

# NATIONAL Assessment Centre Services

(wef 1 Jan 2013)

NA/806626

Date In: 15/10/2018 17:12	Job description	Date & Time Completed	Done by
Ref No: NA/2018/806626/4	SAS e-filing		
Veh No: 9477H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/10/2018 22:00	i-Motor Claim Form	NA/1015763-001	15/10/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12.18
	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: 8H 8126H	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

NA/806626

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2013)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fees Charged	
	Invoice dated	Fees Charged	

Pat 1:

Pat 2 / 3:

NA/806626

## 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	15/10/2018 17:12
Date Of Accident	12/10/2018 22:00
Exact Location Of Accident	ENTRANCE OF AUSTRALIAN EMBASSY ,NAPIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9477H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN CHONG MING (CHEN ZHONGMING)
NRIC No	S8619452Z
Email Address	CHONGMING.CHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84881000
Alternative Phone No	OFFICE-84881000

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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
Fleet Policy	NO
Policy Number	5091609223-01
Cover Note Number	

### Driver

Name of Driver	CHAN CHONG MING (CHEN ZHONGMING)
NRIC No	S8619452Z
Date Of Birth	22/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84881000
Fax Number	
Contact Number	OFFICE-84881000
Email Address	CHONGMING.CHAN@GMAIL.COM



Address	BLK 22 GHIM MOH LINK #36-208
Postcode	2710252
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 - CHANGE/CROSS LANE
Weather Conditions	SLIGHT DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181013/2065 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SH8126H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG CHOON LAN
NRIC/Passport Number	S1621825A
Contact Number	93820601
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHAN CHONG MING (CHEN ZHONGMING)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH9477H
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: 15/10/2018,  
1430 hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time:



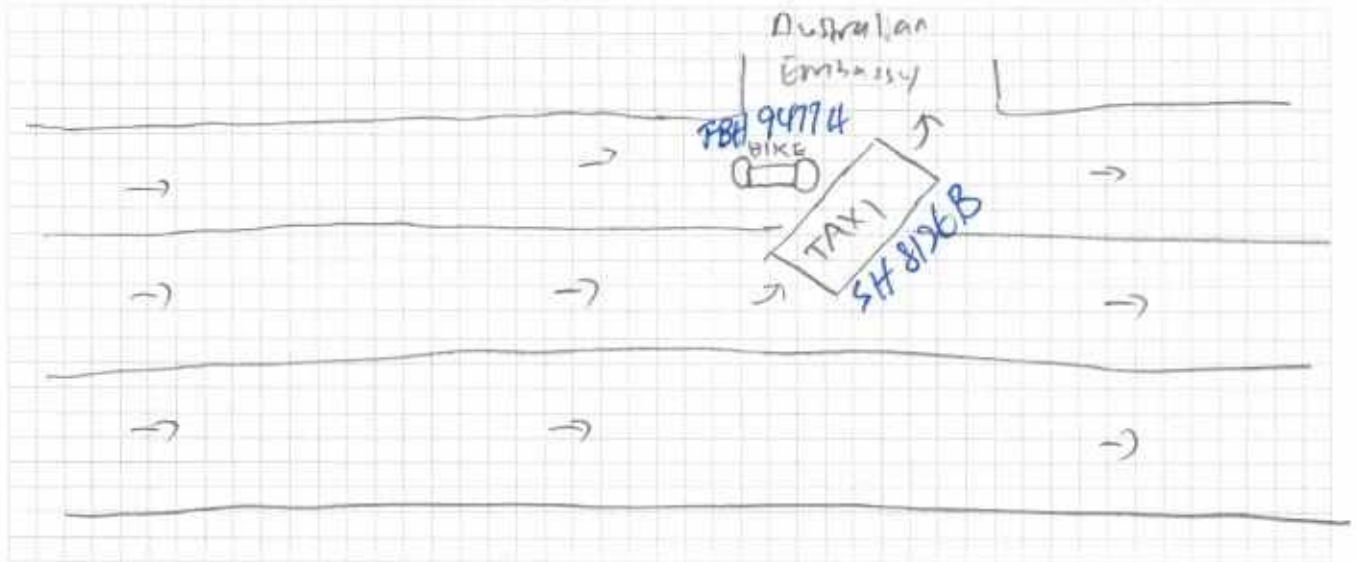
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Napier Road at the foremost left lane, and as I was near the Australian Embassy, a blue Comfort taxi which was in the middle lane, suddenly made a left turn into the Embassy. I had no time to react as it happened too fast, and I subsequently crashed into the taxi's left rear, near the passenger window. I was thrown off my motorcycle and flying forwards. As a result, I had abrasions and bruises on my body. There were 2 or 3 Caucasian passengers inside the taxi, and they came down to assist me, and at that point, they had no visible injuries on them. An ambulance and 2 TP officers arrived at the scene.

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 15/10/2018  
 1430hrs.

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name: 15/10/2018  
 NRIC/FIN No.: Rosh Umair



# SINGAPORE POLICE FORCE



T/20181013/2065

1 of 3

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

Report No. T/20181013/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/10/2018 12:39	Vide Report No.:	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: CHAN CHONG MING	Address: APT BLK 22 GHIM MOH LINK #36-208 SINGAPORE 271022		
ID Type / ID No.: NRIC NO / S8619452Z	Contact No.: Home/Office: Mobile: 84881000		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 32	Date of Birth: 22/07/1986	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Insurance Agent	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2018 22:00	Type of Location: Straight Road
Location: Along Road 1 NAPIER ROAD				
Along Napier Road just outside Australian Embassy				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9477H	Motorcycle	YAMAHA	X-1R	Black	Seriously Damaged	0
SH8126B	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9477H	NTUC Income Insurance Co-Operative Limited	5091609223-01	25/04/2018	24/04/2019





Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

Report No. T/20181013/2065

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CHAN CHONG MING	ID No.	S8619452Z
Related Vehicle	FBH9477H (Motorcycle)	Contact No.	84881000
Hospital/Clinic	Northeast Medical Group	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Person 2</b>			
Name	Unknown	ID No.	NIL
Related Vehicle	SH8126B (Car)	Contact No.	93820601
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 12/10/2018 in between 2200hrs and 2230hrs, I was riding along Napier road at the foremost left last lane. As I was near the Australian Embassy, a Blue colour Comfort Taxi which was in the middle lane, suddenly took a left turn, to turn into the Australian Embassy. I had no time to react as it happened too fast and I subsequently hit onto the Taxi's left side near to the passenger door. Due to the accident, I had abrasions and bruises on my body. My bike had damages amounting to about S\$2000/- There were 2 to 3 Caucasian passengers inside the Taxi and at that point of time there were no visible injuries on them. Ambulance and Traffic Police were at scene. The Taxi driver informed me that she wants to have a private settlement however she had not answered my call till now.





**SINGAPORE  
POLICE FORCE**



T/20181013/2065

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

3 of 3

Report No. T/20181013/2065

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sr Staff Sgt VIGNESWARAN MEENATCHI  
SUNDARAM SHANMUGANATHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65476355

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/10/2018 12:39

Classification Of Case:

## Claim Handling

Accident MT/1015763

Policy No.	5091609223-01	Vehicle No.	FBH9477H	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN CHONG MING				
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Policyholder NRIC	586194522
Contact No.(Mobile)	84881000	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
SRK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCK	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	<input type="text" value="No"/>
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
				Private Hire	No

Report Date	15/10/2018 18:14	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	12/10/2018	Time of Accident hh:mm	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENTRANCE OF AUSTRALIAN EMBASSY, NAPIER ROAD				

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		No	GST Registration Date	
GST Registration No.			GST Status Verified	Yes
Modification History				

## Policyholder Mailing Address

Address 1	BLK 22 #36-208	Address 2	GHM MOH LINK	Address 3	SINGAPORE 271022
Address 4		Address Type	Singapore address	Post Code	271022
Unit No.		Related Policy Number	5103664718		

## OT Driver Info

Driver Name	CHAN CHONG MING	Driver Type	Main Driver	Driver DOB	22/07/1986
Unnamed driver Name		Driver NRIC	586194522	Driving Experience	13
Register Date of Driver License	01/10/2008	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	84881000	Contact No.(Office)		Address 3	SINGAPORE 271022
Address 1	BLK 22 #36-208	Address 2	GHM MOH LINK	Post Code	271022
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	FBH9477H	Driver Insurer Company	NTUC

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

## Modification History

Claim 001 ☒ New

Claim Type *	OD-MX	Insured Name	CHAN CHONG MING	Insured NRIC	586194522
Contact No.(Mobile)	84881000	Contact No.(Home)		Contact No.(Office)	
Email Address	chongming.chan@gmail.com	GT	FBH9477H	TP	
Claim Description	FBH9477H / SH8126H ON 12 Oct 2018			Vehicle Number	SH8126H
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Refused No. Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Refused Reason	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2018 18:17	Claim Close Date		Date Received	15/10/2018
Report Taken By	ROSALI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1015763	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/10/2018 18:18
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Desc
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MFRAH_800576( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:18		Photos	Normal	Photos 2018-10-15	





NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:18	Photos	Normal	Photos 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:18	Photos	Normal	Photos 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:18	Photos	Normal	Photos 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:18	Photos	Normal	Photos 2018-10-15
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:18	Photos	Normal	Photos 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:17	Photos	Normal	Photos 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:17	Photos	Normal	Photos 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:17	Photos	Normal	Photos 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:17	Photos	Normal	Photos 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Oct 2018 18:17	SAS	Normal	SAS 2018-10-15

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 12/10/2018 (DD/MM/YYYY), TIME: 22:00 (HH:MM)

LOCATION: ENTRANCE OF AUSTRALIAN EMBASSY, NAPIER ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: TRH9477H  
 b) INSURANCE COMPANY: NTUC INCOM  
 c) POLICY NUMBER: 5091609223-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA XJR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY  
 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: CHAN CHONG MING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S86194522 CONTACT: 84281020  
 c) ADDRESS: BLK 22 SHIM MOH LINK #26-208, 271022

\* 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: 22/07/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/10/2005

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS SLIGHT DRIZZLE)  
 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: DOVER NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 8126B MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: NG CHOW LAN  
 c) NRIC/FIN/PASSPORT: S1621825A CONTACT: 93220601

## 9. THIRD PARTY VEHICLE

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

EMAIL = chongming.chan@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8619452Z



Name

CHAN CHONG MING  
(CHEN ZHONGMING)

陳鍾銘

Race

CHINESE

Date of birth

22-07-1986

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8619452Z

Name

CHAN CHONG MING  
(CHEN ZHONGMING)

Birth Date: 22 Jul 1986

Issue Date: 31 Oct 2005



5736906



NRIC No: S8619452Z



Date of issue

02-05-2017

Address

APT BLK 22 GHIM MOH LINK  
#36-208  
SINGAPORE 271022

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Motorcycles	Motor cars
Class 1B	Motorcycles <= 200 CC	
Class 1A	Motorcycles between 201 CC and 400 CC	
Class 2	Motorcycles > 400 CC	
Class 3		Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

31 Oct 2005

26 Feb 2006

18 Jan 2007

15 Jan 2018

S8619452Z

S / No. 9000312342

P 428A



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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/10/2018 17:09"/>							
Vehicle No.(For Motor)	<input type="text" value="FBH9477H"/>	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"/>	5091609223-01		CHAN CHONG MING	58619452Z	GMC	Third Party	FBH9477H	FBH9477H	25/04/2018	24/04/2019
<input type="button" value="Continue"/>										