

# NATIONAL Assessment Centre Services. [ref 1 Jan'05] MAY 18/2008

Date In: 11/12/2008 18:08	Job description	Date & Time Completed	Done by
Ref No: N/A/INC0022322/V	SAS e-filing		
Veh No: FX 4206	E-mail (w/dln 3hrs, AIC 2hrs)		
D.O.A: 27/11/2008 13:45	I-Motor Claim Form	M71023485-001	11/12/2008
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:27
	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: SLF 1050A	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%; F: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:
( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 100111: 6788/6616)	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

Claimant Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors Comments: Sat. 1: 2/3:	Invoice Ref: 100111: 6788/6616	Invoice No: 100111: 6788/6616	Invoice Date: 11/12/2008
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$50)	
	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$120	
	5) IT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	9) NI: Idao Mobile	\$30	
	Fee Charged	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	11/12/2018 18:08
Date Of Accident	27/11/2018 13:45
Exact Location Of Accident	ALONG CLEMENTI ROAD TOWARDS CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX4210L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG CHWEE KIM
NRIC No	S1430854G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97328738
Alternative Phone No	OTHERS-97328738

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	X9 200-198CC EVO (A)
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	5048365498-06
Cover Note Number	

### Driver

Name of Driver	ANG CHWEE KIM
NRIC No	S1430854G
Date Of Birth	20/10/1960
Occupation	INDOOR
Date Of Driving Pass	17/02/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97328738
Fax Number	
Contact Number	OTHERS-97328738
Email Address	NOEMAIL

Address	BLK 95 COMMONWEALTH DRIVE #03-770
Postcode	140095
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	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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181210/2108

#### 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	SLF1050A
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	ANG CHWEE KIM
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FX4210L
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)**

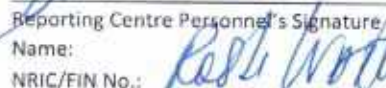
I understand, acknowledge, agree and consent that:

- (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.



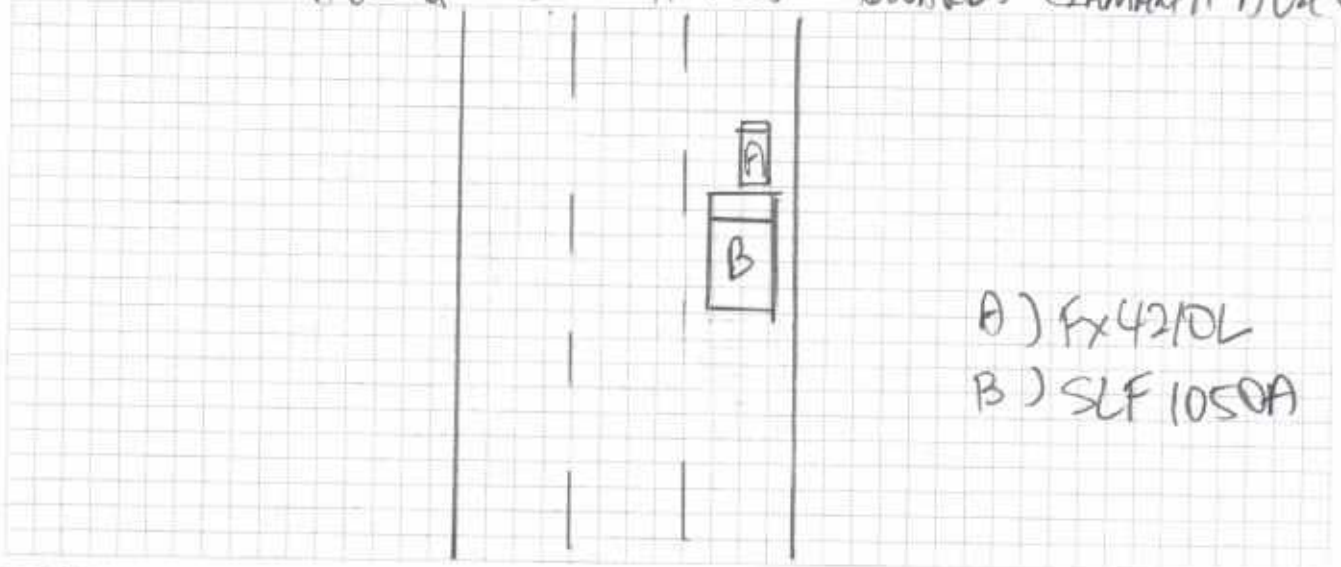
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Along Clamminiti Road Towards Clamminiti Ave 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten note across the section:* No report to police 7/2018 12/10/2018

DECLARATION

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

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.:





# SINGAPORE POLICE FORCE



T/20181210/2108

1 of 3

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Report No. T/20181210/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2018 16:46		Vide Report No.:		Station Diary No.: 22	
<b>Informant's Particulars</b>					
Name of Informant: ANG CHWEE KIM			Address: APT BLK 95 COMMONWEALTH DRIVE #03-770 SINGAPORE 140095		
ID Type / ID No.: NRIC NO / S1430854G			Contact No.: Home/Office: Mobile: 97328738		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 20/10/1960	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Cook			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/11/2018 13:45	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD				
Along Clementi Road towards Clementi Avenue 6				
Weather: Clear		Road Surface: Dry		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
FX4210L	Motorcycle	PIAGGIO	X9 200 EVO A	Black	Seriously Damaged	0
SLF1050A	Car				Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX4210L	NTUC Income Insurance Co-Operative Limited	5048365498-07	01/12/2018	30/11/2019



**SINGAPORE  
POLICE FORCE**



T/20181210/2108

2 of 3

Report No. T/20181210/2108

Police Station Of Origin:

Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

288A SINGAPORE 140111

Tel No: 1800-4749999

CONTINUATION OF REPORT

**Brief Details.**

On 27/11/2018 at about 1345hrs, I was travelling along Clementi road towards Clementi Avenue 6 on my vehicle FX4210L. Suddenly a vehicle knocked onto the rear of my motorbike and I flung out from my motorbike and rolled on the road. I wished to state that I did not see what happened but I managed to take a photo of the vehicle (SLF1050A) that knocked onto my motorbike before I was conveyed to NUH by the ambulance and was given 32 days MC from 28/11/2018 to 27/12/2018. I wanted to lodge a police report for insurance claims and record purpose.





**SINGAPORE  
POLICE FORCE**



T/20181210/2108

3 of 3

Report No. T/20181210/2108

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

**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 LIU FENGZHAN, GERRY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Signature Of Informant:

Date/Time:

10/12/2018 16:46

Classification Of Case:

Authentication Stamp

NP158

51/21

## National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No.198500543R



MEDICAL CERTIFICATE

AMENDED ORIGINAL

NUH18315965

NAME: ANG CHWEE KIM

NRIC: S1430854G

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 32 day(s) from 27-Nov-2018 to 28-Dec-2018 inclusive

The certificate is not valid for absence from court attendance

The above named attended for Examination/Treatment from 27-Nov-2018 14:35 to 09-Dec-2018 09:52

08-Dec-2018

Date


A member of the NUHS

LYNETTE SIM PEI SHUEN  
(P08211)

Issued by

NW51

Location

  
Signature

**NATIONAL UNIVERSITY HOSPITAL**

5 Lower Kent Ridge Road, Singapore 119074 Tel: (65) 6779 5555

**HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY**

ANG CHWEE KIM | S1430854G | 58Y 1M | M | Chinese | 1519128739E | 28-Nov-2018 | 09-Dec-2018

**ADMISSION DETAILS**

Admission Date: 28-Nov-2018	DOB: 20-Oct-1960	Age: 58Y 1M (as of admission)
Ward: Ward 51 (Ortho)	Room: ROOM 06	Bed: BED 021
Patient Type: Inpatient	Patient Class: Class B2	
Attending Dr: SANDEEP JACOB SEBASTIN (11004C)	Medical Service Code: Trauma	

**DISCHARGE DETAILS**

Discharge Date/Time: 09-Dec-2018 09:48	Condition at Discharge: Improved - Condition better than at time of admission
Discharge Status: Patient discharged	

**DIAGNOSIS**

OPEN WOUND OF LOWER LIMB WITH COMPLICATION  
CLOSED FRACTURE ANKLE, MEDIAL MALLEOLUS  
CLOSED FRACTURE OF PHALANX OF TOE  
CLOSED FRACTURE OF THE PROXIMAL HUMERUS  
HYPOKALEMIA  
MOTOR VEHICLE TRAFFIC ACCIDENT  
OPEN WOUND OF KNEE AND/OR LEG AND/OR ANKLE

**PROCEDURE**

Procedure	Date/Time
Upper Limb/Lower Limb, Major soft tissue defects, Pedicled flap	05-Dec-2018 08:54
Skin and Subcutaneous Tissue, Deep>3cm/Extensive Contaminated Wound, Debridement	29-Nov-2018 01:19
SKIN & SUBCUTANEOUS TISSUE,DEEP/EXTENSIVE CONTAMINATED WOUND,DEBRIDEMENT	01-Dec-2018 23:13

**DRUG ALLERGY DATA****Adverse Drug Reaction / Drug Allergy**

No drug allergy

**Medical Alert**

No medical alert

The drug allergy data is accurate as at 09-Dec-2018 10:13

**CLINICAL SUMMARY****Follow up**

No need abx on d/c  
PT to fit aircast boot - FWB with aircast boot on  
aircast boot to keep on at all times  
analgesia - panadeine 2 tabs TDS PRN, voltaren 50mg TDS with famotidine cover  
hirudoid 2 tubes on discharge  
TCU Dr Gavin 1/52 on discharge with XR left shoulder and R ankle OA  
TCU Dr. Sandeep JS at HRMC friday 14/12/18  
HL x 2 weeks

By : TAN YI LIN(P0911H)

Date : 09-Dec-2018 10:13

This is a computer-generated summary of information available and correct at point of print.  
Please refer to your doctor for further information or clarification.

Printed by : SOM CIT A/P NAI SONG KET  
Printed Date/Time: 09-Dec-2018 11:20

A member of NUHS



## HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

ANG CHWEE KIM | S1430854G | 58Y 1M | M | Chinese | 1519128739E | 28-Nov-2018 | 09-Dec-2018

## Discharge Medication

The discharge medication data is accurate as at 09-Dec-2018 10:13

Route	Medication Name	Dosage Regimen	Instructions
PO	CHLORPHENIRAMINE Tablet	4 MG every night when necessary 5 DAYS	Insomnia
PO	TRAMADOL Tablet	50 MG every 8 hours when necessary 2 WEEKS	Pain
PO	METOCLOPRAMIDE Tablet	10 MG 3 times a day when necessary 2 WEEKS	Nausea and/or vomiting
PO	DICLOFENAC SOD EC Tablet	50 MG 3 times a day 5 DAYS	Pain
PO	FAMOTIDINE Tablet	20 MG 2 times a day 5 DAYS	with diclofenac
Topical	HIRUDOID Cream	1 APPLY when required	for bruise
PO	PACECO Tablet	2 TAB 3 times a day when necessary 2 WEEKS	pain

## Medical Certificate

MC Number	: NUH18315965	Issued by	: LYNETTE SIM PEI SHUEN
Leave Type	: Hospitalization Leave	Fit to attend court	: Yes
Unfit for duty	: 27-Nov-2018 to 28-Dec-2018	Fit for light duty	:
Remarks	:		

## Future Appointment

Not Applicable

## Planned Orders

Not Applicable

By : TAN YI LIN(P0911H)

Date : 09-Dec-2018 10:13

This is a computer-generated summary of information available and correct at point of print.  
 Please refer to your doctor for further information or clarification.

Printed by: SOM C/T A/P NAI SONG KET

Printed Date/Time: 09-Dec-2018 11:20

A member of NUHS

## Claim Handling

Accident MT/1023405

Policy No.	5048305498-06	Vehicle No.	FX4210L	GST Registration No.	
Certificate No.					
Policyholder Name	ANG CHWEE KIM	Cover Type	Third Party	Policyholder NRIC	S1430854G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97328738	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No *
KPI	+ No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date	11/12/2018 18:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/11/2018	Time of Accident (hh:mm)	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	W/ANG CLEMENTI ROAD TOWARDS CLEMENTI AVENUE 5				

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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		Address 2		Address 3	
BLK 95 #03-770		COMMONWEALTH DRIVE		SINGAPORE 140095	
Address 4		Address Type		Post Code	
		Singapore address		140095	
Unit No.		Related Policy Number			
		5048305498-07			

Driver Name	ANG CHWEE KIM	Driver Type	Main Driver	Driver DOB	20/10/1988
Unnamed driver Name		Driver NRIC	S1430854G	Driving Experience	31
Register Date of Driver License	11/01/1987	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	97328738	Contact No.(Office)		Address 3	SINGAPORE 140095
Address 1	BLK 95 #03-770	Address 2	COMMONWEALTH DRIVE	Post Code	140095
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FX4210L	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No				

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No

Modification History

Claim 001 New

Claim Type *	CO-MX *	Insured Name	ANG CHWEE KIM	Insured NRIC	S1430854G
Contact No.(Mobile)	97328738	Contact No.(Home)	NTL	Contact No.(Office)	
Email Address		OT Vehicle Number	FX4210L	TP Vehicle Number	SLF101
Claim Description	FX4210L / SLF1050A ON 27 Nov 2018				Name of Preferred Workshop
Preferred Workshop		Injured Liability	Not at Fault *		
Settlement No.		Preferred Workshop, Name unknown *			
Finalisation	Yes *	GA report	Received *		
Date Registered		Claim Close Date	11/12/2018 18:26	Date Received	11/12/2018
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

## Attachment

Accident No.	MT/1023405	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/12/2018 18:27
Path *		Category *	Confidential
Choose File	No file chosen	Confidential	Normal *
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
TRAC_BUKIT_HERAWI_BUKIT_HERAWI NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAWI) on 11 Dec 2018 18:27		Photos	Normal	Photos 2018-12-11

	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	Photos	Normal	Photos 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	SAS	Normal	SAS 2018-12-11
	NAC_BUKIT_MERAH_800679C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 18:27	NAC/ Driving License	Normal	NAC/ Driving License 2018-12-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1430854G



Name

ANG CHWEE KIM

汪水金

Race

CHINESE

Date of birth

20-10-1960

Country/Place of birth

SINGAPORE

Sex

M



5991980



NRIC No. S1430854G



Date of issue

16-07-2018

Address

APT BLK 95 COMMONWEALTH DRIVE  
#03-770  
SINGAPORE 140095

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1430854G

ANG CHWEE KIM

Birth Date: 20 Oct 1960

Issue Date: 11 Mar 2008



1000277988C

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

Class 2B Motorcycles not exceeding 200 cc

PASS DATE

17 Feb 1987

NP 428A

Licence No: S1430854G



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5048365498-07

**Cover** : Third Party

- |  |                        |
|--|------------------------|
| 1. Index mark and Registration Number of Vehicle | : <b>FX4210L</b>       |
| Chassis Number                                   | : ZAPM2300004009969    |
| 2. Name of Policyholder                          | : <b>ANG CHWEE KIM</b> |
| 3. Effective Date of Insurance                   | : <b>01 Dec 2018</b>   |
| 4. Expiry Date of Insurance                      | : <b>30 Nov 2019</b>   |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ANG CHWEE KIM
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 12 Nov 2018 21:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive