

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

19NAT18049684

Date In 14/04/2018 17:00	Job description	Date & Time Completed	Done by
Ref No NAT1800692914	SAS e-filing		
Veh No SJX 42434	E-mail (within 5hrs, MC 2hrs)		
DOA 13/04/2018 18:45	i-Motor Claim Form	mt10990369-0014/04/2018	
QD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:24
	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: PA 3845P

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

NAT1802892

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: 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:-
- QD*
- *N5: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idac Mobile \$0

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	14/04/2018 17:00
Date Of Accident	13/04/2018 18:45
Exact Location Of Accident	JUNCTION OF BEDOK SOUTH AVE/NEW UPPER CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX4243U
Insured/Policyholder	
Name Of Registered Owner	KOH GEK KIA
NRIC No	S7918042D
Email Address	GEKKIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91798244
Alternative Phone No	OTHERS-91798244

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096110070
Cover Note Number	

Driver

Name of Driver	KOH GEK KIA
NRIC No	S7918042D
Date Of Birth	26/06/1979
Occupation	INDOOR
Date Of Driving Pass	28/07/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91798244
Fax Number	
Contact Number	OTHERS-91798244
Email Address	GEKKIA@GMAIL.COM

Address	BLK 405 BEDOK NORTH AVENUE 3 #11-199
Postcode	460405
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180414/2005 (TYPE OF COLLISION IS HEAD TO SIDE)

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	PA3845P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	SEAH CHEANG KIAT
NRIC/Passport Number	S0177738F
Contact Number	98360753
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: 14/04/18
1600 HRS

Driver's Signature

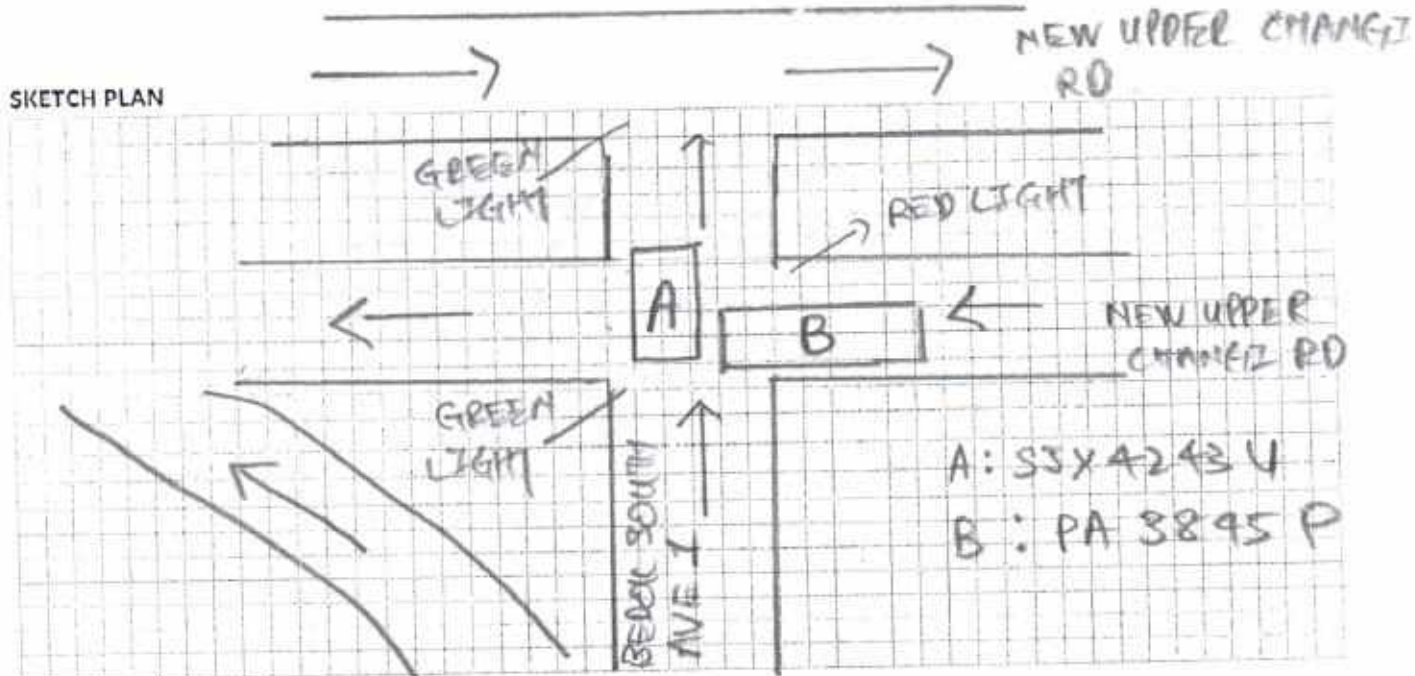
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20180414/2005*

DECLARATION

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

RGH
Policyholder's Signature
Date & Time: 14/4/18
1610 hrs

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

14/04/2018
Reporting Centre Personnel's Signature
Name: *Rosli Wathani*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180414/2005

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180414/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2018 00:49	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

Informant's Particulars

Name of Informant: KOH GEK KIA			Address: APT BLK 405 BEDOK NORTH AVENUE 3 #11-199 SINGAPORE 460405		
ID Type / ID No.: NRIC NO / S7918042D			Contact No.: Home/Office: Mobile: 91798244		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 26/06/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: AIRLINE EXECTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 13/04/2018 18:45	Type of Location: X-Junction
Location: Along Road 1 BEDOK SOUTH AVENUE 1				
Junction of Bedok South Avenue 1 and New upper Changi road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA3845P						0
SJX4243U	Car	TOYOTA	COROLLA 1.6	Gold	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX4243U	NTUC Income Insurance Co-Operative Limited	5096110070	07/12/2017	06/12/2018



SINGAPORE POLICE FORCE



T/20180414/2005

2 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20180414/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH CHEANG KIAT	ID No.	S0177738F
Related Vehicle	PA3845P	Contact No.	98360753
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
Driver			
Name	KOH GEK KIA	ID No.	S7918042D
Related Vehicle	SJX4243U (Car)	Contact No.	91798244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/04/2018 at about 1845hrs, my vehicle bearing registration plate number SJX4243 was stationary behind another unknown registration plate number at the junction of Bedok south Avenue 1 and New Upper Changi Road as the traffic light was red in favour of mine. Once the traffic light turn green in favour of me, I started to move off. halfway though the junction, I noticed there was a blue comfort delgro bus bearing registration plate number PA3845P moving towards my direction from the right. As it was moving towards me, I decided to accelerate to avoid Collision with the bus. However I felt a impact shortly. I stopped a few metres away and looked at the situation. As there was a heavy traffic behind, I decided to drop my wife off before turning back tot the accident location.

On 1855hrs on the same day, I reached back the location and noticed that the blue bus was stopped 3 to 5 metres away from the junction where the accident occurred. I alighted and went to find the driver of the blue bus who is at the junction of New Upper Changi Road. While walking, I noticed there were 2 persons wearing blue in colour comfort Delgro uniform talking to a couple. The 4 of them then walked back to the bus where it was parked and I asked if the driver had knocked onto my vehicle. He admitted to it. However he claimed that the bus brake was not functioning properly therefore unable to stop in time. I wished to state that before I moved off, I noticed that the other vehicles on New Upper Changi Road had stopped but this bus continued to move and dashed through the red light. Among the couple, I noticed that the male (Mr Phyo, HP:91161682) pedestrian having abrasion on his left arm and he complained about pain on the left leg as well. I asked if he need an ambulance but he declined. We exchanged particular and the pedestrian left the scene. I took photos of the damage and I left the scene shortly.



**SINGAPORE
POLICE FORCE**



T/20180414/2005

3 of 4

Report No. T/20180414/2005

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

I am lodging this report for insurance claims and there was a pedestrian involved. However I did not personally witness the bus hit the pedestrian.



**SINGAPORE
POLICE FORCE**



T/20180414/2005

4 of 4

Report No. T/20180414/2005

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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:

G /

SI MOHAMED SHAHARUM B ABDUL JEBAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Signature Of Informant:

Date/Time:

14/04/2018 00:49

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Claim Handling

Accident MT/0990369

Policy No.	5096110070	Vehicle No.	SJX4243U	GST Registration No.	
Policyholder Name	Koh Gek Kia			Policyholder NRIC	S79
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91798244	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details					
Report Date	14/04/2018 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	13/04/2018	Time of Accident hh:mm	18:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BEDOK SOUTH AVE/NEW UPPER CHANGI RD				

Benefits					
Coverage		Sum Insured			
Transport Allowance		99999999.99			

Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

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

Policyholder Mailing Address					
Address 1	BLK 298C #13-74	Address 2	COMPASSVALE STREET	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	543
Unit No.		Related Policy Number	5096110070		

OI Driver Info					
Driver Name	KOH GEK KIA	Driver Type	Main Driver	Driver DOB	26/1
Unnamed driver Name		Driver NRIC	S7918042D	Driving Experience	17
Register Date of Driver License	28/07/2000	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	91798244	Contact No.(Office)		Address 3	SIN
Address 1	BLK 298C #13-74	Address 2	COMPASSVALE STREET	Post Code	543
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJX4243U	Driver Insurer Company	NTU

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	Koh Gek Kia	Insured NRIC	S79	
Contact No.(Mobile)	91798244	Contact No.(Home)		Contact No.(Office)		
Email Address	gekia@gmail.com	Of Vehicle Number	SJX4243U	TP Vehicle Number	PA3	
Claim Description	SJX4243U / PA3845P ON 13 Apr 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/4	
Date Registered	14/04/2018 17:23	Claim Close Date				
Report Taken By	ROSLI WAHAB					

☐ Print AK letter

Save Submit

Attachment

Accident No. MT/0990369

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 14/04/2018 17:24

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:24	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:23	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:23	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:23	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:23	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:23	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:23	SAS	Normal	SAS 2018
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Apr 2018 17:23	NRIC/ Driving License	Normal	NRIC/ Driving License

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------



Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 13/04/2018 (DD/MM/YYYY), TIME: 18:45 (HH:MM)

LOCATION: JUNCTION OF BEDOK SOUTH AVE 1 AND NEW UPPER CHANGE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 4243 U
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5096110070
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA AULTIS
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: KOH GEK KIA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S79180470 CONTACT: 91798244
c) ADDRESS: 405 BEDOK NORTH AVE 3, #11-199 S(460405)

WIFE

* 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: 26/06/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/07/2000

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: BEDOK NORTH NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PA 3845 P MODEL: BUS
b) DRIVER'S NAME: SEAH CHEANG KAT
c) NRIC/FIN/PASSPORT: S0177738 F CONTACT: 98360753

9. THIRD PARTY VEHICLE

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

email = gekkia@gmail.com

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7918042D



Name

KOH GEK KIA
(XU YUJIA)

许玉佳

Race

CHINESE

Date of birth

26-06-1979 M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7918042D

Name

KOH GEK KIA
(XU YUJIA)

Birth Date 26 Jun 1979

Issue Date 28 Jul 2004



NRIC No. S7918042D



Date of issue

30-06-2009

APT BLK 405 BEDOK NORTH AVENUE 3 #11-199
SINGAPORE 460405

NRIC No: S7918042D

Date: 04/03/2017

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

VALID DATE

28 Jul 2009

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg



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: 5096110070

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJX4243U**
Chassis Number : MR053ZEC107104092
2. Name of Policyholder : Koh Gek Kia
3. Effective Date of Insurance : 07 Dec 2017
4. Expiry Date of Insurance : 06 Dec 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOH GEK KIA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 21 Nov 2017 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive