

NATIONAL Assessment Centre Services.		Date & Time Completed		Done by	
Date In: 05/11/2018 09:35	Job description: SAS e-filing				
Ref No: NPA/INC18010020/V	E-mail (within 8hrs, AIC 2hrs)				
Veh No: CBC 8277B	I-Motor Claim Form	M/1018449-001		05/11/2018 14:53	
D.O.A: 02/11/2018 09:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)				
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: Ym 5559H	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%. P: 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)					
1) Apply for Transport Allowance ( ) / Courtesy Car ( )					
2) QC Check / Post Repair Inspection ( )					
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )					
Injury: ( )					
Date/Time: ( )					
Actions: ( )					
Claimant's Particulars:					
Driver/Owner: ( )					
Contact No: ( )					
Damaged Portion: ( )					
QC Checked by (Engr-In-Charge): ( )					
Auditors' Comments: ( )					
Tel: ( )					
2 / 3					



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	05/11/2018 09:35
Date Of Accident	02/11/2018 09:45
Exact Location Of Accident	AT 31 JURONG PORT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8277B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WU SIQUAN
Passport No/FIN	G8456640W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83553511
Alternative Phone No	OTHERS-83553511

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-123CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5072352192-03
Cover Note Number	

### Driver

Name of Driver	WU SIQUAN
Passport No/FIN	G8456640W
Date Of Birth	29/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83553511
Fax Number	
Contact Number	OTHERS-83553511
Email Address	NOEMAIL

Address	23 TELOK BLANGAH CRESCENT #01-30 MOUNT FABER VIEW
Postcode	090023
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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 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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181103/2064

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM5559H
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## 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.

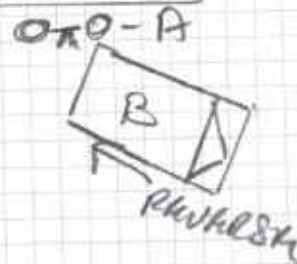
WU SI QIAN  
Policyholder's Signature  
Date & Time:

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

06/11/2018  
Reporting Centre Personnel's Signature  
Name: Rafli Hassan  
NRIC/FIN No.:

SKETCH PLAN

31 JURONG PORT ROAD



A) FBC 8277B

B) YM 5559H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02/12/2018 AT ABOUT 09:45 I WAS AT 31 JURONG PORT ROAD TO SEND DOC AND PARK MY BIKE FBC 8277B & A/F DELIVERY WHEN I RTN TO MY BIKE I SAW A LORRY YM 5559H BANG MY BIKE. THE DRIVER CAME DOWN & OFFER ME \$50/- BUT I REFUSE BECAUSE THE DAMAGE OF MY BIKE BADLY DAMAGE. THE SECURITY ASK THE DRIVER TO PARK PROPERLY BUT HE JUST DROVE OFF THAT ALL.

POLICE REPORT T/20181103/2064

DECLARATION

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

WU SI QUAN  
Policyholder's Signature  
Date & Time:

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

05/11/2018  
Reporting Centre Personnel's Signature  
Name: Rishi Vardan  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20181103/2084

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20181103/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2018 13:17	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars				
Name of Informant: WU SIQUAN			Address: 23 TELOK BLANGAH CRESCENT #11-30 MOUNT FABER VIEW SINGAPORE 090023	
ID Type / ID No.: FIN NO / G8456640W			Contact No.: Home/Office:	Mobile: 83553511
Nationality: CHINESE			Email:	
Sex: Male	Age: 33	Date of Birth: 29/07/1985	Type of Informant: Rider	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B	Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/11/2018 09:50	Type of Location: Car Park
Location: Along Road 1 JURONG PORT ROAD				
At the vicinity of RS Components Pte Ltd, 31 Jurong Port Road #01-01/09 (PC: 619115), Level 1 Car Park (Unit 8)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8277B	Motorcycle	YAMAHA	YBR125	Grey	Totally Damaged	0
YM5559H	Lorry				No Damage	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20181103/2064

2 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20181103/2064

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC8277B	NTUC Income Insurance Co-Operative Limited	5072352192-03	24/07/2018	23/07/2019

Limited

Details of Person Involved				
Any Pedestrian Involved: No			Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL				
Rider				
Name	WU SIQUAN		ID No.	G8456640W
Related Vehicle	FBC8277B (Motorcycle)		Contact No.	83553511
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 02/11/2018 at about 0945hrs, I parked my Motorcycle bearing the License Plate: FBC8277B at 31 Jurong Port Road #01-01/09 Car Park (Level 1, Unit 8) to deliver mails to RS Components Pte Ltd. After making my deliveries which lasted for about 2 minutes, I came out of the office wanting to retrieve my Motorcycle when I witnessed a lorry bearing the License Plate: YM5559H making a reverse and knocked on to my Motorcycle which was parked stationery.

I wish to state that I did not managed to exchange particulars with the lorry driver and I wish to state that there was no one injured, no pedestrian was involved, no government property was damaged and no ambulance or traffic police came to attend the traffic accident. I also wish to stated that I have no in-car camera installed on my bike however there is CCTV at the Car Park.

I am lodging this report for insurance claim.





**SINGAPORE  
POLICE FORCE**



T/20181103/2064

3 of 3

Report No. T/20181103/2064

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**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 /  
Sgt 3 MUHAMMAD HAIQAL BIN AZMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

WU SI QUAN

Date/Time:  
03/11/2018 13:17

Classification Of Case:



## Claim Handling

Accident MT/1018448

Policy No.	5072352192-03	Vehicle No.	FBC82778	GST Registration No.	
Certificate No.				Policyholder NRIC	GB45640W
Policyholder Name	WU SIQUAN	Cover Type	Third Party	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	83553511	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
KPI	No Yes	HCO Endowment(%)	20	Private Hire	No
NCD Protection	No				
<b>Accident Details</b>					
Report Date	05/11/2018 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	02/11/2018	Time of Accident (h:mm)	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT 31 JURONG PORT ROAD				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 23 # 11-30	Address 2	TELOK BLANGAH CRESCENT	Address 3	MOUNT FABER VIEW
Address 4	SINGAPORE 090023	Address Type	Singapore address	Post Code	090023
Unit No.	04-03	Related Policy Number	5072352192-03		
<b>01 Driver Info</b>					
Driver Name	WU SIQUAN	Driver Type	Main Driver	Driver DOB	29/07/1985
Unnamed driver Name		Driver NRIC	GB45640W	Driving Experience	3
Register Date of Driver License	29/05/2015	Driver Age	33	Contact No. (Home)	
Contact No. (Mobile)	83553511	Contact No. (Office)		Address 3	MOUNT FABER VIEW
Address 1	BLK 23 # 11-30	Address 2	TELOK BLANGAH CRESCENT	Post Code	090023
Address 4	SINGAPORE 090023	Address Type	Singapore address		
Unit No.	04-03				
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.	FBC82778	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX *	Insured Name	WU SIQUAN	Insured NRIC	GB45640W
Contact No. (Mobile)	83578964	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle No.	FBC82778	TP	Vehicle Number
Claim Description	FBC82778 / YH5559H ON 2 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GA report	Received
Report No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	05/11/2018 14:53
Date Registered				Date Received	05/11/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1018448	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/11/2018 14:53
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
<b>Attachment List</b>		Urgency	Normal
Attachment	Uploaded By/Date	Category	Description
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 14:53		Photos	Photos 2018-11-5



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 14:53	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 14:53	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 14:53	Photos	Normal	Photos 2018-11-5
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 14:53	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 14:53	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 14:53	SAS	Normal	SAS 2018-11-5
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 14:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-5

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: 07.01.2018 (DD/MM/YYYY), TIME: 09.45 (HH:MM)

LOCATION: 31 Tukong Port Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PKE 8277B  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5023511  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha YSR 125  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: BIKE WAS FORCED  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: WU SIQUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G8456640W CONTACT: 83553511  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(Including driver)  
(0)

- DRIVER  
 a) NAME: AS ABIRK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 29.07.1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/01/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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. c) REPORTED TO POLICE (YES/NO) \_\_\_\_\_

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: YM 5559H MODEL: LORRY  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
( )

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

email =

fax =

V1000

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**TRANSNATIONAL SUPPLY CHAIN LOGISTICS PTE LTD**

Name:  
**WU SIQUAN**

Work Permit No.:  
**0 7312980-**

Sector:  
**SERVICE**

**K0657664**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G8456640W**

Name:  
**WU SIQUAN**

Birth Date: **29 Jul 1985**

Issue Date: **16 Jan 2016**

Valid Till: **15/01/2021**

**002519607E**

**VISIT PASS**  
Immigration Regulations

Name:  
**WU SIQUAN**

Pin:  
**G8456640W**

Date of Birth: **29-07-1985** Sex: **M**

Nationality:  
**CHINESE**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

**NP 428A**

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

**Class 2B Motorcycles =< 200 cc**

**EFFECTIVE DATE**  
**16 Jan 2016**

**Licence No: G8456640W**

**NP 428A**



eBaoTech

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC\_BUKIT\_MERAH\_800676

[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

02/11/2018 18:24

Vehicle No.(For Motor)

FBC8277B

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072352192-03		WU SIQUAN	G8456640W	GMC	Third Party	FBC8277B	FBC8277B	24/07/2018	23/07/2019