

MANA 4637

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In: 19/07/2018	11:54		
Ref No: NBA/MC/8018111			
Veh No: F80 7011C			
D.O.A: 18/07/2018	09:20		
OD: TP Reporting Only			
TP Insurer:			

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD 3B	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:-	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

MANA 4637

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Date 1:

Date 2 / 3:

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add Bill
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100);	INC (\$80)		
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) NI : Idaw 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: Idaw 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	19/07/2018 11:54
Date Of Accident	18/07/2018 09:20
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT LAMP POST NUMBER 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD7011C
Insured/Policyholder	
Name Of Registered Owner	CHIN KAH HONG
NRIC No	S7657362Z
Email Address	CHINKAHHONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90031261
Alternative Phone No	OTHERS-90031261

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125X-125CC (M)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5044012727-08
Cover Note Number	

Driver

Name of Driver	CHIN KAH HONG
NRIC No	S7657362Z
Date Of Birth	03/03/1976
Occupation	INDOOR
Date Of Driving Pass	27/09/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90031261
Fax Number	
Contact Number	OTHERS-90031261
EMail Address	CHINKAHHONG@HOTMAIL.COM

Address BLK 577 WOODLANDS DRIVE 16
#07-566
Postcode 730577
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? 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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180718/2127

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 SHD3B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHIN KAH HONG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD7011C
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: 19/08/2018

11:05 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Pike towards CHANGI AIRPORT LAMPPOST NO: 6.

A) FBD TOLL C

B) SHD 3B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report 7/20180718/2127

DECLARATION

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

Policyholder's Signature

Date & Time: 19/07/2018

11/05 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/07/2018

Police Officer



SINGAPORE POLICE FORCE



T/20180718/2127

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180718/2127

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.:

Date/Time Report Made:
18/07/2018 18:13

Vide Report No.:
P/20180718/0027

Informant's Particulars

Name of Informant:
CHIN KAH HONG

Address:
APT BLK 577 WOODLANDS DRIVE 16 #07-566 HDB-
WOODLANDS SINGAPORE 730577

ID Type / ID No.:
NRIC NO / S7657362Z

Contact No.:
Home/Office: Mobile: 90031261

Nationality:
MALAYSIAN

Email:

Sex: Age: Date of Birth:
Male 42 03/03/1976

Type of Informant:
Rider

Race:
Chinese

Language:

Institution / School Name:

Occupation:
Electrical engineer (general)

Driving Licence Information:
Class: 2B,3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
18/07/2018 09:20

Type of Location:
Straight Road

Location:
Along Road 1
PAN ISLAND EXPRESSWAY

PIE(CHANGI) TOWARDS CHANGI AIRPORT
Lamp Post Number: 6

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7011C	Motorcycle					0
SHD3B	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180718/2127

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180718/2127

CONTINUATION OF REPORT

Rider			
Name	CHIN KAH HONG	ID No.	S7657362Z
Related Vehicle	FBD7011C (Motorcycle)	Contact No.	90031261
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	18/07/2018
No. of Days granted Medical Leave	24	Degree of Injury	Serious

Brief Details.

18/07/2018 @0920HRS (PIE(CHANGI) TOWARDS CHANGI AIRPORT)

I WAS TRAVELLING ON PIE(CHANGI), THE ROAD SURFACE WAS DRY AND TRAFFIC FLOW WAS SMOOTHS. WHEN I WAS TRAVELLING ALONG PIE(CHANGI) IN FRONT ME THERE WAS NO MANY VEHICLE. SUDDENLY THE TAXI COLLIDED WITH MY REAR AND FELL TO THE GROUND, THE TAXI DRIVER DID NOT COME OUT OF HIS TAXI FOR A GOOD COUPLE OF MINUTES. WHEN HE EXITED THE VEHICLE AND CAME UP TO ME AND SAY "YOUR NOT INJURED RIGHT??", WHEN I WAS BLOODING FROM BOTH OF MY HANDS. THEN HE WALK BACK TO HIS CAR AND START TALKING PHOTO OF HIS VEHICLE, I CRAWL OVER TO SIDE AND I ASK HIM IF HE CALLED FOR THE AMBULANCE. HE SAY HE CALLED EARILER, SO I WAITED FOR ABOUT 10 MINS BEFORE I CALL IT MY SELF. AFTER I MADE THE CALL THE AMBULANCE ARRIVED IN 10 - 15 MINS, LATER ON I WAS CONVEY TO THE CHANGI GENERAL HOSPITAL.

I SUFFERED MULTIPLE ABRASIONS AND A DISLOCATED THUMB AND I WAS GIVEN 24 DAYS MC THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20180718/2127

3 of 3

Report No. T/20180718/2127

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/07/2018 18:13

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Claim Handling

Accident MT/1003645

Policy No.	5044012727-08	Vehicle No.	FBD7011C	GST Registration No.	
Policyholder Name	CHIN KAH HONG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S76573622
Product Code	MDT/CYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	90031261	Special Remark		Contact No.(Home)	
Email Address		TCA	x No Yes	eCode	No *
KFR	x No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	19/07/2018 12:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	18/07/2018	Time of Accident (h:mm)	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI AIRPORT LAMP POST NUMBER 6				

Benefits

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed 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	12 ANG MO KIO STREET 04	Address 2	#03-15 UE BIZHUB CENTRAL	Address 3	SINGAPORE 109068
Address 4		Address Type	Singapore address	Post Code	589088
Unit No.		Related Policy Number	5044012727-08		

01 Driver Info

Driver Name	CHIN KAH HONG	Driver Type	Main Driver	Driver DOB	03/03/1976
Unnamed driver Name		Driver NRIC	F8092135R	Driving Experience	13
Register Date of Driver License	27/09/2004	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	90031261	Contact No.(Office)		Address 1	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes x No	Driver Vehicle No.	FBD7011C		

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHIN KAH HONG	Insured NRIC	S76573622
Contact No.(Mobile)	90031261	Contact No.(Home)	90031261	Contact No.(Office)	
Email Address	chenkahong@hotmail.com	OC Vehicle Number	FBD7011C	TP Vehicle Number	SHD38
Claim Description	FBD7011C / SHD38 ON 18 Jul 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	19/07/2018 12:23
Date Registered	19/07/2018 12:23	Claim Close Date		Total Lost but Recovered	
Report Taken By	KOSLI WAHAB	Workshop Repairer			
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1003645	Claim No.	001																																
Last Doc. Received	Yes No	Upload Date	19/07/2018 12:26																																
Path *	<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> </tbody> </table>			Category *	Confidential	Urgency *	Description *	Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal	
Category *	Confidential	Urgency *	Description *																																
Clear Please Select	NO	Normal																																	
Clear Please Select	NO	Normal																																	
Clear Please Select	NO	Normal																																	
Clear Please Select	NO	Normal																																	
Clear Please Select	NO	Normal																																	
Clear Please Select	NO	Normal																																	
Clear Please Select	NO	Normal																																	
Choose File No file chosen																																			
Choose File No file chosen																																			
Choose File No file chosen																																			
Choose File No file chosen																																			
Choose File No file chosen																																			
Choose File No file chosen																																			
Choose File No file chosen																																			
Message Read																																			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Actor (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Jul 2018 12:26	Photos	Normal	Photos 2018-7-19	edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Jul 2018 12:26	Photos	Normal	Photos 2018-7-19	edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Jul 2018 12:26	Photos	Normal	Photos 2018-7-19	edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:26	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:26	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:26	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:23	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:23	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:23	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:23	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:23	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:22	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:22	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:22	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:22	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:22	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:22	Photos	Normal	Photos 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:22	NAIC/ Driving License	Normal	NAIC/ Driving License 2018-7-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jul 2018 12:22	SAS	Normal	SAS 2018-7-19	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 18/07/2018 (DD/MM/YYYY), TIME: 09:20 (HH:MM)

LOCATION: Pink Road, Coton, Airport, London NW6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 7011C
 b) INSURANCE COMPANY: NTU
 c) POLICY NUMBER: NTU 50440127727-01
 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: WORK
 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: CHIN KATH HONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 90031261
 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: 03/03/1976 (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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 3 B MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = CHINKATHHONG@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7657362Z



Name

CHIN KAH HONG

陈嘉雄

Race

CHINESE

Date of birth

03-03-1976

Country/Place of birth

MALAYSIA



Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7657362Z



CHIN KAH HONG

Birth Date: 03 Mar 1976

Issue Date: 03 Sep 2016



002605830C

9411064



NRIC No. S7657362Z



Nationality

MALAYSIAN

Date of issue

28-07-2016

Address

APT BLK 577 WOODLANDS DRIVE 16
#07-566
SINGAPORE 730577

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

EFFECTIVE DATE

Class 2B
Class 3

Motorcycles ≤ 200 cc
Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg

27 Sep 2004
27 Sep 2004



Licence No: S7657362Z

NP 429A

eBaoTech

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC_BUKIT_MERAH_800676

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

18/07/2018 10:59

FBD7011C

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5044012727-08	CHIN KAH HONG	S7657362Z	GMC	Third Party, Fire & Theft	FBD7011C	FBD7011C	16/06/2018	15/06/2019