

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 22/10/2008 11:34 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/NICE/0916514 | SAS e-billing | | |
| Veh No: FBN 1552 U | E-mail (include this, AIC this) | | |
| D.O.A: 20/10/2008 09:49 | 1-Motor Claim Form | MA11016718-001 | 22/10/2008 |
| OD: TP (Reporting Only) | 1-Motor W/O (Whichever this TP entry) | | 10:30 |
| TP Insured: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass'n Report by Fax/Hand to Owner/Whsp | | |

Preferred Wksp / INC Assign Wksp / OWI () Tel: () Fax: ()

TP Particulars: Yeh No: **876 9716D** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BSL 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 later of repair.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: **INC apply to 578810015** 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: _____

| Order Time | Action |
|------------|--------|
| | |
| | |
| | |
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| | |

| | Invoice Breakdown/Circuits | Units | Rate | Total |
|------------------------------|---|-------|------|-------|
| NA1806833 | 1) AR: Accident Reporting (\$20) | | | |
| Customer/Owner: | 2) DA: Damage Assessment (\$190) INC (\$20) | | | |
| Contact No: | 3) TP: Towing Fee \$10/\$43 | | | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | | | |
| Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$20 | | | |
| | Total Invoice against INC Only (w/ 10 Jan 2008) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) NI: 1st DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services | | | |
| | 9) NI: 1st DA Mobile | | | |
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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 | 22/10/2018 17:34 |
| Date Of Accident | 20/10/2018 09:45 |
| Exact Location Of Accident | 100G PASIR PANJANG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBN1552U |
| Insured/Policyholder | |
| Name Of Registered Owner | NG SIU KEONG |
| NRIC No | S6830385J |
| Email Address | VINCYBABY1@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87224414 |
| Alternative Phone No | OFFICE-87224414 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | KTM |
| Model | 1290 SUPER ADVENTURE S |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5102703967 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NG SIU KEONG |
| NRIC No | S6830385J |
| Date Of Birth | 20/08/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/12/1992 |
| Driving Experience | 25 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87224414 |
| Fax Number | |
| Contact Number | OFFICE-87224414 |
| EMail Address | VINCYBABY1@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 673C YISHUN AVENUE 4 #07-668 |
| Postcode | 763673 |
| 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 | |
| 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 | SHB9716D |
| Vehicle Make/Model/Colour | RENAULT |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | AW CHEE KIONG |
| NRIC/Passport Number | S2613480C |
| Contact Number | 97913808 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 22/10/18

Driver's Signature

(If driver is not the policyholder)

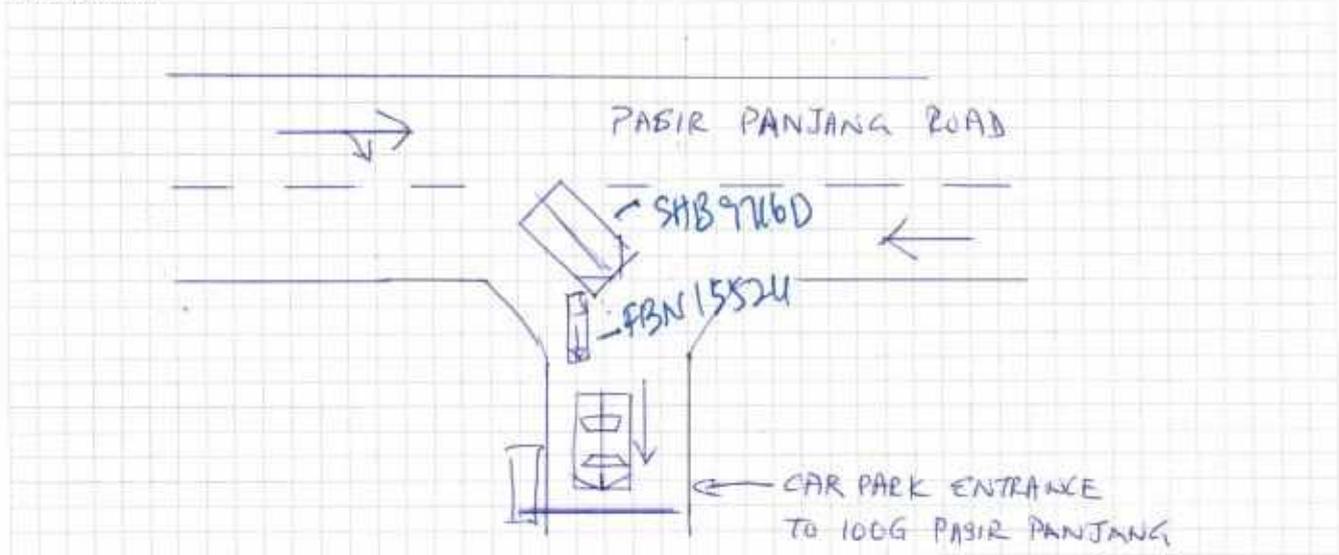
Date & Time: 22/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, NA SIKKEONG OF VEHICLE FBN1552U

JUST TURN INTO CAR PARK ENTRANCE AND WAS WAITING FOR THE FRONT VEHICLE TO CLEAR THE CAR PARK GANTRY. JUST BEFORE I MOVE OFF, VEHICLE SHB9716D DRIVEN BY AW CHEE KIONG HIT ME ON THE LEFT REAR AND CAUSE ME TO FALL ONTO MY RIGHT AND CAUSING DAMAGED TO MY VEHICLE

DECLARATION

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

 Policyholder's Signature
 Date & Time: 22/10/18

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 22/10/18

 Reporting Centre Personnel's Signature
 Name: Reshwan Joo
 NRIC/FIN No.: 2210/2018

Claim Handling

Accident HT/1016715

| | | | | | |
|---------------------|---------------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 5102703967 | Vehicle No. | FBN1552U | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | NG SUI KEONG | | | Policyholder NRIC | 568303851 |
| Product Code | MOTDRCYCL INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 97913808 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Social Remark | | eCode | No |
| UPI | + No Yes | TCA | + No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-------------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 23/10/2018 10:15 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 22/10/2018 | Time of Accident hh:mm | 09:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 1000 PASIR PANJANG ROAD | | | | |

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|--|-------------------|--|
| Own damage Excess | 1,000.00 | 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 | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|---------------------|
| Address 1 | BLK 673C #07-688 | Address 2 | YISHUN AVENUE 4 | Address 3 | FERN GROVE @ YISHUN |
| Address 4 | SINGAPORE 763673 | Address Type | Singapore address | Post Code | 763673 |
| Unit No. | 07-688 | Related Policy Number | 5102703967 | | |

O1 Driver Info

| | | | | | |
|---|------------------|---------------------|-------------------|------------------------|---------------------|
| Driver Name | NG SUI KEONG | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | 568303851 | Driver DOB | 20/09/1968 |
| Register Date of Driver License | 06/03/1990 | Driver Age | 50 | Driving Experience | 28 |
| Contact No.(Mobile) | 97913808 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 673C #07-688 | Address 2 | YISHUN AVENUE 4 | Address 3 | FERN GROVE @ YISHUN |
| Address 4 | SINGAPORE 763673 | Address Type | Singapore address | Post Code | 763673 |
| UPI No. | 07-688 | | | | |
| Does he own a Singapore Registered car? | Yes + No | Driver Vehicle No. | FBN1552U | Driver Insurer Company | NTUC |

Declaration

| | | | |
|-------------------------------------|------|-------------|----------|
| Breathalyser or Blood Test Reading? | 3 mg | Any Injury? | Yes + No |
|-------------------------------------|------|-------------|----------|

Modification History

Claim 001 **New**

| | | | | | |
|---------------------------|------------------------------------|-------------------|----------------------------------|---------------------|----------|
| Claim Type * | DD-MK | Insured Name | NG SUI KEONG | Insured NRIC | 56830 |
| Contact No.(Mobile) | 87224414 | Contact No.(Home) | 87826334 | Contact No.(Office) | |
| Email Address | | U1 Vehicle Number | FBN1552U | TP Vehicle Number | 5HB97 |
| Claim Description | FBN1552U / 5HB97L6D ON 22 Oct 2018 | | | | |
| Preferred Workshop | | Insured Liability | Not at Fault | GIA report | Received |
| Excluded No. Finalisation | Yes | Repair Option | Preferred Workshop, Name unknown | | |
| Date Registered | 23/10/2018 10:28 | Claim Close Date | | Date Received | 23/10 |
| Report Taken By | ROBLI WANAS | | | | |
| Print AK letter | | | | | |
| Save Submit | | | | | |

Attachment

| | | | |
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| Accident No. | HT/1016715 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 23/10/2018 10:30 |
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| Choose File | No file chosen | Clear | Category * |
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Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30 | | Photos | Normal | Photos 2018-10-23 |



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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30 | Photos | Normal | Photos 2018-10-23 |
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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30 | Photos | Normal | Photos 2018-10-23 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-10-23 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 10:30 | SAS | Normal | SAS 2018-10-23 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 20/10/2018 (DD/MM/YYYY), TIME: 09:44 (HH:MM)

LOCATION: 160.6 Pasir Pangray Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBW 1552U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KTM 1290 SUPER ADVENTURE S
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: AN CHEE KIONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2613480C CONTACT: 9791 3808
c) ADDRESS: BIL 745 JURONG WEST STREET 73
SINGAPORE 640745

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AN CHEE KIONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2613480C CONTACT: 9791 3808
c) ADDRESS: BIL 745 JURONG WEST STREET 73
SINGAPORE 640745

*d) DATE OF BIRTH: 28/9/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31 Jul 2004

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)

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: S4B 9716 D MODEL: RENAULT
b) DRIVER'S NAME: AN CHEE KIONG
c) NRIC/FIN/PASSPORT: S2613480C CONTACT: 9791 3808

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)

No of passengers
(including driver)

EMAIL = vincybaby1@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6830385J



Name
NG SIU KEONG

吳兆強

Race
CHINESE
Date of birth
20-08-1968 M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of NG SIU KEONG

Licence Number: S6830385J
Name: NG SIU KEONG
Birth Date: 20 Aug 1968
Issue Date: 10 Nov 2003

Barcode: 000990660H

4017855



NRIC No. S6830385J



Date of issue
19-03-2007

APT BLK 873C YISHUN AVENUE 4 #07-808
SINGAPORE 763673

NRIC No. S6830385J Date: 28/05/2018

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

| | PASS DATE |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc | 06 Mar 1990 |
| Class 2A Motorcycles between 201 cc and 400 cc | 06 Mar 1990 |
| Class 2 Motorcycles exceeding 400 cc | 16 Dec 1992 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 23 Jul 1986 |
| Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 22 Nov 1996 |

NP 428A



Licence No: S6830385J

My Desktop
Notice of Loss

Policy Query

| | | | |
|------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="20/10/2018 12:08"/> |
| Vehicle No.(For Motor) | <input type="text" value="FBN1552U"/> | Certificate Number | <input type="text"/> |

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|-----------------|---------------|-------------|
| <input type="radio"/> | 5102703967 | | NG SIU KEONG | S68303953 | GMC | Comprehensive | FBN1552U | Virtual Insured | 26/07/2018 | 25/07/2019 |

Continue

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: MMA4(8137161) Vehicle Registration No: FBM 1552U
 Name (as shown in NRIC): NG SIU KWONG NRIC/FIN/Passport No.: S6820885J
 (*Vehicle Driver / Vehicle Owner)(* Please delete as appropriate)
 Address: _____ Singapore()
 Contact (Tel): _____ Mobile No.: 97913808
 Email Address: _____
 Date of Accident: 20/10/2018 Time of Accident: 09:45
 Place of Accident: 1009 PAIR PONTANG ROAD
 Insurance Company: NAC

(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:

- ① DISBURSED ADDRESS
 - ② BIKE MODEL
-
-
-
-
-
-
-
-
-
-

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 23/10/2018

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 : MM448137161-01 Vehicle Registration No: FBN 15524
 Name (as shown in NRIC) : NG SIA KUNNY NRIC/FIN/Passport No : S5880885J
 (*Vehicle Driver / Vehicle Owner) (*). Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : ~~87224414~~ 87224414
 Email Address : _____
 Date of Accident : 20/08/2018 Time of Accident : 09:45
 Place of Accident : 100 G PARK PARKWAY ROAD
 Insurance Company : NMC

(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:

DATE OF BIRTH 20/08/1968
PHONE NUMBER 87224414
ADDRESS YISHUN AVE 4

Policyholder / Driver's Signature
Date:


 Reporting Centre Personnel's Signature
 Name: Poh Nanyang
 NRIC/FIN No.: _____
 Date: 23/08/2018