

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	05/01/2019 16:03
Date Of Accident	04/01/2019 09:30
Exact Location Of Accident	ALONG SIMEI STREET 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA245G
Insured/Policyholder	
Name Of Registered Owner	SEAH WEE KOK
NRIC No	S0293496E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96724577
Alternative Phone No	OTHERS-96724577

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5057751859-06
Cover Note Number	

Driver

Name of Driver	SEAH WEE KOK
NRIC No	S0293496E
Date Of Birth	11/10/1941
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1966
Driving Experience	52 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96724577
Fax Number	
Contact Number	OTHERS-96724577
EMail Address	NOEMAIL

Address	BLK 144 TAMPINES STREET 12 #11-376
Postcode	521144
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 - MAJOR/MINOR RD
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?	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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190104/2139

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	SGE669L
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 SEAH WEE KOK

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBA245G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.



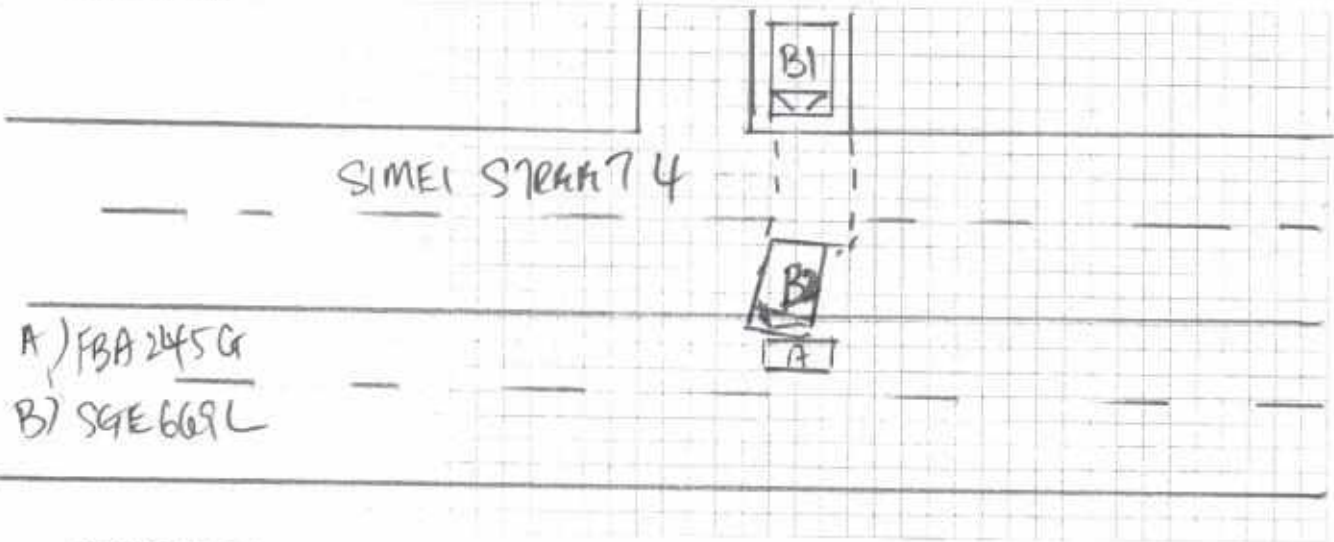
Policyholder's Signature
Date & Time:

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



07/01/2019
Reporting Centre Personnel's Signature
Name: Pesli Wathans
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Referral to Police Dept
7/20/90/04/2139

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.:

01/01/2019
Pol Di...



SINGAPORE POLICE FORCE



T/20190104/2139

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190104/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2019 19:42	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars

Name of Informant: SEAH WEE KOK			Address: APT BLK 144 TAMPINES STREET 12 #11-376 SINGAPORE 521144		
ID Type / ID No.: NRIC NO / S0293496E			Contact No.: Home/Office: Mobile: 96724577		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 77	Date of Birth: 11/10/1941	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: COURIER RIDER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/01/2019 09:30	Type of Location Straight Road
Location: Along Road 1 SIMEI STREET 4				
ALONG SIMEI STREET 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
FBA245G	Motorcycle	HONDA	WAVE 125R A	Orange	Slightly Damaged	0
SGE669L	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Da
FBA245G	NTUC Income Insurance Co-Operative Limited	5057751859-06	04/01/2019	03/01/2020



**SINGAPORE
POLICE FORCE**



T/20190104/2139

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 2

Report No. T/20190104/2139

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SEAH WEE KOK	ID No.	S0293496E
Related Vehicle	FBA245G (Motorcycle)	Contact No.	96724577
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2019	Date Discharge	04/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 04/01/2019, at about 0930hrs, I was riding along Simei Street 4 on my motorcycle (FBA245G) when another vehicle (SGE669L) suddenly turned out from the car park of Blk 235 Simei Street 4 and knocked onto my left side. The weather was clear and traffic condition was light.

As such, I fell off from my motorcycle and landed on my right side. I was subsequently conveyed to Changi General Hospital conscious. However, I suffered abrasions on my arms and legs area.

I was discharged on the same day with seven days of medical leave from 04/01/2019 to 10/01/2019.



SINGAPORE
POLICE FORCE



T/20190104/2139

3 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20190104/2139

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 /

Sgt 3 SOPHIA SIM SHI MEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202



SINGAPORE

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/01/2019 19:42

Classification Of Case:

Claim Handling

Accident MT/1026735

Policy No.	5057751859-06	Vehicle No.	FBA245G	GST Registration No.	
Certificate No.					
Policyholder Name	SEAH WEE KOK	Cover Type	Third Party	Policyholder NRIC	S0293496E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96724577	Special Remark		Contact No.(Home)	
Email Address		TCR	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFC	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	07/01/2019 18:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	04/01/2019	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SIMPUL STREET #				

▼ 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	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	10-428	Related Policy Number	5057751859-06		

▼ OS Driver Info

Driver Name	SEAH WEE KOK	Driver Type	Main Driver	Driver DOB	11/10/1941
Unnamed driver Name		Driver NRIC	S0293496E	Driving Experience	48
Register Date of Driver License	01/01/1970	Driver Age	77	Contact No.(Home)	
Contact No.(Mobile)	96724577	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 14A #11-37B	Address 2	TAMPINES STREET 12	Address 3	TAMPINES PARK
Address 4	SINGAPORE 521144	Address Type	Singapore address	Post Code	521144
Unit No.	11-37B				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBA245G	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	SEAH WEE KOK	Insured NRIC	S0293496E
Contact No.(Mobile)	96724577	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT Vehicle Number	FBA245G	TP Vehicle Number	SGE000
Claim Description	FBA245G / SGE000 ON 4 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered	07/01/2019 18:49	Claim Close Date		Date Received	07/01/2019
Report Taken By	KOSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	MT/1026735	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/01/2019 18:50
Path *		Category *	Confidential
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
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_9006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Jan 2019 18:50		Photos	Normal	Photos 2019-1-7

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Jan 2019 18:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Jan 2019 18:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Jan 2019 18:50	SAS	Normal	SAS 2019-1-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Jan 2019 18:50	Photos	Normal	Photos 2019-1-7
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Video List

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



MEDICAL CERTIFICATE

EMD20192678

ORIGINAL

Name SEAH WEE KOK		NRIC No. X01967608711
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>04 Jan 2019</u> to <u>10 Jan 2019</u> .		
This is to certify that the above-named is unfit for duty for a period of inclusive.		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave Admitted on : _____ Discharged on : _____		<input checked="" type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave, Delivery on : _____ <input type="checkbox"/> Sterilization Leave, Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 04-Jan-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. YANG YI XIAN, 63622C



GST Registration No.: M2-0088821-9

TAX INVOICE

CAENSI

04.01.2019 15:33 hrs

Bill To

SEAH WEE KOK
144 TAMPINES STREET 12
#11-376 SINGAPORE 521144

MRN/NRIC : X01367608711
CASE NUMBER : 6919301399E
CUSTOMER : 3026760871
A&E VISIT : 04.01.2019 09:3

Name of Patient SEAH WEE KOK

Service Description

Amount (\$\$)

X-RAY INVESTIGATIONS
A&E ATTENDANCE FEE
A&E PROCEDURES

TOTAL CHARGES

LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX

ADD : 7% GST

AMOUNT PAYABLE AFTER TAX

LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT

SEAH WEE KOK

AMOUNT DUE

SEAH WEE KOK

FOR INFORMATION:

ST: X SN: X01367608711

Total Charges Before
Govt Grant

71.00

256.00

25.00

352.00

226.00-

Total Amt Payable
After Govt Grant

0.00

126.00

0.00

126.00

8.82

134.82

8.82-

126.00

0.00

126.00

TYPE OF SUPPLY: CASH/CREDIT

VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statements Section B: Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ: Healthcare, REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS. Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers' Services: Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan. Payment may be made at DBS (Banking, AXS or NETS) station, via Cash Counter and A&E Registration Counter at <http://www.hccs.healthhub.sg> public payments@singhealth, or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO-02-003.R

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

Amount Enclosed: \$

Cheque No./Bank:

X01367608711 SEAH WEE KOK

CGH X01367608711

6919301399E

04.01.2019

15:33 hrs

BALANCE DUE : S\$ 126.00

MRN/NRIC : X01367608711

CASE NUMBER : 6919301399E

ADMISSION DATE : 04.01.2019

0000000000012600

ACCIDENT STATEMENT

ACCIDENT DATE: 04/01/2019 (DD/MM/YYYY). TIME: 09:30 (HH:MM)

LOCATION: Along Sime 814

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 245 G
b) INSURANCE COMPANY: MTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA WAVE 125 R
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: SEAH WHEE LOK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96724577
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 29/04/1966

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGK 681 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

COUCIRA @ SINGAPORE.COM SG

email =

VIDEO

FIONA

96650859

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0293496E



Name
SEAH WEE KOK
余偉國

Race
CHINESE

Date of birth
11-10-1941

Sex
M

Country/Place of birth
SINGAPORE



5916825



IDENTITY No. S0293496E

Date of issue
17-04-2018

Address
**APT BLK 144 TAMPINES STREET 12
#11-376
SINGAPORE S21144**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0293496E**

Name:

SEAH WEE KOK

Birth Date: **11 Oct 1941**

Issue Date: **31 Mar 2003**



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Apr 1966
Class 2A	Motorcycles between 201 cc and 400 cc	29 Apr 1966
Class 2	Motorcycles exceeding 400 cc	29 Apr 1966
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Jun 1962



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="04/01/2019 09:26"/>
Vehicle No.(For Motor)	<input type="text" value="FBA245G"/>	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"/>	5057751859-06		SEAH WEE KOK	S0293496E	GMC	Third Party	FBA245G	FBA245G	04/01/2019	03/01/2020