

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

May 4/8732663

| | | | |
|---------------------------|---|------------------------|------------|
| Date In: 12/01/2008 15:48 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: N/A/Inc/0018512/4 | E-mail (within 8hrs, AIC 2hrs): | | |
| Veh No: GBC 565DE | i-Motor Claim Form: mt/1015351-002 | | 13/01/2008 |
| DOA: 10/01/2008 15:58 | i-Motor W/O (Within: OD 2hrs, TP 4hrs): | | 15:31 |
| OD: TP Reporting Only | 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: SP17AR

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

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

N/A/806535

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

12/01/2008

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 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. 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 | 12/10/2018 15:48 |
| Date Of Accident | 10/10/2018 15:55 |
| Exact Location Of Accident | CLEMENTI MALL LOADING AND UNLOADING BAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBG5650E |
| Insured/Policyholder | |
| Name Of Registered Owner | MONKEY EXPRESS LLP |
| Co Reg No | T17LL1708G |
| Email Address | KELVIN_95@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91507553 |
| Alternative Phone No | OFFICE-91507553 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | DELIVER GOODS |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5093692280-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHUA XIANG YI KELVIN |
| NRIC No | S9523809B |
| Date Of Birth | 07/06/1995 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/06/2014 |
| Driving Experience | 4 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91507553 |
| Fax Number | |
| Contact Number | OTHERS-91507553 |
| Email Address | KELVIN_95@HOTMAIL.COM |

| | |
|---|--|
| Address | BLK 148 BUKIT BATOK WEST AVENUE 6 #11-321 |
| Postcode | 650148 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | RAINING |
| 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 ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SJP179R |
| Vehicle Make/Model/Colour | MERCEDES BENZ |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE CHIN CHIN |
| NRIC/Passport Number | S75005841 |
| Contact Number | 98894820 |
| 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.

X

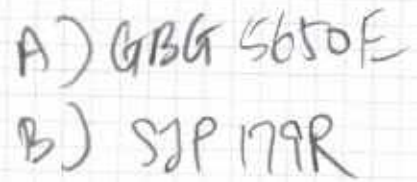
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/10/2018 12.01 p.m.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Current MALL workers / UNLOADED Boy



I was delivering goods at Clementi mall, left for exit after delivering with remaining goods inside my vehicle.

As I was exiting the ~~to~~ loading bay, the other party's vehicle came into contact with me. I checked that there was a clear distance for me to go and proceeded after. There are humps at the exit of the loading/unloading area so I had to slow down before exiting and there were fragile goods in the van. The other party's exit was from the mall's carpark a straight road, one direction.

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

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 12/10/2018 17

Reporting Centre Personnel's Signature
Name: Rafiqi
NRIC/FIN No: 97010100000

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (LLP) of MONKEY EXPRESS LLP (T17LL1708G)

Date: 29/08/2017

The Following Are The Brief Particulars of :

| | |
|----------------------------|--|
| Name of LLP | MONKEY EXPRESS LLP |
| Former Name(s) if any | |
| Registration No. | T17LL1708G |
| Registration Date | 29/08/2017 |
| Status | Live |
| Status Date | 29/08/2017 |
| Registered Office Address | 530D PASIR RIS DRIVE 1 #13-408 PASIR RIS ONE SINGAPORE (514530) |
| Date of Change of Name | |
| Date of Change of Address | |
| Date of Annual Declaration | |

Principal Activities

| | |
|-----------------|--|
| Activities (I) | GENERAL WHOLESALE TRADE (INCLUDING GENERAL IMPORTERS AND EXPORTERS) (46900) |
| Description | |
| Activities (II) | |
| Description | |

Particulars of Partner(s)

| Name | ID | Nationality | Address | Date of Appointment | Source of Address |
|-------------------------------------|-----------|-------------------|--|---------------------|-------------------|
| CHUA WOON ANN, ELVIN (CAI EN'AN) | S8723235B | SINGAPORE CITIZEN | 530D PASIR RIS DRIVE 1 #13-408 PASIR RIS ONE SINGAPORE (514530) | 29/08/2017 | ACRA |
| CHUA WOON PENG, EUGENE (CAI ENPING) | S8505894H | SINGAPORE CITIZEN | 634B SENJA ROAD #23-231 SENJA GATEWAY SINGAPORE (672634) | 29/08/2017 | ACRA |

Particulars of Manager(s)

| Name | ID | Nationality | Address | Date of Appointment | Source of Address |
|------|----|-------------|---------|---------------------|-------------------|
| | | | | | |

INFORMATION RESOURCES

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Business Profile (LLP) of MONKEY EXPRESS LLP (T17LL1708G)

Date: 29/08/2017

Particulars of Manager(s)

| Name | ID | Nationality | Address | Date of Appointment | Source of Address |
|-------------------------------------|-----------|-------------------|--|---------------------|-------------------|
| CHUA WOON ANN, ELVIN (CAI EN'AN) | S8723235B | SINGAPORE CITIZEN | 530D PASIR RIS DRIVE 1 #13-408 PASIR RIS ONE SINGAPORE (514530) | 29/08/2017 | ACRA |
| CHUA WOON PENG, EUGENE (CAI ENPING) | S8505694H | SINGAPORE CITIZEN | 634B SENJA ROAD #23-231 SENJA GATEWAY SINGAPORE (672634) | 29/08/2017 | ACRA |

Particulars of Public Accounting Employee(s)

| Name | ID | Nationality | Address | Date of Appointment | Source of Address |
|------|----|-------------|---------|---------------------|-------------------|
|------|----|-------------|---------|---------------------|-------------------|

Withdrawn Partner(s)

| Name | ID | Nationality | Address | Date of Appointment | Date of Withdrawal | Source of Address |
|------|----|-------------|---------|---------------------|--------------------|-------------------|
|------|----|-------------|---------|---------------------|--------------------|-------------------|

Withdrawn Manager(s)

| Name | ID | Nationality | Address | Date of Appointment | Date of Withdrawal | Source of Address |
|------|----|-------------|---------|---------------------|--------------------|-------------------|
|------|----|-------------|---------|---------------------|--------------------|-------------------|

Withdrawn Public Accounting Employee(s)

| Name | ID | Nationality | Address | Date of Appointment | Date of Withdrawal | Source of Address |
|------|----|-------------|---------|---------------------|--------------------|-------------------|
|------|----|-------------|---------|---------------------|--------------------|-------------------|

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF LIMITED LIABILITY PARTNERSHIPS
SINGAPORE

RECEIPT NO. : ACRA170829085653 (Free Business Profile by ACRA)

DATE : 29/08/2017

This is computer generated. Hence no signature required.

Claim Handling

Accident MT/1015351

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5093692280-01 | Vehicle No. | GBG5650E | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | MONKEY EXPRESS LLP | | | Policyholder NRIC |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KPK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|--------------------------------------|-------------------------------|-------|---------------------|
| Report Date | 12/10/2018 09:54 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 10/10/2018 | Time of Accident hh:mm | 15:45 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | ALONG CLEMENTI SHOPPING MALL CARPARK | | | |

▼ Excess

| | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|--|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | 12/10/2018 17:04:58 Deborah Mui changed GST Status Verified from No to Yes | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 530D #13-408 | Address 2 | PASIR RIS DRIVE 1 | Address 3 |
| Address 4 | SINGAPORE 514530 | Address Type | Singapore address | Post Code |
| Unit No. | 13-408 | Related Policy Number | 5094549206-01 | |

▼ OI Driver Info

| | | | |
|---|---|---------------------|--------------------|
| Driver Name | | Driver Type | |
| Unnamed driver Name | | Driver NRIC | |
| Register Date of Driver License | | Driver Age | |
| Contact No.(Mobile) | | Contact No.(Office) | |
| Address 1 | | Address 2 | |
| Address 4 | | Address Type | Foreign address |
| Unit No. | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | |
| | | | Driver Insurer Com |

Modification History

Claim 002 OD-MX New

| | | | |
|-------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | MONKE |
| Contact No.(Mobile) | 98448123 | Contact No. (Home) | |
| Email Address | | OJ Vehicle Number | GBG5650E |
| Claim Description | GBG5650E / SJP179R ON 10 Oct 2018 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Damage No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | | |

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1015351

Claim No. 002

Last Doc Received ☒ Yes ☐ No

Upload Date 13/10/2018 15:31

Patch *

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

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Confidential

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|--|--|-----------------------|---------|-----------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 15:31 | SAS | Normal | SAS 21 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 15:31 | NRIC/ Driving License | Normal | NRIC/ Driving L |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Oct 2018 15:45 | Photos | Normal | Photos 2 |

Video List

| Uploaded By/Date | Folder Date | File Name |
|--|-------------|-----------|
| Display in New Window Scan and uploading | | |

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 10 / 2018 (DD/MM/YYYY), TIME: 15 : 55 (HH:MM)

LOCATION: Clementi Mall Loading/Unloading Bay

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4B4 5650 E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5093
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Hiace
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery of goods
 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: MAURICE EXPRESS UP (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 7711129 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chua Xiang Yi Kelvin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S4523809B CONTACT: 9150 7553
 c) ADDRESS: Blk 148 Bukit Batok West Ave 6 Street 11 S650148

* d) DATE OF BIRTH: 07 / 06 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24 June 2014

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: _____)

b) ROAD SURFACE: DRY / WET / OTHERS: _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJP 179 R MODEL: Mercedes E200
 b) DRIVER'S NAME: Lee Chin Chin
 c) NRIC/FIN/PASSPORT: S7500584 I CONTACT: 9889 4820

9. THIRD PARTY VEHICLE

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

EMAIL = kelvin_95@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9523809B



Name

CHUA XIANG YI KELVIN

蔡 亨 益

Race

CHINESE

Date of birth

07-06-1995

Sex

M

Country of birth

SINGAPORE

S9523809B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9523809B

Name

CHUA XIANG YI KELVIN

Birth Date: 07 Jun 1995

Issue Date: 24 Jun 2014



002318564A



4583237

NRIC No. S9523809B



Date of issue

26-05-2010

Address

APT BLK 148 BUKIT BATOK WEST AVENUE 6
#11-321
SINGAPORE 650148

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 24 Jun 2014



Licence No: S9523809B

NP 400A

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="10/10/2018 12:12"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBG5650E"/> | 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"/> | 5093692280-01 | | MONKEY EXPRESS LLP | T17LL1708G | GCV | Comprehensive | GBG5650E | GBG5650E | 26/09/2018 | 25/09/2019 |