

# NATIONAL Assessment Centre Services

Post 1 (2000)

MINA 98063633

Date In: 16/05/2018 10:55

Ref No: NAB/INC/008871/4

Veh No: AP 83J

D.O.A: 12/05/2018 16:20

OD (TP) Reporting Only

TP Insure:

Job description

Date & Time Completed

Done by

GAS e-tiling

Enroll (Vehicle, etc, etc)

Motor Claim No/In

M710994631-001

17/05/2018 10:20

Motor W/O (Vehicle, etc, etc)

Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / OWI

TP Particulars: Yell No: 980 1602L

INC ( ) / Non-INC ( )

Owner / Drivers (

Policy No (

Period (

Tel:

Cover Type (

Confirmed by (

Date

Turn

Insured/Driver Liability (

%) (Note: B/L, Stand (WO): NI 0.20%, PI 21.79%, PI 30.100%)

Year of Registration (

Warranty: YES ( ) / NO ( )

Excess (S

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

General Remarks

( ) Work-in-Guarantee: Customer's information strictly confidential & strictly NO refer of reporter.

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

Drive-In (

Towed-In (

Invoice YES (

NO (

Towing Co (

Remarks

INC online: 076810016

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Date Time

Action

NA1803100

Human Resources

Driver/Owner

Policy No:

Assessed Position:

C. Checked by (Engin-In-Charge):

Comments:

L.L.

1/1/2

## Invoice Preparation Checklist

1) ADI Accident Report (200)	11%
2) DA/Damage Assessment (100)	11%
3) TP/Towing Fee	11%
4) TP/Towing Fee	11%
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100) TP/Towing Fee	11%

Invoice Total

Net Charge

Net Charge

Net Charge

Net Charge

## 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	16/05/2018 10:55
Date Of Accident	12/05/2018 16:20
Exact Location Of Accident	CHIN SWEE ROAD NEAR YORK HILL ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	AP33J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY CHOON HEE IRVIN
NRIC No	S7042792C
Email Address	IRVINTAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96171815
Alternative Phone No	OTHERS-96171815

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	X10 125 ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5092275418
Cover Note Number	

### Driver

Name of Driver	TAY CHOON HEE IRVIN
NRIC No	S7042792C
Date Of Birth	13/12/1970
Occupation	INDOOR
Date Of Driving Pass	09/10/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96171815
Fax Number	
Contact Number	OTHERS-96171815
Email Address	IRVINTAY@GMAIL.COM



Address	BLK 26B JALAN MEMBINA #30-200
Postcode	165026
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : YAP HWEE ENG ,GERALDINE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180514/2094 (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	GBD1602L
Vehicle Make/Model/Colour	VAN
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)

1

#### DETAILS OF INJURED PERSON 1

Name TAY CHOON HEE IRVIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? AP33J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name YAP HWEE ENG, GERALDINE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? AP33J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

  
14/5/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

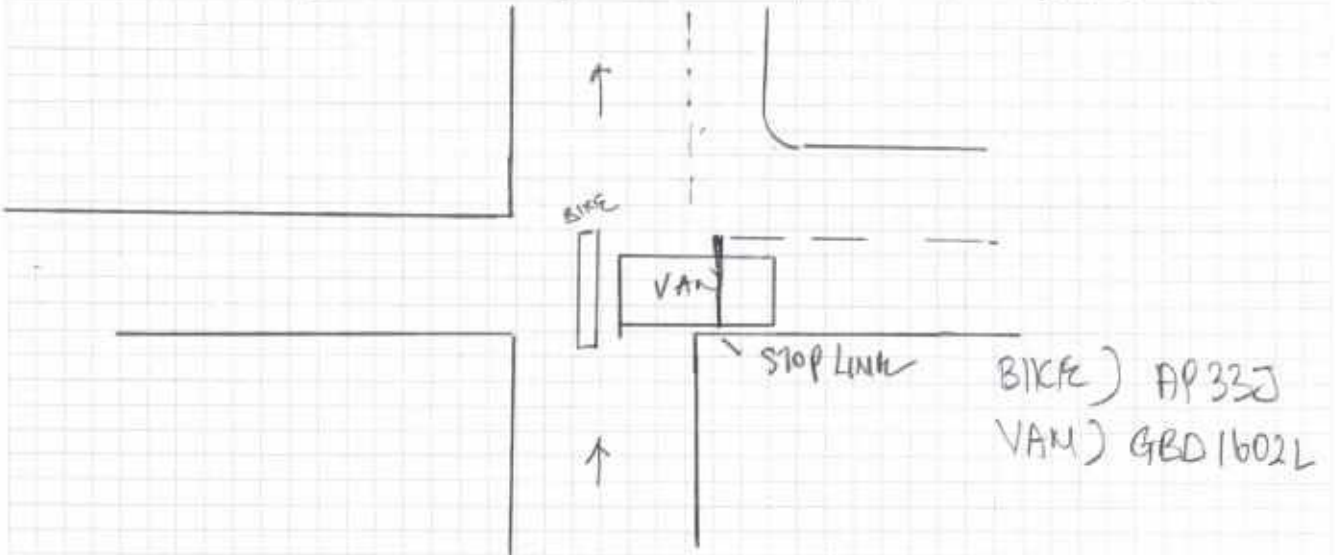
NRIC/FIN No.:

  
16/05/2018  
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SKETCH PLAN

CHIN SWICK ROAD XIFAR YORK HILL ENTRANCE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT  
7/20180514/2014

DECLARATION

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

Policyholder's Signature  
Date & Time: 14/5/18

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

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



# SINGAPORE POLICE FORCE



T/20180514/2094

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

1 of 4

Report No. T/20180514/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/05/2018 14:26	Vide Report No.: A/20180512/0147	Station Diary No.: 121
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<b>Informant's Particulars</b>			
Name of Informant: TAY CHOON HEE IRVIN		Address: APT BLK 26B JALAN MEMBINA #30-200 SINGAPORE 165026	
ID Type / ID No.: NRIC NO / S7042792C		Contact No.: Home/Office: Mobile: 96171815	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 13/12/1970	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: OIL BROKER		Driving Licence Information: Class: 2B,3A Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/05/2018 16:20	Type of Location:
Location:  CHIN SWEE ROAD  near York Hill entrance				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AP33J	Motorcycle	PIAGGIO	X10 125 ABS	White	Slightly Damaged	1
GBD1602L	Van				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AP33J	NTUC Income Insurance Co-Operative Limited	5092275418	28/06/2017	27/06/2018





# SINGAPORE POLICE FORCE



T/20180514/2094

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Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No. T/20180514/2094

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAY CHOON HEE IRVIN	ID No.	S7042792C
Related Vehicle	AP33J (Motorcycle)	Contact No.	96171815
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	12/05/2018	Date Discharge	13/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Pillion			
Name	YAP HWEE ENG, GERALDINE	ID No.	S8207843F
Related Vehicle	AP33J (Motorcycle)	Contact No.	93636536
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

### Brief Details.

I am the rider of AP33J.

On 12/05/2018 at about 1620hrs, I was riding along Chin Swee Road towards Havelock Road. My fiancée, Geraldine, was my pillion.

From the oncoming side, there is a U-turn lane and a waiting lane for vehicles to stop and give way to traffic at main road before going into York Hill.

As I rode nearer towards York Hill, I saw a van GBD1602L stopped at the stop line and waited to go into York Hill.

I continued to ride straight ahead. The van suddenly moved forward. The van hit on my pillion's right knee side. My motorcycle skidded. My pillion flew off my motorcycle and landed on a grass patch on the sidewalk just after the York Hill entrance. My motorcycle continued to skid forward. I was still holding on to my motorcycle till it came to a stop. I landed on my right with my motorcycle on me. I managed to get up by myself and walked towards my pillion. My pillion had fainted and took awhile to become conscious. Passer-bys came to assist. The van driver also came down to assist. Traffic Police arrived at scene. Ambulance then also arrived about 10minutes later, and my pillion was conveyed to Singapore General Hospital. After interview and investigation by TP, another Ambulance arrived and conveyed me to Singapore General Hospital.

The van driver did not sustain any visible injuries. I sustain a hairline fracture on my right ankle, and on cast now. There are some lacerations on my right leg and right shoulder blade. There is some pain on my left neck and right wrist. I was discharged the next day (13/05/2018) and given 7 days Hospitalization Leave (due for medical review again on Friday 18/05/2018). My pillion had bleeding in her brain, she





**SINGAPORE  
POLICE FORCE**



T/20180514/2094

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
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Tel No: 1800-2369999

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Report No. T/20180514/2094

CONTINUATION OF REPORT

broke her knee cap, and is still in Singapore General Hospital. She did a head surgery on Sunday (13/05/2018) .



