

NATIONAL Assessment Centre Services

(4th Jan 2005)

NA180418102286

Date In: 07/08/2018 18:03	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/01/438914	SAS e-filing		
Veh No: FZ 1966 E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/08/2018 19:40	i-Motor Claim Form	MM/1006418-001	08/08/2018 10:57
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: FZ 2725K	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

NA1804968	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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:		
	ON*		
	*N3: Courtesy Car / Tpl 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 30		
	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	07/08/2018 18:03
Date Of Accident	06/08/2018 19:40
Exact Location Of Accident	BLK 163 WOODLANDS STREET 13 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1966E
Insured/Policyholder	
Name Of Registered Owner	LIM KAI FENG @TAY HAO WEI
NRIC No.	S8420280J
Email Address	KAIFENG99@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93880730
Alternative Phone No	OTHERS-93880730

Vehicle Particulars

Manufacturer	HONDA
Model	MSX125-125CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	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	5064133969-04
Cover Note Number	

Driver

Name of Driver	LIM KAI FENG @TAY HAO WEI
NRIC No	S8420280J
Date Of Birth	06/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93880730
Fax Number	
Contact Number	OTHERS-93880730
Email Address	KAIFENG99@OUTLOOK.COM

Address	BLK 765 JURONG WEST STREET 71 #06-86
Postcode	640705
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180807/2015

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	FZ2775X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 4

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 07-8-2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN

BIK 163 WOODLANDS ST 13 OFFER CARPARK

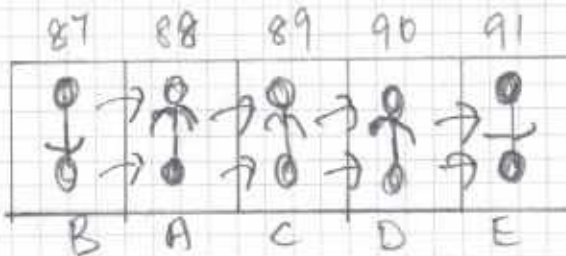
A) FB51996 E

B) FZ2725 X

C) UNKNOWN BIKER

D) UNKNOWN BIKER

E) UNKNOWN BIKER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT.
D/20180807/2015

DECLARATION

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

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.



**SINGAPORE
POLICE FORCE**



D/20180807/2015

1 of 2

Report No. D/20180807/2015

POLICE REPORT (NP299)

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Date/Time Report Made 07/08/2018 10:42	Vide Report No. J/20180806/0204	Station Diary No. 31		
Name Of Informant LIM KAI FENG	Address APT BLK 705 JURONG WEST STREET 71 #06-86 SINGAPORE 640705			
ID Type / ID No. NRIC NO / S8420280J	Contact No. Home/Office	Mobile 93880730		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation ENFORCEMENT OFFICER	Sex Male	Age 34	Date of Birth 06/07/1984	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 06/08/2018 19:40	Location Of Incident 163 WOODLANDS STREET 13 HDB-WOODLANDS SINGAPORE 730163 OPEN SPACE CARPARK			

Brief details.

On 06/08/2018 at about 2005hrs, while I had came back from Malaysia, JB and I had parked my said vehicle with registration plate number FBJ1966E at the said carpark since 1030hrs on the same day and had left to Malaysia. The motorvehicle had parked stationary and secured. Before I left, I had checked that the motorvehicle was in good condition and everything was intact and not damaged. I then after returning from Malaysia and was shocked to find out that the other few motorvehicles that had parked

Signature Of Officer Recording The Report: D / Sgt 1 GABRIEL CHAN WEE KEEN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ANG BENG HWA Contact No.: 67740000

Signature Of Informant:
Date/Time: 07/08/2018 10:42
Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20180807/2015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180807/2015

beside me had all fell. I do not have any suspect in mind and there was police officer at scene hence I was inform to lodge a police report and also for my insurance claims purposes. The damages to my motorvehicle is left side handlebar, steering cone and clutch misalignment, dented on the rear foot rest and rider foot rest, Right signal light cracked and another "unknown" motor parts on the right damaged. This is the first time such incident had happened. I do not have any suspects in mind. I was inform by the police officers that the motorvehicles had toppled from LOT 87-91 at the open space carpark.

Signature Of Officer Recording The Report:

D / Sgt 1 GABRIEL CHAN WEE KEEN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp ANG BENG HWA
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Date/Time:
07/08/2018 10:42

Classification Of Case:

Claim Handling

Accident MT/1006418

Policy No.	5064133969-04	Vehicle No.	FBJ1966E	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KAI PENG @TAY HAO WEI			Policyholder NRIC	S84202801
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	93880730	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<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	No

▼ Accident Details

Report Date	08/08/2018 10:53	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	08/08/2018	Time of Accident (h:mm)	10:48	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 163 WOODLANDS STREET 13 OPEN SPACE CARPARK				

▼ Benefits

▼ Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
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	BLK 705 #05-08	Address 2	XIRONG WEST ST 71	Address 3	SINGAPORE 640705
Address 4		Address Type	Singapore address	Post Code	640705
Unit No.		Related Policy Number	5064133969-04		

▼ GI Driver Info

Driver Name	LIM KAI PENG @TAY HAO WEI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S84202801	Driver DOB	06/07/1984
Register Date of Driver License	21/05/2008	Driver Age	34	Driving Experience	10
Contact No.(Mobile)	93880730	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 705 #05-08	Address 2	XIRONG WEST ST 71	Address 3	SINGAPORE 640705
Address 4		Address Type	Singapore address	Post Code	640705
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	FBJ1966E	Driver Insurer Company	NTUC

Declaration

Breathalyser (or Blood Test) Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	LIM KAI PENG @TAY HAO WEI	Insured NRIC	S84202801
Contact No.(Mobile)	93880730	Contact No. (Home)	87116670	Contact No. (Office)	
Email Address		GI Vehicle Number	FBJ1966E	TP Vehicle Number	F22721
Claim Description	FBJ1966E / F22725K DN 6 Aug 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Sanction No. Evaluation	Yes	Repaired	Repair Option	Preferred Workshop, Name unknown	
Date Registered		Claim Close Date	08/08/2018 10:58	Date Received	08/08/
Report Taken By	ROSLI WANAB				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1006418	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/08/2018 10:57		
Path *		Category *	Confidential	Urgency *	Desc
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 Read		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MBRAM_808679 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAM) on 08 Aug 2018 10:57		Photos	Normal	Photos 2018-8-8	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:57	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:57	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:57	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:57	Photos	Normal	Photos 2018-8-8
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:57	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:57	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:57	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:57	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:56	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:56	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:56	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:56	Photos	Normal	Photos 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:56	SAS	Normal	SAS 2018-8-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 10:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-8

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 06/08/2018 (DD/MM/YYYY), TIME: 19:40 (HH:MM)

LOCATION: 163 woodland st 13 open space car park.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F37 1966E
 b) INSURANCE COMPANY: HTUC INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda MSX 125
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Police was park
 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: Lim Kai Feng @ Tay hap wei (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 984201207 CONTACT: 93886730
 c) ADDRESS: Blk 705 Tiong West St 71 #06-86 364075

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 06/07/1984 (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: _____

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: Queenstown NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: F22725X 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: _____

* No of passenger
 (including driver)
(0)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = kai.feng.99@outlook.com
 VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8420280J



Name

LIM KAI FENG
@TAY HAO WEI

郑豪緯

Race

CHINESE

Date of birth

06-07-1984

Country/Place of birth

SINGAPORE

Sex

M



5850243



NRIC No. S8420280J



Date of issue

22-12-2017

Address

APT BLK 705 JURONG WEST STREET 71
#06-86
SINGAPORE 640705

REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S8420280J

LIM KAI FENG
@TAY HAO WEI

Birth Date: 06 Jul 1984

Issue Date: 27 Dec 2017



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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc
Class 2A Motorcycles between 201 cc and 400 cc

21 May 2008
15 Dec 2009

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/08/2018 18:01"/>							
Vehicle No.(For Motor)	<input type="text" value="FBJ1966E"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5064133969-04		LIM KAI FENG @TAY HAO WEI	S8420280J	GMC	Third Party, Fire & Theft	FBJ1966E	FBJ1966E	08/02/2018	07/02/2019
<input type="button" value="Continue"/>										