

# NATIONAL Assessment Centre Services

(Ref 1) (Ref 2)

NA 857225

Date In: 05/12/2018 11:18	Job description	Date & Time Completed	Done by
Ref No: NBA/2018021960/Y	SAS e-Milling		
Veh No: FZ 3023G	E-mill (within 3hrs, AIC 3hrs)		
D.O.A: 18/11/2018 05:30	f-Motor Claim Form	MT11020436-002	06/12/2018 10:28
OD / TP / Reporting Only	1-Motor W/O (Within 30 hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SHC 8572C	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: ( ) % (Note: Est. Status (WO): NI: 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: Customers Information strictly Confidential & Strictly NO refer of repeller.		
( ) Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )		

Remarks:	INC Hotline: 6788 0016	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	Action

NA 807990	Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Insured's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$30	
	Forfeiting against INC Only (Ref 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: 1 Day DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$15	
	12) NI: DY / Collect Excess Coordination	\$5	
	13) TP (NI) / TP (Non INC) against INC	\$20	
	14) NI: 1 Day 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	05/12/2018 11:18
Date Of Accident	18/11/2018 05:30
Exact Location Of Accident	CROSS JUNCTION OF ALEXANDRA ROAD/TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ3023G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH HEE HOCK
NRIC No	S0593384F
Email Address	JAMES83WU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98368730
Alternative Phone No	OTHERS-98368730

### Vehicle Particulars

Manufacturer	SUZUKI
Model	GN 125-125CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5094460620-01
Cover Note Number	

### Driver

Name of Driver	GOH HEE HOCK
NRIC No	S0593384F
Date Of Birth	08/10/1950
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98368730
Fax Number	
Contact Number	OTHERS-98368730
Email Address	JAMES83WU@GMAIL.COM

Address	BLK 129 CLARENCE LANE #13-40
Postcode	140129
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 ON COLLISION
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?	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 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 POLICE REPORT T/20181203/2030

#### 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	SHC8572C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	GOH HEE HOCK
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FZ3023G
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:

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

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





SKETCH PLAN

REFER TO ATTACHMENT 7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/2018/202/2030

DECLARATION

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

Goh Hee Hock

Policyholder's Signature  
Date & Time:

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

05/12/2018  
Reporting Centre Personnel's Signature  
Name: Roshi Mustafa  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20181203/2030

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/20181203/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2018 11:22	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: GOH HEE HOCK			Address: APT BLK 129 CLARENCE LANE #13-40 SINGAPORE 140129		
ID Type / ID No.: NRIC NO / S0593384F			Contact No.: Home/Office: Mobile: 98368730		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 08/10/1950	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/11/2018 05:30	Type of Location: X-Junction
Location: Along Road 1 TIONG BAHRU ROAD				
Junction of Alexandra Road and Tiong Bahru Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ3023G	Motorcycle	SUZUKI	GN125	Black	Seriously Damaged	0
SHC8572C	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ3023G	NTUC Income Insurance Co-Operative Limited	5094460620-01	21/09/2018	20/09/2019





**SINGAPORE  
POLICE FORCE**



T/20181203/2030

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

2 of 3

Report No. T/20181203/2030

CONTINUATION OF REPORT

**Brief Details.**

On 18/11/18 at about 0530hrs, I am riding my motorcycle (FZ3023G) along Alexandra Road towards Havelock Road. As the traffic was in my favour, I made a check and noticed a taxi stationary at the opposite road. I then subsequently turned right towards Tiong Bahru Road. While turning, the said taxi bearing the registration plate number (SHC8572C) from the opposite road suddenly drove off and collided onto my motorcycle. As such, I fell down and sustained a cut on my left leg. I was then conveyed by ambulance to Singapore General Hospital and was given 17 days medical certificate.



**SINGAPORE  
POLICE FORCE**



T/20181203/2030

3 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/20181203/2030

**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 2 CHUA DE WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

SN 45

Signature Of Informant:

Date/Time:

03/12/2018 11:22

Classification Of Case:





Date : 19 Nov 2018

Your Ref :  
Our Ref : TP/IP/63691/2018

000048

GOH HEE HOCK  
APT BLK 129 CLARENCE LANE  
#13-40  
SINGAPORE 140129



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING FZ3023G ALONG ALEXANDRA ROAD JUNCTION OF  
TIONG BAHRU ROAD ON 18 NOV 2018 @ 5.36 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer YAN MINGSHENG DANIEL at his / her office number: 65476252 or the supervisor NEO CHIN LOONG at 65476197 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE


This is computer generated and does not require a signature.



ORIGINAL

MEDICAL CERTIFICATE

OTO2018435741

Name GOH HEE HOCK		NRIC No. S0593384F	
This is to certify that the above-named is unfit for duty for a period of <u>17</u> days from <u>18-Nov-2018</u> to <u>04-Dec-2018</u> inclusive.			
Type of medical leave granted :			
<input checked="" type="checkbox"/> Hospitalization Leave		<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>18-Nov-2018</u>		<input type="checkbox"/> Maternity Leave, Delivered on : _____	
Discharged on : <u>20-Nov-2018</u>		<input type="checkbox"/> Sterilization Leave, Operated on : _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic Orthopaedic Surgery Singapore General Hospital		Ward No. W75 Date 20-Nov-2018	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  BRANDON CHERN ZER HAN , P0568F



# CHIN KANG MOTORCYCLE

Business Registration No. 447945/00M

205, LAVENDER STREET, SINGAPORE 338764

TEL: 6297 1141 FAX: 6297 1141

**CASH SALE**

No. 17532

*Messrs*

FZ 3003 G

DATE \_\_\_\_\_

1-12-18

數量 QUANTITY	品名 DESCRIPTION	單 UNIT PRICE 價	總 價 AMOUNT
	修正車身		\$380.00
	手鑽 一付		20.00
	手銼 一付		20.00
	鋼助		6.00
	乙前補		120.00
	燒焊, 拆裝工錢		300.00
			7

GOODS RECEIVED IN GOOD CONDITION  
& ARE NON RETURNABLE OR EXCHANGEABLE

TOTAL

\$846.00

Issued By

## Claim Handling

Accident MT/1020436

Policy No.	5094460620-01	Vehicle No.	FZ3023G	GST Registration No.	
Certificate No.					
Policyholder Name	GOH HEE HOCK			Policyholder NRIC	S0593384F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	19/11/2018 19:53	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	18/11/2018	Time of Accident hh:mm	05:45	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ALONG X JUNCTION OF TANGLIN ROAD & TIONG BAHRU ROAD				

## Excess

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			

## 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 129 #13-40	Address 2	CLARENCE LANE	Address 3	SINGAPORE 140129
Address 4		Address Type	Singapore address	Post Code	140129
Unit No.		Related Policy Number	5094460620-01		

## OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003

New

Claim Type *	OD-MX	Insured Name	GOH HEE HOCK	Insured NRIC	S0593384F
Contact No.(Mobile)	98368730	Contact No. (Home)	64753778	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	FZ3023G	TP Vehicle Number	SHC85
Claim Description	FZ3023G / SHC8572C ON 18 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Damage No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	06/12/2018 10:27	Date Received	06/12/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1020436	Claim No.	003
Last Doc. Received	Yes No	Upload Date	06/12/2018 10:28
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Desci
Choose File	No file chosen		
Choose File	No file chosen		
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Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 10:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-6	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 10:28	SAS	Normal	SAS 2018-12-6	



12/6/2018

## Claim Handling( Claim Task )



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 10:28

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 10:28

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Photos 2018-12-6

Photos 2018-12-6

Photos 2018-12-6

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

## ACCIDENT STATEMENT

ACCIDENT DATE: 18/11/2018 (DD/MM/YYYY) TIME: 05.30 (HH:MM)  
LOCATION: CROSS JUNCTION (ALEXANDRA ROAD / TONG BAHRU RD)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 723023G  
b) INSURANCE COMPANY: NILC INCOME  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
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: COH HEE HOCK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0593384F CONTACT: 98868730  
c) ADDRESS: 81A 129 CLARENCE LANE

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

#### DRIVER

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

\*d) DATE OF BIRTH: 08/10/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08 JAN 1979

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: BUKIT MERTAJ WEST

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 8572C MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(Including driver)  
( )

\* No of passengers  
(Including driver)  
( )

\* No of passengers  
(Including driver)  
( )

Email = JAMES 8300@gmail.com

VIDEO

03/16/11



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0593384F



Name

GOH HEE HOCK

吴喜福

Race

CHINESE

Date of birth

08-10-1950

Sex

M

Country of birth

SINGAPORE



4946483



NRIC No. S0593384F



Date of issue

11-03-2013

Address

APT BLK 129 CLARENCE LANE  
#13-40  
SINGAPORE 140129

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0593384F

Name:

GOH HEE HOCK

Birth Date: 08 Oct 1950

Issue Date: 13 Oct 2015



SG  
50

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	08 Jan 1979
Class 2A	Motorcycles between 201 cc and 400 cc	08 Jan 1979
Class 2	Motorcycles > 400 cc	08 Jan 1979
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	07 Jul 1969



Licence No: S0593384F

NP 428A

Hello, NAC\_BUKIT\_MERAH\_800676

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[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/11/2018 12:05"/>
Vehicle No. (For Motor)	<input type="text" value="FZ3023G"/>	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 checked="" type="radio"/>	5094460620-01		GOH HEE HOCK	S0593384F	GMC	Third Party	FZ3023G	FZ3023G	21/09/2018	20/09/2019