

NATIONAL Assessment Centre Services.

(ver 1 Jan 09)

MAN/419004279

Date In: 10/01/2019 11:32	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9000588/Y	SAS e-filing		
Veh No: FBA 1921S	E-mail (Vehicle Mtr, AIC Mtr)		
D.O.A: 01/10/2019 21:10	I-Motor Claim Form	10/02/2019 10:01	10/01/2019
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12/18
	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: SLJ 394H	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:	Completed by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Date of Claim:	Location:

MAN/41900300	Invoice / Particulars	Amount	Available
Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance 35		
	*NG: Repair Coordination 510		
	*NT: Post Repair Inspection 225		
	*NB: DV / Collect Excess Coordination 35		
	TP (Nil): TP (Nil) INC against INC 520		
	9) NI2: 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	10/01/2019 11:32
Date Of Accident	01/01/2019 21:10
Exact Location Of Accident	ALONG BUKIT TIMAH EXPRESSWAY (WOODLANDS 7.1KM)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA7921S
Insured/Policyholder	
Name Of Registered Owner	YAP THIAM LOON
NRIC No	S2607226C
Email Address	THIAMLOONYAP16@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82990433
Alternative Phone No	OTHERS-82990433

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC SPARK
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5038138907-09
Cover Note Number	

Driver

Name of Driver	YAP THIAM LOON
NRIC No	S2607226C
Date Of Birth	16/12/1964
Occupation	INDOOR
Date Of Driving Pass	18/10/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82990433
Fax Number	
Contact Number	OTHERS-82990433
Email Address	THIAMLOONYAP16@GMAIL.COM

Address	8 JLN SEKUNTUM 6 TMN BKT DAHLIA PASIR GUDANG JOHOR BAHRU
Postcode	81700
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 (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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190108/2038

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	SLJ329H
Vehicle Make/Model/Colour	
Details Of Propertles	
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 YAP THIAM LOON

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBA7921S

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.

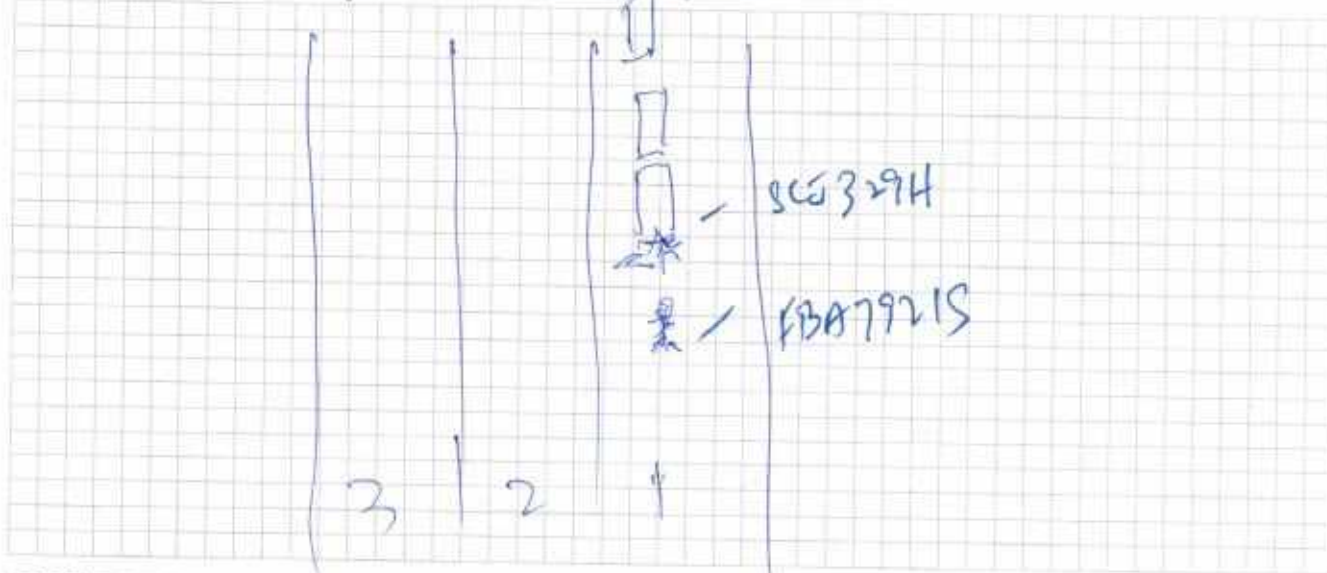
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Bionia Bera 7.1 km



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ms refer to Police Report
7/2019 0108/2038

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/20190108/2038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190108/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2019 11:41	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: YAP THIAM LOON			Address:		
ID Type / ID No.: NRIC NO / S2607226C			Contact No.: Home/Office: Mobile: 82990433		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 54	Date of Birth: 16/12/1964	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2019 21:10	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE(WOODLANDS) 7.1KM				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA7921S	Motorcycle	YAMAHA	T135	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA7921S	NTUC Income Insurance Co-Operative Limited	5038138907-09	16/08/2018	15/08/2019



**SINGAPORE
POLICE FORCE**



T/20190108/2038

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20190108/2038

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG BKE AFTER THE SURVEILLANCE CAMERA ON THE FIRST LANE. AT THE FRONT, THERE WAS ALREADY AN ON-GOING ACCIDENT HAPPENING WHICH INVOLVED THREE OTHER VEHICLE. I TRIED TO APPLY MY BRAKES IN HOPE TO AVOID THE ACCIDENT. UNFORTUANTELY, MY MOTORBIKE WAS ALREADY TOO CLOSE TO THE VEHICLE INFRONT. I WAS QUITE PUZZLED BY THEIR ACTIONS AS THEY DID NOT ON ANY SIGNAL OR INDICATIONS. MY ADDRESS IS, 8JLN SEKUNTUM 6TMN BKT DAHLIA, 81700 PASIR GUDANG JOHOR M'SIA



**SINGAPORE
POLICE FORCE**



T/20190108/2038

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 3

Report No. T/20190108/2038

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:
TP /
NG JIN SHENG

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
08/01/2019 11:41

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature: _____

Claim Handling

Accident MT/1027199

Policy No.	5038138907-09	Vehicle No.	PBA79215	GST Registration No.	
Certificate No.					
Policyholder Name	YAP THIAM LOON	Cover Type	Third Party	Policyholder NRIC	S2607226C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	82990433	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> YES	eCode	<input type="text" value="No"/>
WFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No	Private Hire	No		
Accident Details					
Report Date	10/01/2019 12:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/01/2019	Time of Accident hh:mm	21:10	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG BUKIT TIMAH EXPRESSWAY (WOODLANDS 7,1KM)				
Excess					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	NO 80 TAMAN MEGAH RIA	Address 2	JALAN KEMPAS 7 MASAI JOHOR	Address 3	MALAYSIA
Address 4		Address Type	Foreign address	Post Code	000000
Unit No.		Related Policy Number	5038138907-09		
OT Driver Info					
Driver Name	YAP THIAM LOON	Driver Type	Main Driver	Driver DOB	16/12/1964
Unnamed driver Name		Driver NRIC	S2607226C	Driving Experience	18
Register Date of Driver License	18/10/2000	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	82990433	Contact No.(Office)		Address 3	MALAYSIA
Address 1	NO 80 TAMAN MEGAH RIA	Address 2	JALAN KEMPAS 7 MASAI JOHOR	Post Code	000000
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver vehicle No.	PBA79215	Driver Insurer Company	NTUC
Declaration:					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YAP THIAM LOON	Insured NRIC	S2607226C
Contact No.(Mobile)	82990433	Contact No. (Home)	+0167990363	Contact No. (Office)	N/A
Email Address	thiamloonyap16@gmail.com	OT Vehicle Number	PBA79215	TP Vehicle Number	SLJ329
Claim Description	PBA79215 / SLJ329H ON 9 Jan 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA Report	Received
Finalisation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Repaired	Repair Option	Preferred Workshop, Name unknown	
Date Registered	10/01/2019 12:17	Claim Close Date		Date Received	10/01/2019
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1027199	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/01/2019 12:18
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read		Clear	Normal
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE: 5 (BUKIT MERAH)) on 10 Jan 2019 12:18		Photos	Normal
Description			
Photos 2019-1-10			



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:18	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:17	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:17	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:17	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:17	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:17	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:17	NKIC/ Driving License	Normal	NRIC/ Driving License 2019-1-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 12:17	SAS	Normal	SAS 2019-1-10

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (1.1.19) (DD/MM/YYYY), TIME: (9.20) (HH:MM)

LOCATION: BKE 7.1 km

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 7921 S
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5038138907-09
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 2006 SPARK 1.35
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way to home
 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: Yap Thiam Leon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2607226 CONTACT: 8290433
 c) ADDRESS: 110, 80, Salankempas 7, Taman
 Megah Ria, 47450, Malayan, Johor

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (16/12/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18/10/2000

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: Traffic Police, UBI ME?

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ 329H 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:

* No of passengers
 (including driver)
 (1)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

email = thiamleon.yap16@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2607226C



Name
YAP THIAM LOON
葉添龍

Race
CHINESE

Date of Birth
16-12-1964

Country of Birth
MALAYSIA

Sex
M

HNMA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2607226C**

Name
YAP THIAM LOON

Birth Date: **16 Dec 1964**

Issue Date: **23 May 2017**

0025861318

8334208



NRIC No. **S2607226C**



Nationality
MALAYSIAN

Blood Group: **B+** Date of issue: **10-11-1999**

**8 JLN SEKUNTUM 6 TMN BKT DAHLIA
81700 PASIR GUDANG JOHOR M'SIA**

NRIC No: **S2607226C** Date: **11/12/2012** No: **7151541**

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	18 Oct 2000
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	18 Oct 2000

NP 426A

Licence No: S2607226C

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 : 5038138907-09

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **FBA79215**
Chassis Number : **SYP204386**
2. Name of Policyholder : **YAP THIAM LOON**
3. Effective Date of Insurance : **16 Aug 2018**
4. Expiry Date of Insurance : **15 Aug 2019**

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)	: YAP THIAM LOON
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 : INCOME-WOODLANDS BRANCH (06000600316)
Date of Issue : 10 Aug 2018 11:58 hrs
Reprint : 10 Aug 2018 11:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA419004229 Vehicle Registration No: FBA 29XS

Name (as shown in NRIC) : YAP THAM LOON NRIC/FIN/Passport No : S2607226

(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No.: 82990433

Email Address : _____

Date of Accident : 01/01/2019 Time of Accident : 21:10

Place of Accident : Shuang Buken Tunnel Expressway (Lubang Jerutong) (7.1km)

Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance should be NTUC & not msh

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No: 10/01/2019
Date: