

# NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

MM4V18/54256

Date In: 28/11/2018 16:10	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/21496/Y	SAS e-filing		
Veh No: SJZ 8299Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 28/11/2018 09:00	I-Motor Claim Form	MT/102/77400	28/11/2018
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:08
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FBD 2088J	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 repaiar.		
( ) Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		
Injury: _____		

Date/Time	Signature

NA1807815	Invoice Itemization Checklist
Customer's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) YT: Follow-Through Survey (Resurvey) \$30
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	* NS: Courtesy Car / Tpt Allowance \$5
	* NG: Repair Co-ordination \$10
	* NT: Post Repair Inspection \$25
	* NR: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Non INC) against INC \$20
	9) NI: Idao Mobile \$0
	Invoice dated
	Fee Charged
	Invoice dated
	Fee Charged



## 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	28/11/2018 16:10
Date Of Accident	28/11/2018 09:00
Exact Location Of Accident	JUNCTION OF HOLLAND ROAD AND BELMONT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8299Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KIN YEE
NRIC No	S1808682D
Email Address	NGKINYEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91788900
Alternative Phone No	OTHERS-91788900

### Vehicle Particulars

Manufacturer	BMW
Model	525i
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5046355305-07
Cover Note Number	

### Driver

Name of Driver	NG KIN YEE
NRIC No	S1808682D
Date Of Birth	19/01/1967
Occupation	INDOOR
Date Of Driving Pass	11/03/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91788900
Fax Number	
Contact Number	OTHERS-91788900
EMail Address	NGKINYEE@YAHOO.COM

Address	123 DUCHESS AVENUE
Postcode	269157
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181128/2029

#### 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	FBD2038J
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD RASHID BIN MUHAMMAD ABDULLAH
NRIC/Passport Number	S9510288C
Contact Number	93897881
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLG3609X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD RASHID BIN MUHAMMAD ABDULLAH
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD2038J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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: 28/11/2018  
3:45pm

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

Belmont Road

traffic light

Houston Road

A

B ← motorcycle  
FBD 20382

A) SJ28299Y  
B) FBD 20382  
C) SLG 3609X

A) SJ28299Y  
B) FBD 203A Z  
C) SLG 3609X

Motorcycle (B) hit rear right of my car (A), ricochet  
and hit vehicle C (SLG 3609X)

Please see details of statement in police report  
T/2018/1128/2029

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

Policyholder's Signature *[Signature]*  
Date & Time: 28/11/2018  
3:45 pm

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

28/11/2018  
Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature]





# SINGAPORE POLICE FORCE



T/20181128/2029

1 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20181128/2029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2018 10:46	Vide Report No.: E/20181128/0067	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: NG KIN YEE			Address: 123 DUCHESS AVENUE SINGAPORE 269157	
ID Type / ID No.: NRIC NO / S1808682D			Contact No.: Home/Office:	Mobile: 91788900
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 19/01/1967	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/11/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 HOLLAND ROAD BELMONT ROAD Second lane from the right Lamp Post Number: 130				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2038J	Motorcycle				Seriously Damaged	0
SJZ8299Y	Car	BMW	525i XL	Silver	Slightly Damaged	0
SLG3609X	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

2 of 3

Report No. T/20181128/2029

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ8299Y	NTUC Income Insurance Co-Operative Limited	5046355305-07	29/01/2018	28/01/2019

**Brief Details.**

On the 28/11/2018 at about 0900hrs, I was driving along Holland road and was heading for work. I was driving along the junction of Holland Road and Belmont Road when the traffic light turned red. As such I slowed down my vehicle and was coming to a stop at the traffic light. Suddenly a motorcycle (FBD2038J) hit onto my right rear vehicle and the rider was thrown off his bike. At the same time, the motorcycle ricochet from my vehicle and hit on to another vehicle (SLG3609X) diagonally right from me.

Subsequently, me and the driver got down to make a check on the rider. The rider suffered some scratches and was seen bleeding. After which the other driver called the police and ambulance for assistance. While waiting for the ambulance and police to arrive, we exchanged our particulars. Once the ambulance and police arrived, the rider was conveyed to the hospital and I was informed to lodge a traffic report.

I wish to state that the my vehicle has scratches on the right rear and my right rear light is broken. I also wish to state that I have no in-car camera in my vehicle.

