NATIONAL Assessment Centre	Services 140 1510	MALE	41870911	/ '	
Date In: 22 (8/2018 14/43)	Jeb description	Date d	Time Completed	Done b	Y.
REFNON NEW JUCKS 015205/V	SAS e-filing	1			
Veh No SKR, STARP	E-mail (widon Shra, AlC 2)	(16)	0.0.0	1	1
D.O.A. 2/108/2018 17/15	i-Motor Claim Form	: M1	100840400	23/15	8/201
OD (TP) Reporting Only	i-Motor W/O (Within: O	D 2hrs, TP 4lirs)		15 2/8	-
OD (17) Reporting Only	I-Photo Uploaded		2 2.1	N.	
TP Insurer:	Assessment/Survey Rep	ort			
Transdict.	Ass't Report by Fax / H	and to Owner	/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (10	Tel:	F	ax:)
TP Particulars: Veh No: VC Y	062. I	1C()/N	on-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Perio	d: () Cover	Type: (<u> </u>	
Confirmed by : (Datei		Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N	: 0-20%; P:	21-79%. F: 80-1	100%]	
Year of Registration: () Wa	tranty: YES ()/NO	()			
Excess: (\$) Loading: \$1,000	()/\$2,000()				
General Remarks:	1950年1968年1968年19		Carley A. A. A.	- 1- " ·	
() Walk-In Customer's inform	ation strictly Confidential	& Strictly NO	rafer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In () / Towed-In (); Invoice:	YES () / NO (); Towing	Co. (
Remarks: (INC horling: 6788 6616)		Ze. Dated	ZJime Completed	Done	by
	irtesy Car ()	37687174630	35 11 36 1		
2) QC Check/Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()				
Program II					
Injury:				17.7 No. 1 Al	
Date/Time Actions		Mark Control		Balley 12 - Loren	20 120
Marian Programme Company of the Comp					
21/2/00/2011	Edmi V	tatiki oktobili etti.	88-10.588888	Anit (S)	. Amt (\$)
NH1805546	F-7472,7006	THE RESERVED AND THE PERSON OF	on Checklist	Ping in the	'Add Bill
Claimant's Particulars :-		Accident Reporti Damage Assessm		(\$80)	
Driver/Owner:	3) TF:1	Towing Fee		\$40/\$45 \$120	
- Andrews - Andr	5) FT : 1	follow-Through ! follow-Through !	Survey (Resurvey)	\$30	
Contact No:		eiming against It Re-inspection	Only (wef 10 Jan 20	105) \$75	
Damaged Portion:	7) NI:	Idao DA + SMRT		\$160	-
	8) NTU	C Additional Ser	vices:-		
QC Checked by (Engr-In-Charge):	*N5:	Courtesy Cer / T		\$10	
State State Commence of the State of the Sta	N7:	Repair Co-ordina Foat Repair Insp		\$25	
Auditors! Comments :=	*N8: 02.61.53.4	DV / Collect Exc	Coordination	5.5	
Zat. lt		N11) : TP (Non I : Idae Mobile	NO) against INC	30	
Cat. 2/3;	Involce		Fee Charg	100	10007
	Invalue	dated	Fee Charg	ed	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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.

Ten is kill at the same before the	ACCIDENT STATEMENT
Date Of Report	23/08/2018 14:43
Date Of Accident	21/08/2018 17:15
Exact Location Of Accident	JUNCTION OF KENT RIDGE ROAD/SOUTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE
之。 是是是是一個主要的學術學是是是是一個	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR5792P
Insured/Policyholder	
Name Of Registered Owner	LUI FOOK KEE
NRIC No	S0142544G
Email Address	MICHAELFKLUI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96359395
Alternative Phone No	OTHERS-96359395
Vehicle Particulars	
Manufacturer	HONDA
Model	ODESSEY
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077418140-02
Cover Note Number	
Driver	
None of Deliver	THEOOK KEE

LUI FOOK KEE Name of Driver S0142544G NRIC No 03/02/1951 Date Of Birth OUTDOOR Occupation 19/08/1974 Date Of Driving Pass

44 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96359395 Mobile Number

Fax Number

OTHERS-96359395 Contact Number

MICHAELFKLUI@YAHOO.COM.SG EMail Address

Address

381 PASIR PANJANG ROAD

#04-03

Postcode

118713

Was driver an employee of the Insured's Company NO

was diver an employee of the insured a company

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

2

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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?

YES

Remarks/ Reasons:

FILE TOO LARGE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour PC4068Z

And district Annual Control of the Control

Details Of Properties

BUS

Vehicle Category Name of Driver

KWOK KWONG CEI

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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: 23-08-18

10.35 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN	South Burna Vista Rd.	V	
	A B	•	A = SKR5792 P B = PC4068 Z
Kent > Ridge -> Rd.	\$ '		

SCRIBE CIRCUMS	TANCES OF THE ACCIDENT
After tare on the out my car or car.	my from Kent Ridge Rd to South Buona Vista Rd. my from Kent Ridge Rd to South Buona Vista Rd. ter lane, The Bus lost control and knoch into the rear of ter lane, The Bus lost control and the left corner of my n the rear passenger door and the left corner of my

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

Claim Handling

N. MT/1008404		values for	5x35792P	GST Registration No.	
10,	77419340-02	vehicle fiz.		=5.	501435440
ate No.				Policyholder NRIC	
	IL FIDOM KEE		DIVIN PREMIUM	Lording	d d
t Code P	KINATE CAR INSURANCE	Cover Type	Control of the contro	Contact No.(Home)	
	0359395	Currect No.(Office)		eCode	hip *
Address		Special Remark	a lay Yes	eCode Reason	
	= No Yes	TCA		Private York	No
	44	NCO Entitlement(%)	50		
HURLOSII	-			Accident Type	Side Swipt
Accident Detalls	- House 16 14	Accident Report Within 24 hrs	Yes		Singapore
L LANGE	23/08/2018 1h:34	Time of Accident his min	17:15	Country of Actions	
af Accident	21/08/2018	Drange Force		sce No.	
ting Centra	The second secon				
ent Lacetton	JUNCTION OF KENT RIDGE ROAD/SOUTH BUOK	CA DISTA PLONE			
Benefits			Som Insured		
ráge			9999999999		
sport Allowence					
Excess		2.34X - 15.2 Such	500	Windscreen Excett	100,00
dwm/spe Excess	600,00	Additional Excess		±00.00	
med Driver Excess	93,00	Outside Singapure OD Excess		0.00	
Party Excess	0.00	Outside Singapore TF Excess			
GST Registered Informatio	ari.		GST Registrati	es fluite	
Registered Registered No.	No		GST Stimut Vi		
Reation History					
				0 10 (mm max	SINSAPORE ITHPIT
Policyholder Mailing Addr		Appress 2	#04-03	Address 3	
rest 1	383 PASIS PANIANG ROAD	Address Type	Singapore address	Post Code	118713
iress 4			507741H16D-0Z		
t No		Related Policy Number			
OI Driver Late			Main Driver		
ver North	UUL FOOK MEE	Distant Type	501425440	Driver DOM	63/02/1951
named driver Name		Driver NRIC		Driving Experience	41
gifter Date of Driver License	01/01/1977	Dirtyte Age	67	Cootest No.(Home)	
entact No (Medide)	96359293	Currage flui, (Office)	11400144	Address 3	SINGAPORE 118713
	381 FASIR PANJANG RDAD	Address 2	#04-03	Post Code	119713
dress 1	The state of the s	Address Type	Singapore address	15 m	
Spress 4				Driver Insurer Compar	w wruc
net No.		202-00000001122	SKR5792P	Military Turke As and Assessment	
oci he umn a Simpapura aplatered car? aciaration	Yes + No	priver verticle No.		OSEMA POSTA POR SELECTION DE CASA POR SELECT	
editore cert editorn transprer or Blood Test leading?	Time	Driver Venezia nei: Any Indiay?	765 # No.	O. Lane Co. Lane	
egistered cer? ecleration treatholiser or Blood Test		Potokanov-Trans-2		OS BENEFOCIOS CONTRACTOR DE CO	parameter of the second
ectaration realizatives or Blood Test calling?		Potokanov-Trans-2		OO-HX I Desured Jul FOOK	ART MALE
eclaration reading? codification History Claim 001 New		Potokanov-Trans-2		Curtact	Contact Co
eclaration reading? codification History Claim 001 New		Potokanov-Trans-2		Cantact Cantact No. 8776404	Contact No. (Other)
ederation reamotyper or Blood Test reading? Collins 001 New Collins Type *		Potokanov-Trans-2		96359391 No. 87764041 (Vicinit) C1	Covinet No. 62 (Other)
sciaration reathfuser or Blood Test casting? Claim 001 - New Claim 7/Je * Contact No.(Mobile)		Potokanov-Trans-2		96359393 NS. 67764041 NS. 67764041 NS. 10	Majc Scarlard No. 62 (Office) P Vehicle Number Number Name of Preferred
editorshon breathabuser or Blook Test cesting? todification History	п тө	Any injury?		96359391 No. 87764041 (Vicinit) C1	Ne. Contact No. Co
actaration reading? codification History colors Type * Contact No.(Mobile) Email Address Claim Description Profession	n mg	Any injery?	YAS + NO	Curtact Page	EEE NRJC SEE Contact NS. 52 (HHRH) Vencie Number Name of Preferred Workshop (Date 19
editarion reating/er or Blood Test casing? cialing 001 New Cialing 001 New Contact No. (Mobile) Email Address Claim Description Problemed Wareshop	I mg Insured Liabity Not at	Any injery?	Yes + No	96355199 Curtact PC4056199 PC4056199 PC4056199 PC40562 ON 31 Aug 2018 PC40562 ON 31	Vertice PC Name of Preferred Workshop
eclaration reading? codification History Claim 991 New Contact No. (Mobile) Email 6ddness Claim Description protected	n mg	Any injery?	YAS + NO	96355199 Curtact (90mm) 27764041 (90mm) Cit Cit	ARSC SECONDARY S
sciention reading? codification History Claim 001. [New Count No. (Mobile) Email eddress Claim Description Pasture No. (Mobile) Email eddress Claim Description Pasture No. (Mobile) Triblesson Basture No. (Mobile)	I mg Insured Liabity Not at	Any injery?	YAS + NO	96355199 Curtact PC4056199 PC4056199 PC4056199 PC40562 ON 31 Aug 2018 PC40562 ON 31	EEE NRJC SEE Contact NS. 52 (HHRH) Vencie Number Name of Preferred Workshop (Date 19
inclaration reading? claim 1991 New Claim 1991 New Claim 1991 New County No. (Mobile) Email 6ddness Claim Description Preferred Werkship Pasture for Finalisation Claim Registered	I mg Insured Liabity Not at	Any injery?	YAS + NO	96355199 Curtact (90mm) 27764041 (90mm) Cit Cit	ARSC SECONDARY S
inclaration reathly are are Blood Test casting? Claim 001 New Claim 001 New Contact No.(Mobile) Email Address Claim Description Professor Ves Ves Ves Transaction Claim Registered Regist Taken By	I mg Insured Liabity Not at	Any injery?	YAS + NO	96355199 Curtact (90mm) 27764041 (90mm) Cit Cit	ARSC SECONDARY S
ciaration reathlyser or Blood Test casing? Claim 001 New Claim 001 New Control No.(Mobile) Email Address Claim Description Preferred Workship Sastyer No. Yes Transaction Claim Registered Regist Taken By	I mg Insured Liabity Not at	Any injery?	ves + Re	96355199 Curtact (90mm) 27764041 (90mm) Cit Cit	EEE NRJC SEE Contact NS. 52 (HHRH) Vencie Number Name of Preferred Workshop (Date 19
ideration reathshiper or Blood Test ceding? Claim 991 New Claim 991 New Contact No.(Hobite) Email Address Claim Description Protected Workship Beautor No. Yes Claim Regelered Report Taken By # Prost AK letter	I mg Insured Liabity Not at	Apry Ingery?	ves + Re	96355199 Curtact (90mm) 27764041 (90mm) Cit Cit	ARSC SECONDARY S
cidenation readmativer or Blood Test calling? cidination History Claim 001 New Claim 191 (Mobile) Email Address Claim Description Profession (Ves Tynalisation Calle Registered Report Taken By Print AK letter	Insured Listelly Not at hypercent Depoin Preferred Workship Depoin	Any Injery?	ves = Re cetived Save Subnet	Contact Page	ARISC SECTION OF THE PROPERTY
cidenation readmativer or Blood Test celling? Claim Ost Next Claim Ost Next Claim Description Profession Yes Claim Description Profession Yes Claim Registered Report Taken By # Print AR letter	It may I move and Listely Not at the Preferred Worker Dorton	Apry Ingery?	ves = Re cetived Save Subnet	96355191 Curried (Scott) 96355191 (Scott) 96355191 (Scott) 96355191 (Scott) 96355191 (Scott) 96464 (ARISC SECONDARY
iclaration reamotiver or Blood Test calling? Claim 001 New Claim 001 New Contact No. (Moole) Email Address Claim Description Professor No. (Ves Ves Frank Ak letter Attachment Ve Account No.	Insured Listelly Not at hypercent Depoin Preferred Workship Depoin	Any Injery?	ves = Re conved Save Subnet	96355191 Current 96355191 (No. 1976404) 10 (No. 1976404) 11 (No. 1976404) 12 (No. 1976404)	ARISC SECONDARY
iclaration reamotiver or Blood Test celling? Claim 001 New Claim 001 New Contact No. (Moole) Email Address Claim Description Professor Ves Ves Vinalization Claim Registered Report Taken By # Post AK letter Attachment ye Account No. Last Doc. Boosived	It may It moved Liability Not at the largest Preferred Worker Dorton MT/1308404 Yes © No. Patt 1	Any Injery?	ves = No conved Save Subnet	Carried Carr	ARIC SECONDARY S
inderation reathatreer or Blood Test ceding? Claim 001 Man Claim 001 Man Contact No. (Moote) Email Address Claim Description Producted Workship Description Product No. Cute Registered Report Taken By Parist AR letter Attachment Product No. Last Doc. Beceived Choose File: No file chi	It may It moved Liability Not at the party Preferred Worker Dorton MT/1308404 Yes Who Path *	Any Injery?	ves = Re conved Save Subnet	Carried Carr	April Scale Context No. Scale
cataration reathstreer or Blood Test ceding? Claim 001 New Claim 001 New Contact No. (Moole) Email Address Claim Description Professing Bassign No. Trailsation Custe Registered Report Taken By Account No. Last Doc. Sectived Choose File: No file ch	It may It must all List birty Not at the past Preferenced Workship	Any Injery?	ves = No conved Save Subnet	Carried Carr	ARISC SECONDARY NAME OF CONTROL O
cataration reathstreer or Blood Test ceding? Claim 001 New Claim 001 New Contact No. (Moote) Email Address Claim Description Product No. Claim Description Product No. Claim Registered Report Taken By Account No. Last Doc. Received Choose File No file ch Choose File No file ch	It may It moved List little Not at the part Preference Workship Dopton	Any Injery?	ves = Re conved Save Subnet	Compact Comp	ARISC SECTION AND AND AND AND AND AND AND AND AND AN
cataration reathatever or Blood Test ceding? Claim 001	It may It must all List birty Not at the past Preferred Workship	Any Injery?	socived Subtret	Cartact Page Cartact Page Select Page Cartact Page	ARISC SECONDARY
citaration reathatreer or Blood Test ceding? Claim 001 (New Claim 001 (New Claim 1001 (New Claim 1	It may It must all List birty Not at the past Preferred Workship	Any Injery?	socived Subnet	Cartact Page Cartact Page Select Page	ARISC SECTION AND
claration reathlyser or Blood Test calling? Claim 001 Max Claim 001 Max Claim 1001 Max Choose File No file ch	Innured Listelly Not a party Preferred Workship Dotton MT71208404 * Yes hid Path *	Any Injery?	ocetived Subnet	Cartact Page Cartact Page Cartact Page Cartact Car	Upperson T Normal T N
sciention pratitions or Blood Test leading? Claim 991 May Claim 991 May Claim 1991 May Claim 791e * Executed No. (Mobile) Email eddness Claim Description Preferred Workship Sassier No. Test Traissboon Claim Registered Report Taken By # Brist AR letter Attachment ### Account No. Last Toc. Becrived Choose File No file ch	Innured Listelly Not a party Preferred Workship Dotton MT71208404 * Yes hid Path *	Any Injery?	ocetived Subnet	Cartact Page Cartact Page Cartact Page Cartact Car	Upperson T Normal T N



	Uptraded By/Date Folder Date	Pie	Name	Source Source			
ndes List	\$ (BUKIT MERAH)) on 23 Aug 2018 15:16			SCARAGE W			
3	NAC_SUBIT_MERAN_BOOK?SE NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAN)) on 27 Aug 2018 15:16 NAC_BURIT_MERAN_BOOK?SE NATIONAL ASSESSMENT CENTRE SERVICE	NASC/ Driving License	Normal	565.2018/8-23 683C/ Driving License 2018/8-23			
Į,	NAC_BURIT_MERAH_BOOK76(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 13 Aug 2018 15:58	Photos	Nurrial	Photos 2018-8-23			
	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 22 Aug 2018 15:16:	Photos.	Normal	Photos 3018-0-23			
	NAC_BURST_PERAM_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURST MERAM)) on 23 Aug 2018 15:16	Proms	Normal	Photos 2018-8-23			
6	NAC_BLACIT_MERAM_RODGZE(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAM)) on 22 Aug 2018 15:16	Photos	Normal	Photos 2018-8-23			
W.F	NAC_INHIT_MIRAN_BROBES] NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAN) on 23 Aug 2018 15:17	Photos	Normel	Photos 2018-8-23			
(4)	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 27 Aug 2018 15:17	Photos	Normal	Ongton 2018-8-13			
3	NAC_BURIT_MERAH_800876[NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)] on 23 Aug 2018 15:17	Photos	Romal	Photos 2018-8-23			
90	RAC_BURIT_MERAH_ROOM/SI NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 23 Aug 2018 15:17	Produs.	Normali	Piratos 2018-8-23			
9	NAC_BUXIT_MERAH_BODG76(NATIONAL ASSESSMENT CENTRE SERVICE S (BUXIT MERAH)) on 23 Aug 2018 15/17	Photos	Normal	Photos 2018-8-23			
7	NAC_BUKIT_HERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2016 15-17	Photoe	Normal	Photos 2018-8-23			
	NAC_BUNIT_HERAH_BOOK/6(NATIONAL ASSESSMENT CENTRE SERVICE IS (BUNIT MERAH)) on 23 Aug 2018 15 LT	Priotize	Normal	Protes 2018-8-23			
	NAC_BURIT_MERAM_800076; NATIONAL ASSESSMENT CONTRESERVICE S (BURIT MIRAM) IN 23 Aug 2018 15:17	Phytos	Normal	Frontos 2018-6-21			
	HAC BIRIT MERAN 300676; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAN); on 23 Aug 2018 15:17	Photos	Normal	Photos 2018-8-23			
8	NAC_BURIT_MERAH_BOSE76E NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAH)) on 23 Aug 2016 15:17	Phylips	Normal	Printos 2018-0-23			
¥	NAC_RUNIT_MERAN_BOOK?U NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAN)) on 23 Aug 2018 15/17	Photos	Normal	Photos 2016-6-23			
7	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (NURIT MERAH)) on 13 Aug 2018 15:17	Photos	Normat	Photos 2018-8-23			
	NAC_BURIT_MERAH_BODGT6(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 29 Aug 2018 15 18	Photos	Normal	Pretos 2018-8-23			
	NAC_BURST_M(RAH_888676[NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURST_MERAH)) or 27 Aug 2018 15:18	Photos	Normal	Phutos 2018-8-23			
	NAC_BURIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 23 Aug 2016 15:18	Photos.	Normal	Photos 2018-8-23			

Drapley in New Window | Scan and upleading

ACCIDENT STATEMENT

ACCIDENT DATE: 21 08 2018 (DD/MM/YYY).	TIME: 17:15)(HH:MM)
LOCATION: JUNCTION of Kow Ridge Ro	1 South Bouna Vista Rd
Junction of Kow Riage Ro	1 Julian p
LOCATION.	
DETAILS OF VEHICLE DIVEHICLE NUMBER: SKR 5792 P DINSURANCE COMPANY: NTUC. CIPOLICY NUMBER: DIPOLICY TYPE: [COMPREHENSIVE / THIRD PART E) MAKE & MODEL: House Odysuy: ITYPE: (SALOON / COUPE / MPV / VAN / LORRY G) VEHICLE CATEGORY: [PRIVATE / COMMERCIA h) PURPOSE OF USING AT ACCIDENT TIME: PI II ARE YOU CLAIMING UNDER YOUR OWN INSUR IF NO, PLEASE STATE [THIRD PARTY CLAIM / RE 2. INSURED / POLICY HOLDER A) NAME: LUI FOOK KEE D) NRIC/FIN/PASSPORT: SO / 42544 G C) ADDRESS: 38/ Pager Paryang Rd S. 18713	MOTORCYCLE / OTHERS) AL / MOTORCYCLE) VI VATE RANCE (YES/NO) PORTING ONLY) (MALE / FEMALE) CONTACT: 96359391 # 04-03
· CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER
	_(MALE / FEMALE)
A HO of passing & DRIVER AS ABOUT	
(Including driver) DINRIC/FIN/PASSPORT:	CONTACT:
() CJADDRESS:	-
e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF DRIVING PASS :: 19-08- 4. WAS DRIVER AN EMPLOYEE OF THE INSUIT IF NO, RELATIONSHIP OF THE DRIVER WI 5. DIWEATHER CONDITION: (CLEAR / RAINING / b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO)	RED'S COMPANY? (YES / NO) TH INSURED: OWNER.
IF YES, PLEASE STATE WHICH POLICE STATIO	N:
I I I I I I I I I I I I I I I I I I	
8. THIRD PARTY VEHICLE PC 4068 Z	MODEL:
The state of the s	CONTACT:
c) NRIC/FIN/PASSPORT: SO1671717	CONTACT
1 O THIRD PARTY VEHICLE	MODEL:
d) VEHICLE NUMBER:	JVIQUEL
el DRIVER'S NAME:	CONTACT:
NRIC/FIN/PASSPORT:	
C. C.	

email = michaelfklui@yahoo.com.sg. fax = SHNIGG HOKEDA.OM.SG REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO 142544G





LUI FOOK KEE

吕福基

CHINESE

03-02-1951 M Comy of Birth SINGAPORE









eBao Tech							NO UNIT			Genera	lClaim
Hello, NAC_BUKIT_MERAH	800676		17.000				· Change	Language	• Chang	e Password	Log Out
My Desktop	Poli	cy Query									*
Notice of Loss	Policy N	la.				Date	of Accident		21/08/2018 1	0:23	
	Vehicle	No.(For Motor)	SKR97	92P		Certi	ficate Number	F			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0:	5077418140- 02		LUI FOOK KEE	S0142544G	GPC	drivo PREMIUM	SKR5792	SKR5792P	16/02/2018	15/02/2019
						Continue	1				