**SINGAPORE  
POLICE FORCE**



T/20180514/2094

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
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Tel No: 1800-2369999

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Report No. T/20180514/2094

**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:

A /  
Staff Sgt ONG SHI YUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Signature Of Informant:

Date/Time:

14/05/2018 14:26

Classification Of Case:

Authentication Stamp

NP168



## Claim Handling

## Accident MT/0994631

Policy No.	5092275418	Vehicle No.	AP331	GST Registration No.	
Policyholder Name	TAY CHOON HEE IRVIN			Policyholder NRIC	S7042792C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Uninsured	0
Contact No.(Mobile)	96171815	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	e No Yes	TCA	e No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	17/05/2018 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	12/05/2018	Time of Accident(hh:mm)	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHIN SWEE ROAD NEAR YORK HILL ENTRANCE				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured 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 208 #30-200	Address 2	JALAN MEHENA	Address 3	MEHENA COURT
Address 4	SINGAPORE 165026	Address Type	Singapore address	Post Code	165026
Unit No.	30-200	Related Policy Number	5092275418-01		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAY CHOON HEE IRVIN	Driver NRIC	S7042792C	Driver DOB	13/12/1970
Register Date of Driver License	09/10/2017	Driver Age	47	Driving Experience	0
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 208 #30-200	Address 2	JALAN MEHENA	Address 3	MEHENA COURT
Address 4	SINGAPORE 165026	Address Type	Singapore address	Post Code	165026
Unit No.	30-200				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	AP331	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

## Modification History

Claim 001 OD-MX: Ren

Claim Type *	OD-MX	Insured Name	TAY CHOON HEE IRVIN	Insured NRIC	S7042792C
Contact No.(Mobile)	96171815	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	IRVINTAY@GMAIL.COM	O1 Vehicle Number	AP331	TP Vehicle Number	GBD1603L
Claim Description	AP331 / GBD1603L ON 13 May 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault	GIA report	Received
Date Registered	17/05/2018 10:20	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/05/2018 00:00
Report Taken By	MUSLI WAHAB	Claim Close Date		Total Loss but Repaired	
Workshop Repaired					

Print AX letter

Save Submit

## Attachment

Accident No.	MT/0994631	Claim No.	001
Last Doc. Received	Yes: No	Upload Date	17/05/2018 10:20

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	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Board

Send Message Upload

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Flag Sent? Action (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 10:20	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 10:20	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 10:20	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:20	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:19	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:19	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:19	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:19	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:19	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:19	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:18	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:18	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:18	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:18	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:18	Photos	Normal	Photos 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-17	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 10:18	SAS	Normal	SAS 2018-5-17	<a href="#">Edit</a>
<a href="#">Video List</a>					
Uploaded By/Date	Folder/Date	File Name		Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>					



# ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 05 / 2018 (DD/MM/YYYY) TIME: 16:20 (HH:MM)

LOCATION: CHINE SWIRE ROAD NEAR YORK HILL FORT RAECK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: AP 333  
 b) INSURANCE COMPANY: NIUC  
 c) POLICY NUMBER: 5092275418  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERMANENT USE  
 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: TAY CHOW HAK IRVIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96171815  
 c) ADDRESS: \_\_\_\_\_

\* 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: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: CBU 1602L MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Email = irvintay@gmail.com

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7042792C



TAY CHOON HEE IRVIN

鄭春喜

Race

CHINESE

Date of Birth

13-12-1970

Country of Birth

SINGAPORE

Sex

M

S7042792C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S7042792C

Name

TAY CHOON HEE IRVIN



Birth Date: 13 Dec 1970

Issue Date: 28 Sep 2017



002728406E



NRIC No. S7042792C



Valid Until 03-12-2002

APT BLK 266 JALAN MEMBINA #30-200  
SINGAPORE 165026

NRIC No: S7042792C

Date: 28/10/2017

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

Class 2B  
Class 3A

Motorcycles <= 200 CC  
Motor cars without clutch pedals <= 2000 kg with <= 7  
passengers, visitors of the driver, and motor tractors/vehicles  
without clutch pedals <= 2500 kg

09 Oct 2017  
28 Sep 2017

S / No. 9000310567

S7042792C

NP 428A



Licence No: S7042792C



## 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** : 5092275418

**Cover** : Third Party

- |   |                       |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle    | : AP33J               |
| Chassis Number                                      | : ZAPM7610000002980   |
| 2. Name of Policyholder                             | : TAY CHOON HEE IRVIN |
| 3. Effective Date of Insurance                      | : 28 Jun 2017         |
| 4. Expiry Date of Insurance                         | : 27 Jun 2018         |
| 5. Persons or Classes of Persons entitled to drive# |                       |

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: LEE WEE BOON
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : LQ INSURANCE AGENCY PTE LTD (00000613125)  
 Date of issue : 28 Jun 2017 15:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive