

NATIONAL Assessment Centre Services. MAY 19 2019

Date In: 20/01/2019 14:59	Job description	Date & Time Completed	Done by
Ref No: N/A/NAI9003182/Y	SAS e-filing		
Veh No: FBH 655U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/01/2019 20:30	I-Motor Claim Form	WMI/032418-001	20/01/2019
OID: (T) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:30
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SHB 3415L INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

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

Year of Registration: ( ) Warranty: YBS ( ) / 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 ( ) / Non-INC ( ))

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

2) QC Check / Post Repair Inspection ( )

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

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

Date/Time	Actions

Amounts Particulars	Invoice/Collection/Charges/Debit
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2007)
	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 (NI1): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile \$0
	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	20/02/2019 14:59
Date Of Accident	15/02/2019 20:30
Exact Location Of Accident	ALONG TELOK BLANGAH RD TOWARDS HENDERSON RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH655U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	GS.DANETAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91689260
Alternative Phone No	OFFICE-91689260

#### Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200 I-175CC
Exact Purpose for which vehicle was being used at time of accident	DELIVER FOOD (GRAB)
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	5100726122
Cover Note Number	

#### Driver

Name of Driver	TAN KOK SOON
NRIC No	S9438434F
Date Of Birth	13/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91689260
Fax Number	
Contact Number	OTHERS-91689260
E Mail Address	GS.DANETAN@GMAIL.COM

Address	BLK 663A PUNGGOL DRIVE #09-272
Postcode	821663
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190218/2197

#### 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	SHB3415L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOI MENG YEE
NRIC/Passport Number	S1210165A
Contact Number	98153763
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN KOK SOON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH655U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.



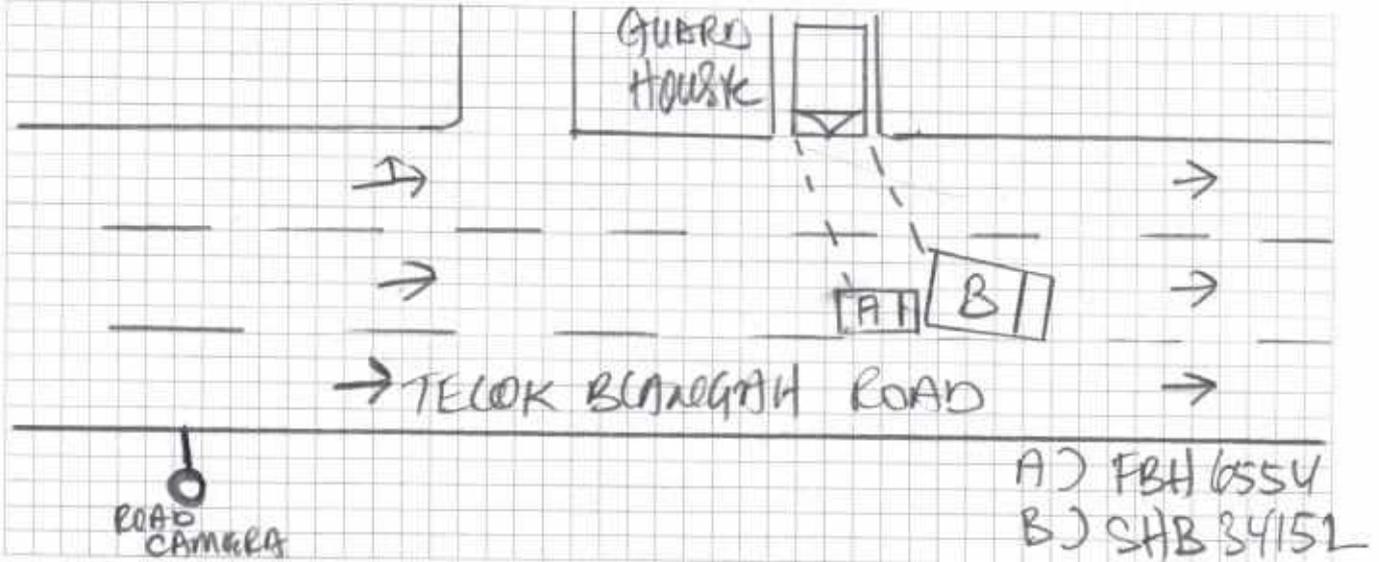
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

SKYLINE CONDOMINIUM



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*DS REFER TO POLICE REPORT  
7/2019 0218/2019*

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: *Rashid*  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190218/2197

1 of 4

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190218/2197

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/02/2019 20:11	Vide Report No.:	Station Diary No.: 94
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**Informant's Particulars**

Name of Informant: TAN KOK SOON		Address: APT BLK 663A PUNGGOL DRIVE #09-272 SINGAPORE 821663	
ID Type / ID No.: NRIC NO / S9438434F		Contact No.: Home/Office:	Mobile: 91689260
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 13/10/1994	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY MAN		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: 15/02/2019 20:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TELOK BLANGAH ROAD				
Along Telok Blangah Road towards Henderson Road outside Skyline Residences				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
FBH655U	Motorcycle				Totally Damaged	0
SHB3415L	Car				Slightly Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

Rider			
Name	TAN KOK SOON		ID No. S9438434F
Related Vehicle	FBH655U (Motorcycle)		Contact No. 91689260
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	16/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LOI MENG YEE		ID No. S1210165A
Related Vehicle	NIL		Contact No. 98153763
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 15/02/19 at about 2030hrs, I was riding my motorcycle, bearing VRN FBH655U, along the middle lane of Telok Blangah Road towards Henderson Road outside of Skyline Residences, when suddenly a ComfortDelGro yellow taxi which had two passengers bearing VRN SHB3415L drove out of Skyline Residences. Subsequently, the taxi abruptly switched lane from the left lane into my lane. I immediately jammed brake, however as I could not brake in time my motorcycle collided into the rear of the taxi. My motorbike then skidded and suffered serious damages overall. I also fell off the bike and suffered abrasions on both arms, both knees and both feet. The taxi suffered minor dents on the exhaust pipe. I then stopped at the side of the road and exchanged particulars with the taxi driver. The taxi had a front facing in-car camera. I also wish to state that there is a camera on the opposite side of the road outside of Skyline Residences.

The incident was attended by traffic police however I did not take note of their call sign nor did I receive any case card. I refused to be conveyed to hospital by ambulance as my friend was coming to pick me up. I did not go to the doctor that day.

On 16/02/19, as I felt that my injuries were deteriorating, I went to Sengkang General Hospital A&E to receive treatment. I suffered severe abrasions and was given 3 days of MC (16/2/19-18/2/19).

On 18/2/19, as I felt that the pain has not gone away I went to Punggol Polyclinic to receive treatment and was given another 4 days of MC. In total, I am on medical leave from 16/2/19 to 22/2/19.



**SINGAPORE  
POLICE FORCE**



T/20190218/2197

3 of 4

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190218/2197

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190218/2197

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

4 of 4

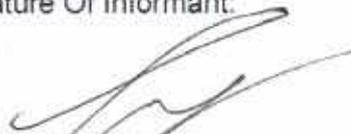
Report No. T/20190218/2197

**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 CHOW YUN NI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 20:11
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:

Authentication Stamp  
 NP168



SIN 49

**Claim Handling**

The premium on this policy has not been collected.

Accident MT/1032918

Policy No.	5100726122	Vehicle No.	FBH655U	GST Registration No.	23414700L
Certificate No.				Policyholder NRIC	23414700L
Policyholder Name	SOUTHERN MOTOR	Cover Type	Third Party	Loading	0
Product Code	FLEET INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	91689260	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
KPI	No Yes	NCD Endorsemnt (%)	0	Private Hire	No
NCD Protection	No				

**Accident Details**

Report Date	20/02/2019 15:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/02/2019	Time of Accident (H:mm)	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELOK BLANGAH RD TOWARDS HENDERSON RD				

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	18/06/2001
GST Registration No.	23414700L	GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 1006 #01-10	Address 2	BUKIT MERAH LANE 2	Address 3	SINGAPORE 159762
Address 4		Address Type	Singapore address	Post Code	159762
UIN No.		Related Policy Number	5100726122		

**03 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/10/1994
Unnamed driver Name	TAN KOK SOON	Driver NRIC	S9438434F	Driving Experience	4
Register Date of Driver License	29/09/2014	Driver Age	24	Contact No. (Office)	
Contact No. (Mobile)	91689260	Contact No. (Home)		Contact No. (Home)	
Address 1	BLK BASA #09-272	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNDBAH
Address 4	SINGAPORE 821663	Address Type	Foreign address	Post Code	821663
UIN No.	08-272				
Does he own a Singapore registered car?	No Yes No	Driver Vehicle No.	FBH655U	Driver Insurer Company	NTUC

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes No
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**Modification History**

Claim 001 **Back**

Claim Type *	OD-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	82790368
Email Address	ktumotor@aloginet.com.sg	OT Vehicle Number	FBH655U	TP	
Claim Description	FBH655U / SHB3415L ON 15 Feb 2019			Vehicle Number	SHB3415L
Preferred Workshop		Insured Liability	Not at Fault		
Damage No. Provision	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/02/2019 15:29	Claim Close Date		Date Received	20/02/2019 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

**Attachment**

Accident No.	MT/1032918	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/02/2019 15:30
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
Choose File	No file chosen	Clear	Please Select
Message Read			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Req Cert (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 15:30	Photos	Normal	Photos 2019-2-20	
	NAC_BUKIT_MERAH_800476( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 15:30	Photos	Normal	Photos 2019-2-20	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 15:30	Photos	Normal	Photos 2019-2-20	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 15:30	Photos	Normal	Photos 2019-2-20
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 15:29	Photos	Normal	Photos 2019-2-20
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 15:29	Photos	Normal	Photos 2019-2-20
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 15:29	NIIC/ Driving License	Normal	NIIC/ Driving License 2019-2-20
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2019 15:29	SAS	Normal	SAS 2019-2-20

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

# ACCIDENT STATEMENT

ACCIDENT DATE: 15/02/2019 (DD/MM/YYYY), TIME: 20:30 (HH:MM)

LOCATION: Along Jalan Blangah Rd Towards Menomorial Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 6554  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Sym Toy RIDE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB FORD  
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: Southern Motor (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Low Kok Suan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 99038434F CONTACT: 91689260  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 13/10/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/09/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: Guanasowan

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8TB 3415 L MODEL: Tova  
b) DRIVER'S NAME: Chen Meah Yee  
c) NRIC/FIN/PASSPORT: S1210165A CONTACT: 98153763

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = Gs. Danet an@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S9438434F



Name  
 TAN KOK SOON

陈国顺

Race  
 CHINESE

Date of birth  
 13-10-1994

Sex  
 M

Country of birth  
 SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9438434F

Name  
 TAN KOK SOON

Birth Date 13 Oct 1994

Issue Date 29 Sep 2014




002360390D

4337931



NRIC No. S9438434F



Date of issue  
 13-01-2009

APT BLK 883A PUNGGOL DRIVE #09-272  
 SINGAPORE 821843

NRIC No: S9438434F Date: 18/08/2015

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

EFFECTIVE DATE  
 29 Sep 2014

Class 2B Motorcycles <= 200 cc



NP 426A

Licence No: S9438434F



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5100726122  
Cover : Third Party

1. Index mark and Registration Number of Vehicle	: FBH655U
Chassis Number	: RFGLF18WYDS011828
2. Name of Policyholder	: SOUTHERN MOTOR
3. Effective Date of Insurance	: 08 Dec 2018
4. Expiry Date of Insurance	: 07 Dec 2019

5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
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 or Hirer's business.

MR. Tan Kok Soon

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$1,500
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

(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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 14 May 2018 15:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive