

NATIONAL Assessment Centre Services			
Date In: 08/08/2018 18:38	Job description	Date & Time Completed	Done by
Ref No: N81804972	SAS e-filing		
Veh No: P21885	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/08/2018 15:20	I-Motor Claim Form	MM1006528-001	08/08/2018 18:45
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: SLT 1156E	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

N81804972	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		Int. Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: 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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD*				
*N5: Courtesy Car / Tp 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: Idao Mobile 30				
Invoice dated		Fee Charged		
Invoice dated		Fee Charged		

Claimant's Particulars:-
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments:-
Dat. 1:
Dat. 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	08/08/2018 18:20
Date Of Accident	07/08/2018 15:20
Exact Location Of Accident	LOR 6 TOA PAYOH TWRDS CTE BTWN LAMPOST 104 TO 102
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ188J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KOK WAH
NRIC No	S7835770C
Email Address	ERICNGFZ188J@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97931920
Alternative Phone No	OTHERS-97931920

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J-399CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070006955-03
Cover Note Number	

### Driver

Name of Driver	NG KOK WAH
NRIC No	S7835770C
Date Of Birth	22/11/1978
Occupation	INDOOR
Date Of Driving Pass	18/04/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97931920
Fax Number	
Contact Number	OTHERS-97931920
Email Address	ERICNGFZ188J@GMAIL.COM

Address	BLK 138 JALAN BUKIT MERAH #05-1410
Postcode	160138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - 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?	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?	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 T/20180808/2105

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT1156E
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYLVESTER GROGORY GUNALAN
NRIC/Passport Number	S9435396C
Contact Number	81189587
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	NG KOK WAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ188J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN

### IMPORTANT NOTICE

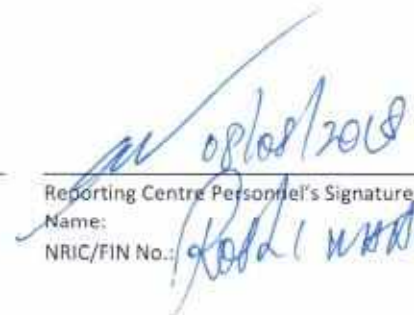
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

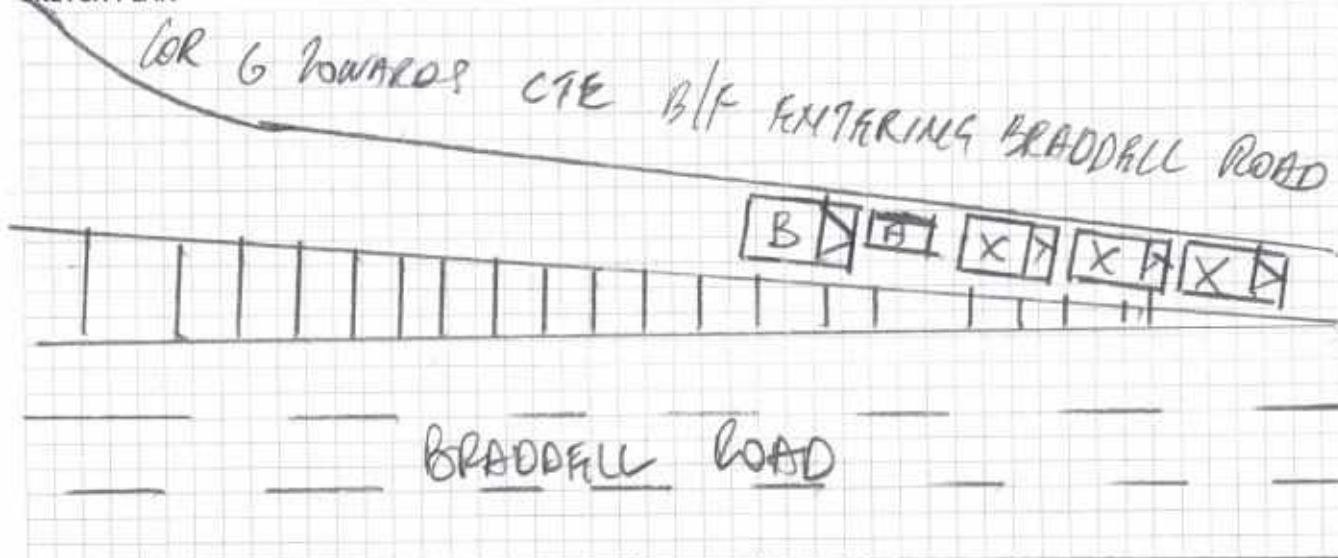
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
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

A) FZ188J

B) SLT1156E

PLEASE REFER TO POLICE REPORT  
T/20180808/2105

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



T/20180808/2105

1 of 4

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

Report No: T/20180808/2105

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/08/2018 16:06		Vide Report No.:		Station Diary No.: 92	
<b>Informant's Particulars</b>					
Name of Informant: NG KOK WAH			Address: APT BLK 138 JALAN BUKIT MERAH #05-1410 SINGAPORE 160138		
ID Type / ID No.: NRIC NO / S7835770C			Contact No.: Home/Office: Mobile: 97931920		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 22/11/1978	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/08/2018 15:20	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 LORONG 6 TOA PAYOH BRADDELL ROAD FROM LORONG 6 TOA PAYOH TOWARD CTE , BEFORE ENTERING BRADDELL ROAD BETWEEN LAMPOST 104 TO 102				
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: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ188J	Motorcycle	HONDA	CB400SF4J M	Black	Totally Damaged	0
SLT1156E	Car				No Damage	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180808/2105

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ188J	NTUC Income Insurance Co-Operative Limited	5070006955-03	29/03/2018	13/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NG KOK WAH		ID No.	S7835770C
Related Vehicle	FZ188J (Motorcycle)		Contact No.	97931920
Hospital/Clinic	MAO MEDICAL CENTRE & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	SYLVESTER GROGORY GUNALAN		ID No.	S9435396C
Related Vehicle	SLT1156E (Car)		Contact No.	81189587
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

**Brief Details.**

On 7/8/2018 at about 1520hrs at the abovementioned location, while I was riding along the flyover and entering Braddell road, I saw that there was a queue and gradually went to a stop while waiting to move off I suddenly feel a bang from behind me. I then realized the vehicle SLT1156E (V1) had bumped into the rear of my motorcycle FZ188J (V2) and I fell to the side due to the impact and landed sitting down. The Driver and passenger of V1 then exited his vehicle and asked if I am okay. There was another driver not related to the incident namely Edwin Wang, HP 63416789 behind who left his vehicle to ask if I am alright. I am unsure if he witnessed the whole event happening. Driver of V1 then suggested we move the vehicle aside so as to not obstruct traffic but I asked to take a picture first and both parties then took a picture before moving my vehicle aside. Driver of V1 then drove off after taking a picture and confirming that there was no injury. I rest for about two minutes to compose myself before checking my Vehicle and realized that it could not start. I then called Towing Service as my vehicle could not start. I then took a taxi before towing arrive.

I wish to state that I have back pain after the incident so I went to get a medical checkup and received 3





**SINGAPORE  
POLICE FORCE**



T/20180808/2105

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 4

Report No. T/20180808/2105

**CONTINUATION OF REPORT**

days MC from 8/8/2018 to 10/8/2018.

I am making this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20180808/2105

4 of 4

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

Report No. T/20180808/2105



**CONTINUATION OF REPORT**

**Sketch Plan**



Informant is not able to provide sketch plan

 SINGAPORE POLICE FORCE	SN 47
	
SIGNATURE	

**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: D / Sgt 2 ANG KHENG HAOU, THAWAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2018 16:06
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP168

 SINGAPORE POLICE FORCE	SN 47
	



## Claim Handling

Accident MT/1006528

Policy No.	5070006955-03	Vehicle No.	FZ1881	GST Registration No.	
Certificate No.					
Policyholder Name	NG KOK WAH				
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	57835770C
Contact No.(Mobile)	97931920	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFC	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
				Private Hire	No

Report Date	08/08/2018 18:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/08/2018	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LDH & TUA PAYOH TWRDS CTE BTWN LAMPPOST 104 TO 102				

## Benefits

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore GD 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 138 #05-1410	Address 2	JALAN BUKIT MERAH	Address 3	SINGAPORE 160138
Address 4		Address Type	Singapore address	Post Code	160138
Unit No.		Related Policy Number	5070006955-03		

## OI Driver Info

Driver Name	NG KOK WAH	Driver Type	Main Driver	Driver DOB	22/11/1978
Unnamed driver Name		Driver NRIC	57835770C	Driving Experience	17
Register Date of Driver License	27/06/2001	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	97931920	Contact No.(Office)		Address 3	SINGAPORE 160138
Address 1	BLK 138 #05-1410	Address 2	JALAN BUKIT MERAH	Post Code	160138
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FZ1881	Driver (Insurer Company)	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## Modification History

Claim 001 ☒ New

Claim Type *	GD-HX	Insured Name	NG KOK WAH	Insured NRIC	57835770C
Contact No.(Mobile)	97931920	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	mtc197815@yahoo.com	OT Vehicle Number	FZ1881	TP Vehicle Number	SLT111
Claim Description	FZ1881 / SLT111 ON 7 Aug 2018				
Preferred Workshop	<input type="text" value=""/>	Insured Liability	<input checked="" type="checkbox"/> Not at fault		
Insured	<input checked="" type="checkbox"/> Insured	Preferred Workshop, Name unknown	<input checked="" type="checkbox"/> GJA report	Received	<input checked="" type="checkbox"/>
Date Registered	08/08/2018 18:43	Claim Close Date		Date Received	08/08/2018
Report Taken By	BOSLI WAHAB				

☒ Print AK letter 

## Attachment

Accident No.	MT/1006528	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	08/08/2018 18:45
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Recd		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:45		Photos	Normal	Photos 2018-8-8



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:45	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:45	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:45	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 18:45	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:44	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:44	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:44	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 18:44	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:43	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:43	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:43	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:43	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:43	Photos	Normal	Photos 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:43	SAS	Normal	SAS 2018-8-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Aug 2018 18:43	NISC/ Driving License	Normal	NISC/ Driving License 2018-8-8

## Video List

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

Scan and uploading



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7835770C



Name

NG KOK WAH  
(HUANG GUOHUA)

黄国华

Race

CHINESE

Date of birth

22-11-1978

Country of birth

SINGAPORE

Sex

M



4311957



NRIC No. S7835770C



Date of issue  
24-11-2008

Address

APT BLK 138 JALAN BUKIT MERAH  
#05-1410  
SINGAPORE 160138

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S7835770C

Name

NG KOK WAH  
(HUANG GUOHUA)

Birth Date: 22 Nov 1978

Issue Date: 02 Jun 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

27 Jun 2003  
19 Apr 2006

Class 2B Motorcycles  $\leq$  200 CC  
Class 1A Motorcycles between 201 CC and 400 CC

S / No. 9000047112

S7835770C



NP42uA

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070006955-03		NG KOK WAH	S7835770C	GMC	Third Party, Fire & Theft	FZ188J	FZ188J	29/03/2018	13/03/2019



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MMA48102830 Vehicle Registration No: FZ188J

Name (as shown in NRIC): NG Kok Wai NRIC/FIN/Passport No: S7835770C

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 97931920

Email Address: \_\_\_\_\_

Date of Accident: 07/08/2018 Time of Accident: 15:20

Place of Accident: Lot 6 Joo Payoh Turas CTE Bldg Complex 10470/02

Insurance Company: MZUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured handphone number to 97931920

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Reda Jadhav  
NRIC/FIN No: \_\_\_\_\_  
Date: 08/08/2018