

NATIONAL Assessment Centre Services. (incl 1 hour)

MAA418158366

Date In: 07/12/2018 15:41

Ref No: NBB/INC/022944002

Veh No: TBO 4115G

D.O.A: 06/12/2018 17:45

OD: TP Reporting Only

TP Insureh:

Job description

SAS e-Miling

E-mail (within 3hrs, A/C 3hrs)

E-Motor Claim Form

E-Motor W/O (within 3hrs, TP 3hrs)

E-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

07/12/2018 15:45

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Yeh No: SLA 3005L

Owner / Driver: (

Policy No: (

Period: (

Tel:

Fax:

Tel:

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) (Note: BSL 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: Customers Information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case: 1 to e-mail Insurer URGENTLY.

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

Remarks: (

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: (

Date/Time:

Actions:

NA1808019

Insurance Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Sign-In-Charge):

Inspector's Comments:

L 1:

L 2/3:

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$10/\$45

4) FT: Follow-Through Survey \$130

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (over 10 Jan 2005)

6) TR: Re-inspection \$15

7) NI: New DA + SMRT Survey \$160

8) NTUC Additional Services

9) NI: Courtesy Car / Tpl Allowance \$5

10) NI: Repair Coordination \$10

11) NI: Post Repair Inspection \$15

12) NI: DV / Collect Excess Coordination \$5

13) NI: TP (N/A INC) against INC \$20

14) NI: Idem Mobile \$10

Invoice dated

Invoice faxed

Not Charged

Not Charged

Amount

Bill

Mod Bill

Mod Bill

Mod Bill

Mod Bill

Mod Bill

Mod Bill

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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	07/12/2018 15:11
Date Of Accident	06/12/2018 17:45
Exact Location Of Accident	PIE TOWARDS TUAS NEAR BEDOK NORTH AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4115G
Insured/Policyholder	
Name Of Registered Owner	LEE WAH CHEE
NRIC No	S7189302B
Email Address	KYM.ER7181@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91433348
Alternative Phone No	OTHERS-91433348

Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
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	5100420929
Cover Note Number	

Driver

Name of Driver	LEE WAH CHEE
NRIC No	S7189302B
Date Of Birth	09/12/1971
Occupation	INDOOR
Date Of Driving Pass	19/01/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91433348
Fax Number	
Contact Number	OTHERS-91433348
EMail Address	KYM.ER7181@GMAIL.COM

Address	BLK 226 LORONG 8 TOA PAYOH #09-116
Postcode	310226
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181207/2071

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	SLQ3065L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81838119
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB8015A

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 LEE WAH CHEE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBD4115G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time: 7.12.2018

2:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

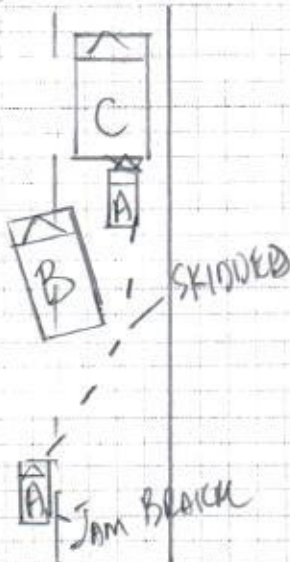
07/12/2018

Roshan Waffar

SKETCH PLAN PIE TOWNERS TIAS NEAR BEDOK NORTH AVE 3

B) SLQ 8015.A

c) 8/13 2015A



~~PLS REFER TO POLICE REPORT
7/20/8/20/1/2011~~

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

Lee

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



SINGAPORE POLICE FORCE



T/20181207/2071

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181207/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2018 13:32	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: LEE WAH CHEE			Address: APT BLK 226 LORONG 8 TOA PAYOH #09-116 SINGAPORE 310226		
ID Type / ID No.: NRIC NO / S7189302B			Contact No.: Home/Office: Mobile: 91433348		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 09/12/1971	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Automation technician			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2018 05:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY NEAR BEDOK AVENUE 3				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4115G	Motorcycle	HONDA	CBR 150R M	Blue	Seriously Damaged	0
SHB8015A	Car					0
SLQ3065L	Car					0

Details of Vehicle Insurance

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



T/20181207/2071

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20181207/2071

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD4115G	NTUC Income Insurance Co-Operative Limited	5100420929	03/05/2018	02/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE WAH CHEE	ID No.	S7189302B
Related Vehicle	FBD4115G (Motorcycle)	Contact No.	91433348
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/12/2018	Date Discharge	07/12/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 06/12/2018 at about 0545hrs, I was riding along PIE towards Tuas near Bedok Avenue 3 using my motorcycle FBD4115G. The weather was clear but however the floor was wet. I was riding on the 2nd lane. Suddenly, one vehicle SLQ3065L on the first lane swerved towards the left without signaling. I did an emergency brake to avoid collision. But however, my motorbike skidded and hit onto one taxi vehicle SHB8015A. There was no ambulance or police that came down. The vehicle owner came down to check on me and I only managed to get his contact number, 81838119. I then rode my motorbike down to Tan Tock Seng hospital for check up and was warded for a night and given 7 days MC. I suffered injuries on my neck, shoulder and thigh area. My motorcycle suffered damages as well.



**SINGAPORE
POLICE FORCE**



T/20181207/2071

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181207/2071

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 DAMIEN LEONG JUN SIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/12/2018 13:32

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1022944

Policy No.	5100420929	Vehicle No.	FBD4115G	GST Registration No.	
Certificate No.					
Policyholder Name	LEE WAH CHEE			Policyholder NRIC	S7189302B
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(%)	0	Private Hire	No
Accident Details					
Report Date	07/12/2018 14:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/12/2018	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE - CITY (AFTER BEDOK NORTH AVE 3 EXIT)				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 226 #09-116	Address 2	LORONG 8 TOA PAYOH	Address 3	TOA PAYOH EIGHT
Address 4	SINGAPORE 310226	Address Type	Singapore address	Post Code	310226
Unit No.	09-116	Related Policy Number	5100420929		
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)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	LEE WAH CHEE	Insured NRIC	S7189302B	
Contact No.(Mobile)	NIL	Contact No. (Home)		Contact No. (Office)		
Email Address		OT Vehicle Number	FBD4115G	TP Vehicle Number	SLQ80	
Claim Description	FBD4115G / SLQ8015A ON 6 Dec 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	07/12/2018 15:44	
Report Taken By				Date Received	07/12/2018	
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1022944	Claim No.	002		
Last Doc. Received	Yes No	Upload Date	07/12/2018 15:45		
Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:45	Photos	Normal	Photos 2018-12-7	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:45	Photos	Normal	Photos 2018-12-7	

12/7/2018

Claim Handling(Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:45	Photos	Normal	Photos 2018-12-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:45	Photos	Normal	Photos 2018-12-7
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:44	Photos	Normal	Photos 2018-12-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:44	Photos	Normal	Photos 2018-12-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:44	Photos	Normal	Photos 2018-12-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:44	Photos	Normal	Photos 2018-12-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:44	Photos	Normal	Photos 2018-12-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:44	Photos	Normal	Photos 2018-12-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Dec 2018 15:44	SAS	Normal	SAS 2018-12-7

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (06/12/2018) (DD/MM/YYYY), TIME: (17:45) (HH:MM)

LOCATION: PIE towards Tuas near Bedok Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 4115G
b) INSURANCE COMPANY: NTUC 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
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: LEE WAH CHEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 789302B CONTACT: _____
c) ADDRESS: BLK 226 TOA PAYOH LORONG 8 #09-116
S 310226

* 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: (09/12/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19 Jan 2002

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: Queenstown

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ 3065L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8183 8119

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHB 8015A MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = kym.er7181@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7189302B



Name

LEE WAH CHEE

Race

CHINESE

Date of birth

09-12-1971

Country/Place of birth

MALAYSIA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7189302B

LEE WAH CHEE

Birth Date: 09 Dec 1971

Issue Date: 10 Jan 2018



9464104



NRIC No. S7189302B



Nationality

MALAYSIAN

Date of issue

25-10-2017

Address

APT BLK 226 LORONG 8 TOA PAYOH
#09-116
SINGAPORE 310226

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	19 Jan 2002
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	19 Jan 2002

NP 428A



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/12/2018 15:09"/>							
Vehicle No.(For Motor)	<input type="text" value="FBD4115G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100420929		LEE WAH CHEE	S7189302B	GMC	Third Party	FBD4115G	FBD4115G	03/05/2018	02/05/2019
<input type="button" value="Continue"/>										