date: 24 Sep 2003



2438449



NRIC No. S13471331



Health Group: A+

Date of Issue: 01-10-1994

APT BLK 202 BOON LAY DRIVE #19-31
SINGAPORE 640202
NRIC No: S13471331

Date: 18-06-2007 (R)No: 8789505

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

VALID DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 16 Oct 1977



NP 429A

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident:

04/04/2018 12:32

Vehicle No.(For Motor)

SJR156X

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5093991439	STANCHEONG	53358417E	GPC	drive CLASSIC	SJR156X	SJR156X	09/09/2017	08/09/2018

Continue