

# NATIONAL Assessment Centre Services.

(part 1 Jan'05)

MANA/8162701

Date In: 18/12/2008 12:38	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/8022661/Y	SAS e-filing		
Veh No: 1BE, 14082	E-mail (w/dale thrs, AIC 2hrs)		
D.O.A: 20/11/2008 20:05	I-Motor Claim Form	MT/1022337-002	18/12/2008
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:12
	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: SKF 3528B	INC ( ) / Non-INC ( )
Owner / Driver: (		Tel: ( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (		Dates: ( ) Times: ( )
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:	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Actions

MANA/8283

Client's Particulars:	Invoice Preparation (G/L) (30)	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (w/ef 10 Jan 2005)	
	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	
	TP (Nil): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
Auditors' Comments:	Invoice dated	Fee Charged
Ref: 1:		
2/2:		



## 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	18/12/2018 12:38
Date Of Accident	20/11/2018 20:05
Exact Location Of Accident	BLK 476 TAMPINES ST 43 MSCP DECK 2A M/CYCLE LOT 50
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE1404L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO ZONG HAN FERRE
NRIC No	S9420750I
Email Address	ZONGHAN6@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92345810
Alternative Phone No	OTHERS-92345810

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-200CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095731548
Cover Note Number	

### Driver

Name of Driver	YEO ZONG HAN FERRE
NRIC No	S9420750I
Date Of Birth	07/06/1994
Occupation	INDOOR
Date Of Driving Pass	02/11/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92345810
Fax Number	
Contact Number	OTHERS-92345810
Email Address	ZONGHAN6@HOTMAIL.COM

Address	BLK 420 TAMPINES STREET 41 #12-122
Postcode	520420
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SKF3523B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE LI PENG
NRIC/Passport Number	S7376312F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)




## 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: 18/12/2018 12pm

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

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

### SKETCH PLAN

UNKNOWN BIKE WAS PARKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to police report  
1/2018/20/2162

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 12/12/2018 12pm

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

18/12/2018  
Reporting Centre Personnel's Signature  
Name: Resli Wathana  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20181120/2162

1 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20181120/2162

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/11/2018 21:54	Vide Report No.:	Station Diary No.: 52
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**Informant's Particulars**

Name of Informant: YEO ZONG HAN FERRE			Address: APT BLK 420 TAMPINES STREET 41 #12-122 SINGAPORE 520420		
ID Type / ID No.: NRIC NO / S9420750I			Contact No.: Home/Office: Mobile: 92345810		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 07/06/1994	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SOFTWARE ENGINEER			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/11/2018 20:05	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 43  Blk 476 Tampines Street 43 MSCP, Deck 2A, motorcycle lot 50				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE1404L	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Red	Slightly Damaged	0
SKF3523B	Car	BMW		Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1404L	NTUC Income Insurance Co-Operative Limited	5095731548	08/11/2017	27/02/2019



Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20181120/2162

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	YEO ZONG HAN FERRE	ID No.	S9420750I
Related Vehicle	FBE1404L (Motorcycle)	Contact No.	92345810
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Lee Li Peng	ID No.	S7376312F
Related Vehicle	SKF3523B (Car)	Contact No.	NIL
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 20.11.2018 at about 1855hrs, I parked and secured my motorcycle FBE1404L (red Bajaj Pulsar) at Blk 476 Tampines Street 43, MSCP Deck 2A motorcycle lot 50 head in and everything is intact before I left for dinner.

On the same day at about 2005hrs, when I went back to retrieve my motorcycle, I discovered that my motorcycle was lying on it's right and my motorcycle have come in contact with a vehicle SKF3523B. The other vehicle sustained minor scratches on the car front right body and rear right door. Whilst my motorcycle have some scratches on my right side of the tank. I like to state that there are Polcom at the premises where I parked my motorcycle.

The owner of the black BMW waited for me to be at scene and we exchange particulars. I do not who had hit onto my motorcycle resulting my motorcycle fall on it's right and come on contact with the black BMW.





**SINGAPORE  
POLICE FORCE**



T/20181120/2162

3 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20181120/2162

**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:

G /

Staff Sgt TAN HOCK CHYE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/11/2018 21:54

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

## Claim Handling

## Accident MT/1022337

Policy No.	SI9571134R	Vehicle No.	FBE1404L	GST Registration No.	
Certificate No.					
Policyholder Name	YEO ZONG HAN FERRE	Cover Type	Third Party	Policyholder NRIC	S94207501
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KFR	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	NA

## Accident Details

Report Date	03/12/2018 18:22	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	20/11/2018	Time of Accident(h:mm)	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 475 TAMPINES ST 44 MULTI STOREY CP LOT 50				

## 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 420 #12-122	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GARDENS
Address 4	SINGAPORE 320420	Address Type	Singapore address	Post Code	529420
Unit No.	12-122	Related Policy Number	S103210054		

## DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	YEO ZONG HAN FERRE	Insured NRIC	S942
Contact No.(Mobile)	92345820	Contact No.(Home)		Contact No.(Office)	
Email Address	ZONGHAN@HOTMAIL.COM	DI Vehicle Number	FBE1404L	TP	SKP3
Claim Description	FBE1404L / SKP3523B ON 20 Nov 2018				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Business No. Finalisation	Yes	Preferred	Report Option	Preferred Workshop, Name unknown	GIA report
Date Registered					Received
Report Taken By		Claim Close Date	06/12/2018 12:50	Date Received	18/1
		Workshop Repairer	KOSLI WAHAB	Total Loss Not Reported	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1022337	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2018 14:12
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 14:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Dec 2018 14:12	SAS	Normal	SAS 2018-12-18





NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 14:12

Photos

Normal

Photos 2018-12-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 14:12

Photos

Normal

Photos 2018-12-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 14:12

Photos

Normal

Photos 2018-12-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 12:50

Photos

Normal

Photos 2018-12-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 12:50

Photos

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Photos 2018-12-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 12:50

Photos

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Photos 2018-12-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 12:50

Photos

Normal

Photos 2018-12-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 12:50

Photos

Normal

Photos 2018-12-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 18 Dec 2018 12:50

Photos

Normal

Photos 2018-12-18

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and Uploading

## ACCIDENT STATEMENT

ACCIDENT DATE: 20/11/2018 (DD/MM/YYYY), TIME: 20:05 (HH:MM)

LOCATION: Carpark along road 1 Tampines Street 43 BIK 476  
MSCP / Deck 2A

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE1404L  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5095731548  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Bajaj Pulsar, DTS-1200  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Bike was parked  
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: Yeo Zong Han Ferre (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S94207501 CONTACT: 92345810  
c) ADDRESS: Block 420 Tampines Street 41 #12-122  
Singapore 570420

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

### DRIVER

- a) NAME: Yeo Zong Han (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 07/06/1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/11/2017

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: Tampines North NPP

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKF3523B MODEL: BMW  
b) DRIVER'S NAME: Lee Li Peng  
c) NRIC/FIN/PASSPORT: S7376312F CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = Zonghan6@hotmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S94207501



Name

YEO ZONG HAN FERRE

杨宗翰

Race

CHINESE

Date of birth

07-08-1994

Country of birth

SINGAPORE

Sex

M

S94207501

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S94207501

Name

YEO ZONG HAN FERRE

Birth Date: 07 Jun 1994

Issue Date: 02 Nov 2017



4453021

NRIC No: S94207501



Date of issue

25-08-2009

Address

APT BLK 420 TAMPINES STREET 41  
#12-122  
SINGAPORE 520420

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

02 Nov 2017



NP 428A

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.

Date of Accident

20/12/2018 12:35

Vehicle No.(For Motor)

FBE1404L

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095731548		YEO ZONG HAN FERRE	S9420750J	GMC	Third Party	FBE1404L	FBE1404L	08/11/2017	27/02/2019