

NATIONAL Assessment Centre Services.

(wef 1 Jan'03)

NA808/227

Date In: 17/12/2008 17:30	Job description	Date & Time Completed	Done by
Ref No: NAB/INC/808/226/4	SAS e-filing		
Veh No: SLG 3873Z	E-mail (w/da 8hrs, AIC 2hrs)		
D.O.A: 16/12/2008 16:30	I-Motor Claim Form	17/10/2014-001	17/12/2008
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:51
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkan		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLG 387R

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: (

Warranty: YES (

NO (

Excess: (\$

Loading: \$1,000 (

)/\$2,000 (

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC) (Mobile: 07-88661618)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time: Action:

NA808/227

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

2/3

Invoice Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TR (N11): TP (Non INC) against INC	\$20	
9) N12: Idao Mobile	\$30	
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	17/12/2018 17:30
Date Of Accident	16/12/2018 16:30
Exact Location Of Accident	TUAS SECOND LINK BEFORE MALAYSIA CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3873Z
Insured/Policyholder	
Name Of Registered Owner	WOO KOK YEW
NRIC No	S2569640I
Email Address	KOKYEWWOOGMAIL.COM
Mobile Phone No	(LOCAL) +65-97573570
Alternative Phone No	OTHERS-97573570

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	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	5084563123-02
Cover Note Number	

Driver

Name of Driver	WOO KOK YEW
NRIC No	S2569640I
Date Of Birth	09/08/1960
Occupation	INDOOR
Date Of Driving Pass	04/11/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97573570
Fax Number	
Contact Number	OTHERS-97573570
Email Address	KOKYEWWOOGMAIL.COM

Address	BLK 116 CLEMENTI STREET 13 #12-88
Postcode	120116
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : MOTHER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181217/2122

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	SLF39R
Vehicle Make/Model/Colour	BMW M4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JUNRONG

NRIC/Passport Number	S9802668A
Contact Number	98525220
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

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: 17/12/2018
4-15 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/12/2018
4-15 PM

Reporting Centre Personnel's Signature

Name:

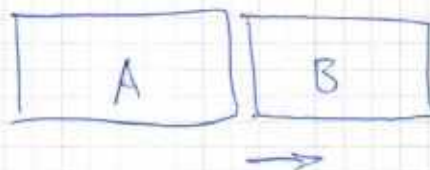
NRIC/FIN No.:

17/12/2018

Rose Lim

SKETCH PLAN

Tuas Second Link Before Malaysia Customs



A = my car
SLG 3873Z

B = other car
SLF 39R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/2018 at about 1630hr, I was heading back to Singapore from Malaysia via Tuas Second Link. The traffic heading back to Singapore was heavy and it was bumper to bumper situation. We were queuing to clear the Malaysia Customs.

As I was waiting, the driver in front suddenly came down from his vehicle. He walked towards me and informed me that my vehicle had come into contact with the rear of his vehicle. I alighted from my vehicle to make a check and discovered that the front of my vehicle's number plate is indeed in contact with the rear bumper of his vehicle. I then apologized to him.

We took some photographs and also exchanged our particulars.

On 17/12/2018 at about 0930hr, the driver called and informed me that he will be claiming against my vehicle insurance. I contact my insurance company and I was advised to lodge a police report before making a GI/ report, as the incident had happened overseas.

POLICE REPORT T/2018/217/2122

DECLARATION

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

Policyholder's Signature

Date & Time: 16:15 hr.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16:15 hr.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/12/2018

Kok Li



SINGAPORE POLICE FORCE



T/20181217/2122

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20181217/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 15:29		Vide Report No.:		Station Diary No.: 155
Informant's Particulars				
Name of Informant: WOO KOK YEW		Address: APT BLK 116 CLEMENTI STREET 13 #12-88 SINGAPORE 120116		
ID Type / ID No.: NRIC NO / S25696401		Contact No.: Home/Office: Mobile: 97573570		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 58	Date of Birth: 09/08/1960	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2018 16:30	Type of Location:
Location: Along Road 1 SECOND LINK Before Malaysia Customs				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SLF39R	Car	BMW	M4	Silver	No Damage	1
SLG3873Z	Car	TOYOTA	SIEN 1.5G HYBRID CVT ABS D/AIRBAG	Silver	No Damage	2



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG3873Z	NTUC Income Insurance Co-Operative Limited	5084563123-02	28/09/2018	27/09/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM JUNRONG	ID No.	S9802668A
Related Vehicle	SLF39R (Car)	Contact No.	98525220
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WOO KOK YEW	ID No.	S2569640I
Related Vehicle	SLG3873Z (Car)	Contact No.	97573570
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/12/2018 at about 1630hrs, I was heading back to Singapore from Malaysia via Tuas Second link. The traffic heading back to Singapore was heavy and it was a bumper to bumper situation. We were queueing to clear the Malaysia Customs.

As I was waiting, the driver in front suddenly came down from his vehicle. He walked towards me and informed me that I my vehicle had came into contact with the rear of his vehicle. I alighted from my vehicle to make a check and discovered that the front of my vehicle's number plate is indeed in contact with the rear bumper of his vehicle. I then apologized to him.

We took some photographs and also exchanged our particulars.

On 17/12/2018 at 0930hrs, the driver called me and informed me that he will be claiming against my vehicle insurance. I contact my insurance company and I was advised to lodge a police report before making a GIA report as the incident had happened overseas.



**SINGAPORE
POLICE FORCE**



T/20181217/2122

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 4

Report No. T/20181217/2122

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181217/2122

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20181217/2122

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 PAY ZHIQIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

17/12/2018 15:29

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

Claim Handling

Accident MT/1024141

Policy No.	5084563123-02	Vehicle No.	SLG3873Z	GST Registration No.	
Certificate No.					
Policyholder Name	WOO KOK YEW	Cover Type	drive CLASSIC	Policyholder NRIC	S25696401
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	97573570	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	17/12/2018 17:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/12/2018	Time of Accident between	16:30	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUAS SECOND LINK BEFORE MALAYSIA CUSTOM				
Excess					
Own damage Excess	100.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	5.00		
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 116 #12-BB	Address 2	CLEMENTI STREET 13	Address 3	SINGAPORE 120116
Address 4		Address Type	Singapore address	Post Code	120116
Unit No.		Related Policy Number	5084563123-02		
DI Driver Info					
Driver Name	WOO KOK YEW	Driver Type	Main Driver	Driver DOB	09/06/1960
Unnamed driver Name		Driver NRIC	S25696401	Driving Experience	29
Register Date of Driver License	04/11/1989	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	97573570	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 116 #12-BB	Address 2	CLEMENTI STREET 13	Address 3	SINGAPORE 120116
Address 4		Address Type	Singapore address	Post Code	120116
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SLG3873Z	Driver Insurer Company	NTI/C
Declaration					
Breathalyzer or Speed Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WOO KOK YEW	Insured NRIC	S25696401		
Contact No.(Mobile)	84479390	Contact No.(Home)	84433470	Contact No.(Office)			
Email Address		Vehicle Number	SLG3873Z	Vehicle Number	SLF39R		
Claim Description	SLG3873Z / SLF39R ON 16 Dec 2018				Name of Preferred Workshop		
Preferred Workshop Finalisation	<input checked="" type="checkbox"/> Yes	Insured Liability	Fully at Fault	Preferred Workshop, Name unknown			
Date Registered		GIA report	Received				
Report Taken By	ROSLI WAHAB					Date Received	17/12/2018

Print Ack letter

Save Submit

Attachment

Accident No.	MT/1024141	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/12/2018 17:51
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	St
NAC_BUKIT_MERAH_300676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:51		Photos	Normal	Photos 2018-12-19	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:51	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:51	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:51	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:51	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:51	Photos	Normal	Photos 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2018 17:50	SAS	Normal	SAS 2018-12-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (16/12/2018) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: Tuas Second Link heading back to Singapore (before M6 in Customs)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 3873 Z
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5084 563123-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA SIENNA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: SOCIAL
 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: WOO KOK YEW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2569640 I CONTACT: 9757 3570
 c) ADDRESS: BLK 116, CLEMENTI ST 13, #12-88, S(120116)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WOO KOK YEW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2569640 I CONTACT: 9757 3570
 c) ADDRESS: BLK 116, CLEMENTI ST 13, #12-88, S(120116)

* d) DATE OF BIRTH: (09/08/1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: CLEMENTI N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLF 39R MODEL: BMW M4
 b) DRIVER'S NAME: LIM JUNRONG
 c) NRIC/FIN/PASSPORT: S9802668 A CONTACT: 9852 5220

9. THIRD PARTY VEHICLE

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

wife (#)
mother (F)

* No of passengers
(including driver)
(3)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

email = kokyewwoo@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S25696401



Name

WOO KOK YEW

胡国耀

Race
CHINESE

Date of birth
09-08-1960 Sex M

Country of birth
MALAYSIA



S25696401

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S25696401

Name
WOO KOK YEW

Birth Date: 09 Aug 1960

Issue Date: 09 Mar 2004



3805503

NRIC No. S25696401



Date of issue
13-07-2006

APT BLK 116 CLEMENTI STREET 13 #12-88
SINGAPORE 120116

NRIC No: S25696401

Date: 01/01/2009

No: 6136474

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 04 Nov 1988



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"/>							
Vehicle No. (For Motor)	<input type="text" value="SLG3873Z"/>	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"/>	5084563123-02		WOO KOK YEW	S2569640I	GPC	drive CLASSIC	SLG3873Z	SLG3873Z	28/09/2018	27/09/2019
<input type="button" value="Continue"/>										