

NATIONAL Assessment Centre Services (Ref: 24/03) MAV18079203			
Date In: 19/06/2018 18:17	Job description	Date & Time Completed	Done by
Ref No: 289/20080114014	SAS e-filing		
Veh No: GBC 8071K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/06/2018 0:55	i-Motor Claim Form	17/06/2018 00:02	19/06/2018 18:39
OD TP 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: GBC 5943 G	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

MAV180387P

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	19/06/2018 18:17
Date Of Accident	17/06/2018 01:55
Exact Location Of Accident	JUNCTION OF BOON LAY WAY/JURONG WEST CENTRAL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3071K
Insured/Policyholder	
Name Of Registered Owner	INTERPRO CONSTRUCTION PTE LTD
Co Reg No	199301841H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81334264
Alternative Phone No	OFFICE-81334264

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5052079816-06
Cover Note Number	

Driver

Name of Driver	CHEAH KAR MING
NRIC No	S9719121B
Date Of Birth	13/06/1997
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81334264
Fax Number	
Contact Number	OTHERS-81334264
Email Address	NOEMAIL

Address	BLK 922 JURONG WEST STREET 92 #03-53
Postcode	640922
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 ON COLLISION
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)	3
Passenger 1	NAME: : NG JING QI GINA GENDER: : FEMALE
Passenger 2	NAME: : ONG XI HUI SAMANTHA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180618/2141(COLLISION TYPE IS HEAD TO SIDE)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC5943G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver KADIR BIN JOHAN
NRIC/Passport Number S1719929C
Contact Number 90292346
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG JING QI GINA
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBC3071K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ONG XI HUI SAMANTHA
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBC3071K
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.

聚業建築有限公司
INTERPRO CONSTRUCTION PTE LTD

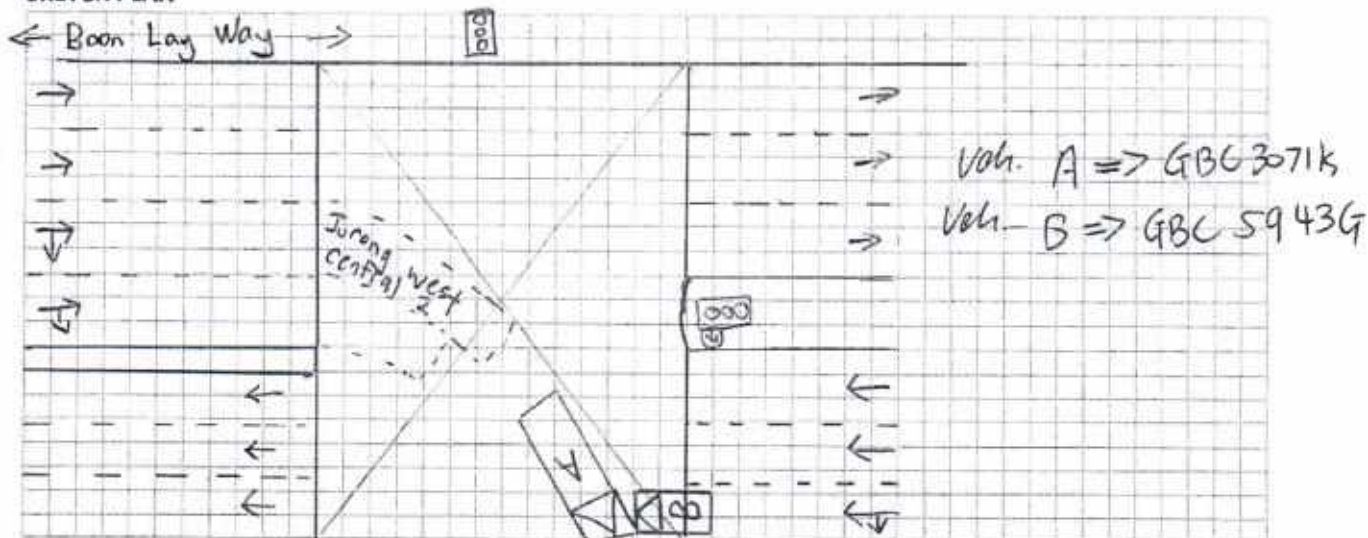
9 Kaki Bukit Road 2
#04-29 Singapore 417842
Tel: 6741 1500 Fax: 0745 2578
Email: interpro@singnet.com.sg

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I vehicle A (GBC3071K) was travelling along lane 2 on the stated venue. When I was turning during green light and arrow, I saw that vehicle B (GBC5943G) was travelling straight on lane 3 which eventually came to a stop at the stop line but suddenly he accelerated thus, collided onto my vehicle causing damages.

POLICE REPORT T/20180618/2141

DECLARATION

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

聚業建築有限公司
INTERPRO CONSTRUCTION PTE LTD

Policyholder's Signature: [Signature]
Date & Time: Singapore 417842
Tel: 6741 1500 Fax: 6745 2578
Email: interpro@singnet.com.sg
© 2018 Interpro Construction Pte Ltd

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

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

19/06/2018
[Signature]



SINGAPORE POLICE FORCE



T/20180618/2141

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

1 of 4

Report No. T/20180618/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 17:14		Vide Report No.:		Station Diary No.: 41
Informant's Particulars				
Name of Informant: CHEAH KAR MING		Address: APT BLK 922 JURONG WEST STREET 92 #03-53 SINGAPORE 640922		
ID Type / ID No.: NRIC NO / S9719121B		Contact No.: Home/Office: Mobile: 81334264		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 21	Date of Birth: 13/06/1997	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2018 01:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BOON LAY WAY JURONG WEST CENTRAL 2 AT THE T JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
GBC3071K						2
GBC5943G						1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180618/2141

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20180618/2141

CONTINUATION OF REPORT

Passenger			
Name	NG JING QI GINA	ID No.	S9815262H
Related Vehicle	GBC3071K	Contact No.	90689469
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	CHEAH KAR MING	ID No.	S9719121B
Related Vehicle	GBC3071K	Contact No.	81334264
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
Passenger			
Name	ONG XI HUI SAMANTHA	ID No.	S9733230D
Related Vehicle	GBC3071K	Contact No.	92203631
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	KADIR BIN JOHAN	ID No.	S1719929C
Related Vehicle	GBC5943G	Contact No.	90292346
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180618/2141

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20180618/2141

CONTINUATION OF REPORT

Brief Details.

On 17/06/2018 at about 0158hrs, I was driving V1) GBC3071K along Boon Lay Way, as I was approaching the traffic junction, I noticed that the traffic light was green for right turn and I proceeded to make the right turn onto Jurong West Central 2. While, I was turning right I noticed another vehicle V2)GBC5943G was coming to a stop at the opposite direction along Boon Lay Way. As I was entering onto Jurong West Central 2, I felt an impact from the left side of the vehicle. I then got off my vehicle after making a check on my passengers and exchanged particulars with V2's driver. Traffic Police and ambulance were at scene. No one was conveyed by the ambulance. My passengers then informed me that they had felt pain on the arms as the left side window had broke due to the impact. I have CCTV installed in my vehicle but I am unsure if it had capture any footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20180618/2141

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Report No. T/20180618/2141

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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:

J /
Sgt 1 NG WEI LIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/06/2018 17:14

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

SN 125

Authentication Stamp
NP168



Signature :

Singapore Police Force

Claim Handling

Accident MT/0999964

Policy No.	9052079816-06	Vehicle No.	GBC3071K	GST Registration No.	M201137039
Policyholder Name	INTERPRO CONSTRUCTION PTE LTD			Policyholder NRIC	199301841H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Licensing	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

Accident Details

Report Date	18/06/2018 15:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	17/06/2018	Time of Accident hh:mm	02:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BOON LAY WAY				

Benefits

Excess

Own Damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M201137039	GST Status Verified	Yes
Modification History	19/06/2018 11:17:25 Carol Wan changed GST Registration Date from 01/01/2015 to 01/04/1994 19/06/2018 11:17:29 Carol Wan changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	9 KAKI BUKIT RD 2 #04-20	Address 2	GORDON WAREHOUSE BLDG	Address 3	SINGAPORE 417842
Address 4		Address Type	Singapore address	Post Code	417842
Unit No.		Related Policy Number	9071211674-03		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	INTERPRO CONSTRUCTION PTE	Insured NRIC	199301841H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67411500
Email Address	interpro@singnet.com.sg	OT Vehicle Number	GBC3071K	TP Vehicle Number	GBC3943G
Claim Description	GBC3071K / GBC3943G ON 17 Jun 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	19/06/2018 00:00
Date Registered	18/06/2018 18:38	Claim Close Date			
Report Taken By	MOSLI WAHAB				

☐ Print AK letter






Save Submit

Attachment

Accident No.	MT/0999964	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	19/06/2018 18:39

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> NO	<input type="button" value="Normal"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> NO	<input type="button" value="Normal"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> NO	<input type="button" value="Normal"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> NO	<input type="button" value="Normal"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> NO	<input type="button" value="Normal"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> NO	<input type="button" value="Normal"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> NO	<input type="button" value="Normal"/> Normal	
<input type="button" value="Message Read"/>				<input type="button" value="Send Message"/> <input type="button" value="Upload"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mgs Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 18:39	Photos	Normal	Photos 2018-6-19		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 18:39	Photos	Normal	Photos 2018-6-19		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 18:39	Photos	Normal	Photos 2018-6-19		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 18:39	Photos	Normal	Photos 2018-6-19		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 18:39	Photos	Normal	Photos 2018-6-19		Edit

UKIT MERAH)) on 19 Jun 2018 18:39

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 Jun 2018 18:38

Photos

Normal

Photos 2018-6-19

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 Jun 2018 18:38

Photos

Normal

Photos 2018-6-19

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 Jun 2018 18:38

Photos

Normal

Photos 2018-6-19

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 Jun 2018 18:38

NRDC/ Driving License

Normal

NRDC/ Driving License 2018-6-19

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 Jun 2018 18:38

NRDC/ Driving License

Normal

NRDC/ Driving License 2018-6-19

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 Jun 2018 18:38

SAS

Normal

SAS 2018-6-19

[Edit](#)

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 / 06 / 2018 (dd/mm/yy) Time of Accident: 01 : 55 (24-HR-FORMAT)

Vehicle No.: GBC3071K Vehicle Make & Model: Nissan Cabstar

Exact location of Accident: Junction of Boon Lay Way & Jurong West Central 2

Policyholder's Name / IC No.: Interpro Construction PTE LTD / 19930841H

Driver's Name / IC No.: Cheah Kar Ming / S9719121B (As Above) ☐

Driver's Contact No.: 8133 4264 Company Contact No: _____

Driver's Address: Blk 922 Jurong West Street 92 #03-53 S(640922)

Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 03

Passenger Name: Ng Bing Ai, Bing

Gender: Male / ☒ Female

Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Hong Kah South NPP

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBC5943G

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

4833911



NRIC No. **S9719121B**



Date of issue
20-02-2012

Address
**APT BLK 922 JURONG WEST STREET 92
#03-53
SINGAPORE 640922**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9719121B**



CHEAN KAR MING

谢家明

Race
CHINESE

Date of birth Sex
13-06-1997 M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LICENCE



CHEAN KAR MING

Birth Date: 13 Jun 1997

Expiry Date: 15 Sep 2016



002609663E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

EFFECTIVE

Class 3

Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

15 Sep 2016

NP 428A



Licence No: S9719121E

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: 5052079816-06

Cover: Comprehensive

1. Index mark and Registration Number of Vehicle

GNC3071X

Chassis Number

INTSC212AZ06/0245

2. Name of Policyholder

INTERHQ CONSTRUCTION PTE LTD

3. Effective Date of Insurance

09 Nov 2017

4. Expiry Date of Insurance

08 Nov 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

: THINK ONE 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: INCOME - MT DEPT (00000600471)

Date of Issue: 09 Nov 2017 18:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive