

**NATIONAL Assessment Centre Services** [wef 1 Jan 2005] **MNA/18079998**

|                                   |   |                        |                   |
|-----------------------------------|---|------------------------|-------------------|
| Date In: <b>21/06/2018 12:54</b>  | Job description:                                | Date & Time Completed  | Done by           |
| Ref No: <b>NBA/MNC/180/1266/Y</b> | SAS e-filing                                    |                        |                   |
| Veh No: <b>PA 6070M</b>           | E-mail (within 8hrs. A/C 2hrs)                  |                        |                   |
| D.O.A: <b>20/06/2018 18:45</b>    | i-Motor Claim Form                              | <b>MNA180999513001</b> | <b>21/06/2018</b> |
| OD / TP: <b>Reporting Only</b>    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)          |                        | <b>14:45</b>      |
| TP Insurer:                       | i-Photo Uploaded                                |                        |                   |
|                                   | Assessment/Survey Report                        |                        |                   |
|                                   | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> |                        |                   |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SKW 989X** 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

**NA/1803924**

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Driver/Owner:                   | 1) AR : Accident Reporting (\$30);              |                      |                      |
| Contact No:                     | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |                      |
| Damaged Portion:                | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120             |                      |                      |
| Auditors' Comments :-           | 5) FT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
| Cat. 1:                         | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| Cat. 2 / 3:                     | 6) TR : Re-inspection \$75                      |                      |                      |
|                                 | 7) N1 : Idac DA + SMRT Survey \$160             |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | 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                         |                      |                      |
|                                 | 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             | 21/06/2018 12:54                           |
| Date Of Accident           | 20/06/2018 18:45                           |
| Exact Location Of Accident | PIE AFTER STEVENS ROAD EXIT TOWARDS JURONG |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | PA6070M                 |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | T.S.A SERVICE & TRADING |
| Co Reg No                   | 53214787A               |
| Email Address               | YEOKWANGSIANG@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-98585168    |
| Alternative Phone No        | OFFICE-98585168         |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | VAN                |
| 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                                       | REPORTING ONLY     |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5067762953-03                          |
| Cover Note Number         |  |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | YEO KWANG SIANG         |
| NRIC No              | S1511507F               |
| Date Of Birth        | 06/06/1961              |
| Occupation           | OUTDOOR                 |
| Date Of Driving Pass | 29/07/1982              |
| Driving Experience   | 35 YEARS AND 10 MONTHS  |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-98585168    |
| Fax Number           |                         |
| Contact Number       | OTHERS-98585168         |
| E-Mail Address       | YEOKWANGSIANG@GMAIL.COM |

|   |  |
|---|--|
| Address   | BLK 304 JURONG EAST STREET 32<br>#07-116 |
| Postcode  | 600304                                   |
| Was driver an employee of the Insured's Company     | YES                                      |
| If No, Relationship of the Driver with the Insured  |  |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                              |
| Insurance Company of Driver's Own Vehicle           | -<br>-                                   |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN 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   | 3   |
| 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)   | 1   |

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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         | SKW989X     |
| Vehicle Make/Model/Colour           | BMW         |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SGM6868Y |
|-----------------------------|----------|

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Make/Model/Colour           | WOLKSWAGEN  |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| 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 compliance with requirements under any regulations, laws or court orders.

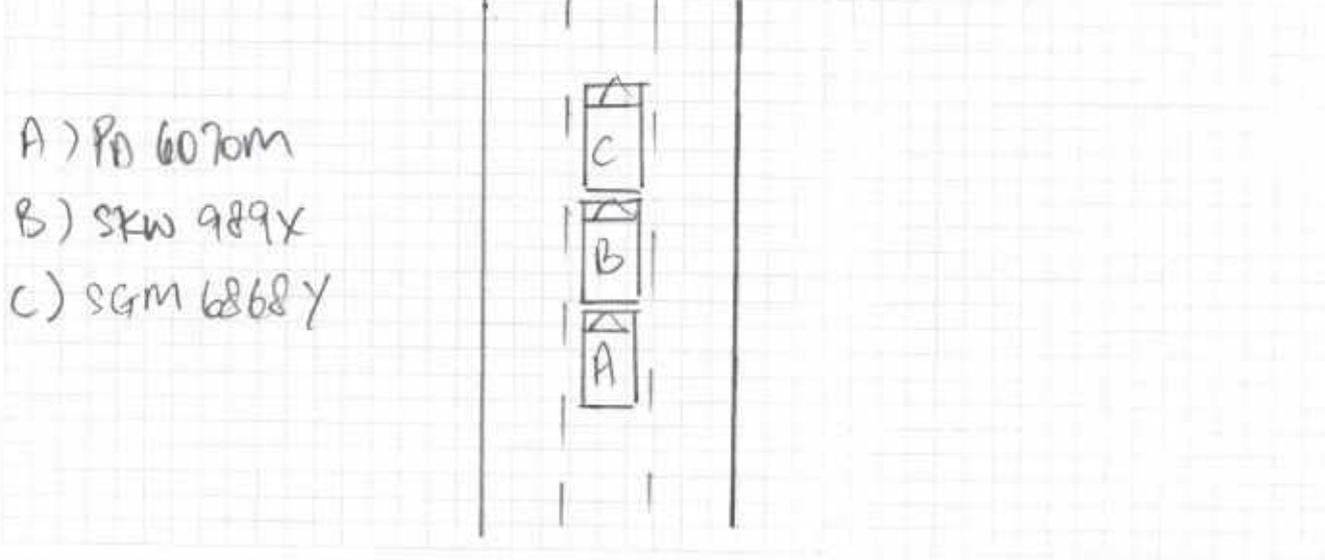
**T-S-A Service & Trading**  
Block 796 Yishun Ring Road  
#12-3370, Singapore 760796  
Company Registration No. 53214787

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 PIE ALF STANVALE ROAD EXIT TOWARDS JURONG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/07/2018, ABOUT 18.45 pm. I WAS TRAVELLING ALONG PIE TOWARD JURONG. JUST AFTER STEVEN ROAD EXIT. THE CAR IN FRONT OF ME SUDDENLY JAM BRAKE. I WAS UNABLE TO STOP IN TIME AND BANG TO THE REAR OF THE CAR.

DECLARATION

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

T & B Service & Trading  
 Block 796 Yishun Ring Road  
 #12-3370, Singapore 760796

Company Registration No 53214787A

Policyholder's Signature  
 Date & Time:

*Tammy* 21/7/2018

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

*[Signature]* 21/07/2018  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No:

**Claim Handling**

Accident MT/0099513

|                     |                         |                     |                           |                      |           |
|---------------------|-------------------------|---------------------|---------------------------|----------------------|-----------|
| Policy No.          | 5067762953-03           | Vehicle No.         | PA6070H                   | GST Registration No. |           |
| Policyholder Name   | T.S.A SERVICE & TRADING | Cover Type          | Third Party, Fire & Theft | Policyholder NRIC    | 53214781A |
| Product Code        | BUS INSURANCE           | Contact No.(Office) |                           | Leading              | 0         |
| Contact No.(Mobile) | 95995188                | Special Remark      |                           | Contact No.(Home)    |           |
| Email Address       |                         | TCA                 | = No Yes                  | #Code                | No *      |
| KFE                 | = No Yes                | NCD Endowment(%)    | 20                        | #Code Reason         |           |
| NCD Protection      | No                      |                     |                           | Private Hire         | No        |

⌵ **Accident Details**

|                   |  |                               |       |                     |                 |
|-------------------|--|-------------------------------|-------|---------------------|-----------------|
| Report Date       | 21/06/2018 14:35                           | Accident Report Within 24 hrs | Yes   | Accident Type       | Chain Collision |
| Date of Accident  | 20/06/2018                                 | Time of Accident (hr:min)     | 18:45 | Country of Accident | Singapore       |
| Reporting Centre  |  | Orange Force                  |       | ICM No.             |                 |
| Accident Location | PUE AFTER STEVENS ROAD EXIT TOWARDS JURONG |                               |       |                     |                 |

⌵ **Excess**

|                       |          |                             |  |                   |      |
|-----------------------|----------|-----------------------------|--|-------------------|------|
| Own Damage Excess     | 0.00     | Additional Excess           |  | Windscreen Excess | 0.00 |
| Unnamed Driver Excess |          | Outside Singapore OD Excess |  |                   |      |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess |  |                   |      |

⌵ **GST Registered Information**

|                      |    |                       |    |
|----------------------|----|-----------------------|----|
| GST Registered       | No | GST Registration Date |    |
| GST Registration No. |    | GST Status Verifier   | No |
| Modification History |    |                       |    |

⌵ **Policyholder Mailing Address**

|           |                  |                       |                   |           |                  |
|-----------|------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 756 #12-3370 | Address 2             | YISHUN RING ROAD  | Address 3 | SINGAPORE 760756 |
| Address 4 |                  | Address Type          | Singapore address | Post Code | 760756           |
| Unit No.  | 12-3370          | Related Policy Number | 5065701710-04     |           |                  |

⌵ **01 Driver Info**

|   |                  |                     |                       |                        |                      |
|---|------------------|---------------------|-----------------------|------------------------|----------------------|
| Driver Name                             | Unnamed Driver   | Driver Type         | Unnamed Driver        | Driver DOB             | 06/06/1961           |
| Unnamed Driver Name                     | YEO KWANG SIANG  | Driver NRIC         | S1511507F             | Driving Experience     | 35                   |
| Register Date of Driver License         | 29/07/1982       | Driver Age          | 57                    | Contact No.(Home)      |                      |
| Contact No.(Mobile)                     | 98585198         | Contact No.(Office) |                       | Address 3              | HONG KAH EAST GARDEN |
| Address 1                               | BLK 304 #07-118  | Address 2           | JURONG EAST STREET 32 | Post Code              | 600304               |
| Address 4                               | SINGAPORE 600304 | Address Type        | Foreign address       |                        |                      |
| Unit No.                                | 07-118           | Driver Vehicle No.  | PA6070H               | Driver Insurer Company | NTUC                 |
| Does he own a Singapore Registered car? | Yes = No         |                     |                       |                        |                      |

|                                     |      |             |          |  |  |
|-------------------------------------|------|-------------|----------|--|--|
| Declaration                         |      |             |          |  |  |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes = No |  |  |

Modification History

Claim 001 **Save**

|                                |                                  |                         |                                  |                            |                  |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MX                            | Insured Name            | T.S.A SERVICE & TRADING          | Insured NRIC               | 53214781A        |
| Contact No.(Mobile)            |                                  | Contact No.(Home)       |                                  | Contact No.(Office)        | +65 93627721     |
| Email Address                  |                                  | OT Vehicle Number       | PA6070H                          | TP Vehicle Number          | SKW989X          |
| Claim Description              | PA6070H / SKW989X ON 20 Jun 2018 |                         |                                  | Name of Preferred Workshop |                  |
| Preferred Workshop Contact No. |                                  | Insured Liability *     | Fully at Fault                   | GA report                  | Received *       |
| Require Finalisation           | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received              | 21/06/2018 00:00 |
| Date Registered                | 21/06/2018 14:44                 | Claim Close Date        |                                  |                            |                  |
| Report Taken By                | ROSLI WANAB                      |                         |                                  |                            |                  |

Print AK letter

Save Submit

**Attachment**

|                    |            |             |                  |
|--------------------|------------|-------------|------------------|
| Accident No.       | MT/0099513 | Claim No.   | 001              |
| Last Doc. Received | Yes No     | Upload Date | 21/06/2018 14:45 |

| Choose File    | Category *    | Confidential | Urgency * | Description * |
|----------------|---------------|--------------|-----------|---------------|
| No file chosen | Please Select | NO           | Normal    |               |
| No file chosen | Please Select | NO           | Normal    |               |
| No file chosen | Please Select | NO           | Normal    |               |
| No file chosen | Please Select | NO           | Normal    |               |
| No file chosen | Please Select | NO           | Normal    |               |
| No file chosen | Please Select | NO           | Normal    |               |
| No file chosen | Please Select | NO           | Normal    |               |
| No file chosen | 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 (BUKIT MERAH)) on 21 Jun 2018 14:45 | Photos   | Normal  | Photos 2018-6-21 |               | Edit   |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Jun 2018 14:45 | Photos   | Normal  | Photos 2018-6-21 |               | Edit   |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Jun 2018 14:45 | Photos   | Normal  | Photos 2018-6-21 |               | Edit   |

|  |  |                       |        |                                 |                      |
|--|--|-----------------------|--------|---------------------------------|----------------------|
|    | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">SAS</a>  |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | Photos                | Normal | Photos 2018-6-21                | <a href="#">Edit</a> |
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | SAS                   | Normal | SAS 2018-6-21                   | <a href="#">Edit</a> |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 Jun 2018 14:43 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-6-21 | <a href="#">Edit</a> |

[Video List](#)

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 20/06/2018 (DD/MM/YYYY), TIME: 18:45 (HH:MM)

LOCATION: PAJF STATION RO #117 TOWARDS JUKONG

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 8070 M  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5067FB2953-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: T.S.A. SERVICES & TRADING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: SS 53214787A CONTACT: \_\_\_\_\_  
c) ADDRESS: 196 JISHUN RING ROAD #12-3370

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

## DRIVER

- a) NAME: YEOKWANG SIANG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 1511507F CONTACT: 98585168  
c) ADDRESS: BLK 304 JURONG EAST ST 33 #07-116 (S) Dec 304

\*d) DATE OF BIRTH: 06/06/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09/7/1982

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

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: SKW 989 X MODEL: BMW

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SGMT 6868 Y MODEL: VOLKSWAGEN

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

# No of passengers  
(including driver)  
( )

# No of passengers  
(including driver)  
( )

# No of passengers  
(including driver)  
( )

Email = YEOKWANGSIANG@GMAIL.COM

fax =

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. S1511507F



Name  
**YEO KWANG SIANG**



Race  
**CHINESE**

Date of Birth: **06-06-1961** Sex: **M**

Country of Birth  
**SINGAPORE**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1511507F**

Name  
**YEO KWANG SIANG**

Birth Date: **06 Jun 1961**  
 Issue Date: **11 Jul 2003**



000647221F

1766103



NRIC No. **S1511507F**



Blood Group: **A+** Date of issue: **07-03-1994**

**APT BLK 304 JURONG EAST STREET 32 #07-118**  
**SINGAPORE 600304**  
 NRIC No: **S1511507F** Date: **19-12-2002** No: **4402315**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

| CLASS   | DESCRIPTION   | PASS DATE   |
|---------|---|-------------|
| Class 3 | Motor cars $\leq$ 2000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg | 20 Jul 1982 |
| Class 4 | Heavy motor cars and motor tractors $>$ 2500 kg   | 30 Oct 2007 |

S1511507F S / No. 9000076658

License No: S1511507F

NP 420A



## 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)

|  |  |
|--|--|
| <b>Certificate Number</b> : 5067762953-03  | <b>Cover</b> : Third Party, Fire & Theft |
| 1. Index mark and Registration Number of Vehicle   | : PA6070M                                |
| Chassis Number   | : JN1TG4E25Z0704596                      |
| 2. Name of Policyholder  | : T.S.A SERVICE & TRADING                |
| 3. Effective Date of Insurance   | : 03 Oct 2017                            |
| 4. Expiry Date of Insurance  | : 02 Oct 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.<br>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 the carriage of passengers in connection with the Policyholder's business.   |  |
| (b) Limited to carry 11 passengers.  |  |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

|                       |   |
|-----------------------|---|
| GEOGRAPHICAL LIMIT    | : WITHIN THE REPUBLIC OF SINGAPORE ONLY           |
| EXCESS (SECTION I)    | : N/A   |
| EXCESS (SECTION II)   | : 551,500   |
| INSURE WITH COE       | : YES   |
| HIRE PURCHASE COMPANY | : B-T-S-C AGENCY                                  |
| 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 : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)  
 Date of Issue : 21 Sep 2017 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

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



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