Details of motorcyclist:  
S9510288C  
Muhammad Rasyid Bin Muhammad Suhaimi Abdullah  
Vehicle: FBD2038J

Details of another driver:  
SLG3609X





**SINGAPORE  
POLICE FORCE**



T/20181128/2029

3 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20181128/2029

**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:

E /

Sgt 2 DOMINIC SONG GUO QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:

28/11/2018 10:46

Classification Of Case:

SN 170

Authentication Stamp

NP168

SIGNATURE

## Claim Handling

Accident MT/1621774

Policy No.	5046355305-07	Vehicle No.	SJ28299Y	GST Registration No.	
Certificate No.					
Policyholder Name	NG KIN YEE			Policyholder NRIC	S1808682D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	91788900	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	Yes	TCA	Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	28/11/2018 17:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/11/2018	Time of Accident (hh:mm)	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	JUNCTION OF HOLLAND ROAD AND BELMONT ROAD				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<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	123 DUCHESS AVENUE	Address 2	DUCHESS GARDEN	Address 3	SINGAPORE 269157
Address 4		Address Type	Singapore address	Post Code	269157
Unit No.		Related Policy Number	5046355305-07		
<b>Q1 Driver Info</b>					
Driver Name	NG KIN YEE	Driver Type	Main Driver	Driver DOB	19/01/1967
Unnamed driver Name		Driver NRIC	S1808682D	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	91788900	Contact No.(Office)		Address 1	SINGAPORE 269157
Address 1	123 DUCHESS AVENUE	Address 2	DUCHESS GARDEN	Address 3	SINGAPORE 269157
Address 4		Address Type	Singapore address	Post Code	269157
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SJ28299Y	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading	0 mg	Any injury?	Yes		

Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	NG KIN YEE	Insured NRIC	S1808682D	
Contact No.(Mobile)	91788900	Contact No.(Home)	94655580	Contact No.(Office)	623684	
Email Address	ngkin@yahoo.com	DI Vehicle Number	SJ28299Y	TP Vehicle Number	PBD20	
Claim Description	SJ28299Y / PBD20381 ON 28 Nov 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Workshop No.		Preferred Workshop, Name unknown				
Date Registered	28/11/2018 17:06	Claim Close Date		Date Received	28/11/2018	
Report Taken By	ROSLI WANAB					

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1621774	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/11/2018 17:06
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	
NAC_BUKIT_MERAH_805676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08		Photos	Normal	Photos 2018-11-28	H





NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	Photos	Normal	Photos 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	Photos	Normal	Photos 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	Photos	Normal	Photos 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	Photos	Normal	Photos 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	Photos	Normal	Photos 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	Photos	Normal	Photos 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	Photos	Normal	Photos 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	Photos	Normal	Photos 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	SAS	Normal	SAS 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 17:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

## ACCIDENT STATEMENT

ACCIDENT DATE: (28/11/2018) (DD/MM/YYYY). TIME: (09:00) (HH:MM)

LOCATION: JUNCTION OF HOLLAND RD AND BELMONT RD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ 8299 Y  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5046355305-07  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 525i  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO 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: NG KIN YEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1808682D CONTACT: 91788980  
c) ADDRESS: 123 DUTCHESS AV

\* 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: (19/01/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11/3/85

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: BUEIT TIMAH N.P.C.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBD2038J MODEL: YAMAHA MOTORCYCLE  
b) DRIVER'S NAME: MUHAMMAD RASYID BIN MUHAMMAD SUHAIMI ABDULLAH  
c) NRIC/FIN/PASSPORT: 595102886 CONTACT: 93897887

### 9. THIRD PARTY VEHICLE

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

Email = ngkinjee@yahoo.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1808682D



Name  
NG KIN YEE  
吴健怡  
Race  
CHINESE  
Date of Birth  
19-01-1967  
Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1808682D  
Name  
NG KIN YEE  
Birth Date: 19 Jan 1967  
Issue Date: 23 Jun 2005



2710150




NRIC No: S1808682D

Special Group: Date of issue  
28-09-1995

123 DUCHESS AVENUE  
SINGAPORE 269157  
NRIC No: S1808682D Date: 11-09-2002 No: 4340850

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

Class	Vehicle Description	PASS DATE
Class 3	Motor cars <= 3000 kg with < 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	11 Mar 1985

NP 428A



License No: S1808682D

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5046355305-07		NG KIN YEE	S1808682D	GPC	drive PREMIUM	SJZ8299Y	SJZ8299Y	29/01/2018	28/01/2019