

# NATIONAL Assessment Centre Services.

(wef 1 Jan'08)

NBA/INC 19004995/4

|                            |  |                       |                  |
|----------------------------|--|-----------------------|------------------|
| Date In: 18/03/2019 18:39  | Job description                          | Date & Time Completed | Done by          |
| Ref No: NBA/INC 19004995/4 | SAS e-filing                             |                       |                  |
| Veh No: SKP 881 J          | E-mail (w/da 3hrs, A/C 2hrs)             |                       |                  |
| D.O.A: 10/03/2019 22:30    | I-Motor Claim Form                       | MT/103557-002         | 18/03/2019 18:56 |
| OID: TI - Reporting Only   | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |                  |
|                            | I-Photo Uploaded                         |                       |                  |
| TP Insurer:                | Assessment/Survey Report                 |                       |                  |
|                            | Ass't Report by Fax / Hand to Owner/Wksn |                       |                  |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: SJH582LD  | 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 ( )                      |                       |

|   |
|---|
| ( ) 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: ( )                            |

|   |  |
|---|--|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |  |
| 2) QC Check / Post Repair Inspection ( )                |  |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |  |

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

|                                 |  |
|---------------------------------|--|
| NBA/1902018                     | Invoice No: 1902018                          |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30)             |
| Contact No:                     | 2) DA: Damage Assessment (\$100) INC (\$50)  |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                  |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120           |
|                                 | 5) PT: Follow-Through Survey (Resurvey) \$30 |
|                                 | 6) TR: Re-inspection \$75                    |
|                                 | 7) NI: Idan DA + SMRT Survey \$160           |
|                                 | 8) NTUC Additional Services:                 |
|                                 | 9) NI: Idan Mobile                           |
|                                 | 10) NI: Repair Co-ordination                 |
|                                 | 11) NI: Post Repair Inspection               |
|                                 | 12) NI: DV / Collect Excess Coordination     |
|                                 | 13) NI: TP (w/ INC) \$30                     |
|                                 | 14) NI: Idan Mobile                          |
|                                 | Fee Charged                                  |
|                                 | Invoice dated                                |
|                                 | Invoice received                             |



## 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             | 18/03/2019 18:39                   |
| Date Of Accident           | 10/03/2019 22:30                   |
| Exact Location Of Accident | BEFORE JB CUSTOM TOWARDS SINGAPORE |
| Country/State of Loss      | MALAYSIA/JOHOR DARUL TAKZIM        |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SKP881J                 |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | KHOO KIAN HENG          |
| NRIC No                     | S7047535I               |
| Email Address               | DESMOND081170@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-93979979    |
| Alternative Phone No        | OTHERS-93979979         |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | TOYOTA              |
| Model  | WISH-1.8 X (A)      |
| Exact Purpose for which vehicle was being used at time of accident           | RETURN TO SINGAPORE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                  |
| If No, Please state action to be taken                                       | REPORTING ONLY      |
| Vehicle Category   | PRIVATE CAR         |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5093259552-01                          |
| Cover Note Number         |  |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | KHOO KIAN HENG          |
| NRIC No              | S7047535I               |
| Date Of Birth        | 08/11/1970              |
| Occupation           | INDOOR                  |
| Date Of Driving Pass | 09/11/2015              |
| Driving Experience   | 3 YEARS AND 4 MONTHS    |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-93979979    |
| Fax Number           |                         |
| Contact Number       | OTHERS-93979979         |
| Email Address        | DESMOND081170@GMAIL.COM |

|   |  |
|---|--|
| Address   | BLK 161 TOA PAYOH LORONG 1<br>#10-1606 |
| Postcode  | 310161                                 |
| 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   | SIDE SWIPE |
| 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)   | 2                                  |
| Passenger 1   | NAME: : FRIEND<br>GENDER: : FEMALE |

#### Details of Police Action

|  |   |
|--|---|
| Was the accident reported to the police?   | YES   |
| If Yes, Please state which Police Station: |   |
| Police Station Name                        | BISHAN NEIGHBOURHOOD POLICE CENTRE                                |
| Police Station Address                     | ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE |
| Police Station Contact                     | TEL NO: 1800-5529999 - FAX NO: 65561905                           |
| Was notice of intended Prosecution given?  | NO  |
| If Yes, against whom?                      |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190312/2035

#### 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 | SJH5821D    |
| Vehicle Make/Model/Colour   | TOYOTA      |
| 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)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

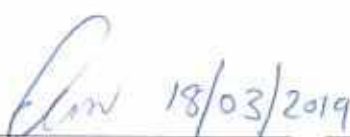
## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

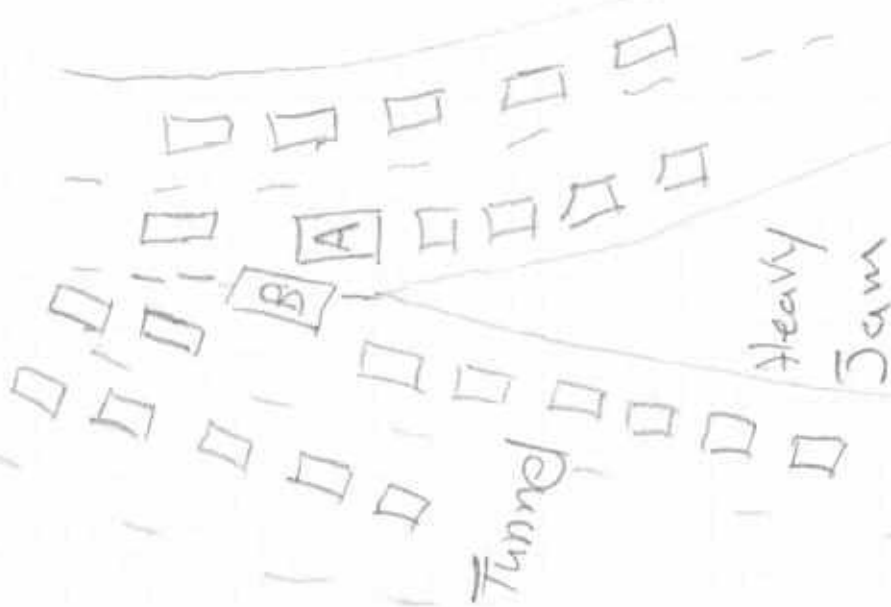
  
Policyholder's Signature  
Date & Time: 18/03/2019

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

  
Reporting Centre Personnel's Signature  
Name: Kael  
NRIC/FIN No.: 1803/2019



Toward Singapore  
 SKETCH PLAN  
 J.B Custom



- A) SKP8813
- B) SJH15821D

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

While i'm driving toward J.B Custom back to Singapore, there is a heavy Jam. Everybody shift the car here and there, I moving slowly on my own lane (CAR, A) and suddenly (car B) shifted his car inward toward me, his back wheel ~~hit~~ on right side hit on my front left wheel.

POLICE REPORT 7/20190312/2035

**DECLARATION**

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

*[Signature]* 18/03/2019

Policyholder's Signature  
 Date & Time:

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

*[Signature]* 18/03/2019  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20190312/2035

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20190312/2035

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                          |                            |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>12/03/2019 10:50 |            | Vide Report No.:             |   | Station Diary No.:<br>46 |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                          |                            |
| Name of Informant:<br>KHOO KIAN HENG       |            |                              | Address:<br>APT BLK 161 LORONG 1 TOA PAYOH #10-1606<br>SINGAPORE 310161 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S70475351   |            |                              | Contact No.:<br>Home/Office: Mobile: 93979979                           |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:  |                          |                            |
| Sex:<br>Male                               | Age:<br>48 | Date of Birth:<br>08/11/1970 | Type of Informant:<br>Driver  |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:   |                          | Institution / School Name: |
| Occupation:<br>SELF EMPLOYED               |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                |                          |                            |

## General Information of the Accident

|  |                      |                      |  |                                     |
|--|----------------------|----------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>10/03/2019 10:35 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>WOODLANDS ROAD                  |                      |                      |  |                                     |
| Johor Custom towards Woodlands Custom                        |                      |                      |  |                                     |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry |  | Road Speed Limit:                   |
| Traffic Flow:  |                      | Traffic Control:     |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                      |                      |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make   | Model       | Color | Condition | No of Passenger |
|-------------|------|--------|-------------|-------|-----------|-----------------|
| SJH5821D    | Car  |        |             |       |           | 0               |
| SKP881J     | Car  | TOYOTA | WISH 1.8X A | Black |           | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SKP881J     | NTUC Income Insurance Co-Operative Limited | 5093259552-01 | 15/08/2018 | 14/08/2019  |



**SINGAPORE  
POLICE FORCE**



T/20190312/2035

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No: T/20190312/2035

**CONTINUATION OF REPORT**

**Brief Details.**

On 10/03/2019 at about 1035hrs, I was traveling (SKP881J) towards Johor Custom to Woodlands Check point. At the point of time, the traffic volume is heavy.

Suddenly, one vehicle (SJH5821D) was on my left side cut into my lane and hit onto my vehicle front left area. I alighted from my vehicle and made a check. No one was injured. No police or ambulance was activated. I did exchange particulars with the driver.

I am lodging this report for record purposes.





**SINGAPORE  
POLICE FORCE**



T/20190312/2035

3 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



Report No. T/20190312/2035

**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:<br>E /<br>Sgt 2 LIM HWEE JIE, SAMUEL   | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>12/03/2019 10:50   |
| Officer In Charge Of Case:<br>TP / GIA /<br>Staff Sgt WONG SIEU LUI<br>Contact No.: 65476151<br> | Classification Of Case:  |
| Authentication Stamp<br>NP168   |  |

## Claim Handling

Accident RT/1035557

|                                   |                             |                               |               |                      |                      |
|-----------------------------------|-----------------------------|-------------------------------|---------------|----------------------|----------------------|
| Policy No.                        | SR4329552-01                | Vehicle No.                   | SRP8611       | GST Registration No. |                      |
| Certificate No.                   |                             |                               |               |                      |                      |
| Policyholder Name                 | KHOO KIAN HENG              |                               |               | Policyholder NRIC    | S20475131            |
| Product Code                      | PRVKTG CAR INSURANCE        | Cover Type                    | Basic CLASSIC | Leading              | 0                    |
| Contact No.(Mobile)               | NA                          | Contact No.(Office)           |               | Contact No.(Home)    |                      |
| Email Address                     |                             | Special Remark                |               | eCode                | <a href="#">Go +</a> |
| KPI                               | No Yes                      | TCA                           | No Yes        | eCode Reason         |                      |
| NCD Protection                    | No                          | NCD Embodiment(%)             | 0             | Private Note         | Not available        |
| <b>Accident Details</b>           |                             |                               |               |                      |                      |
| Report Date                       | 12/03/2019 13:04            | Accident Report Within 24 hrs | Yes           | Accident Type        | Side Swipe           |
| Date of Accident                  | 10/03/2019                  | Time of Accident (h:mm)       | 22:30         | Country of Accident  | Singapore            |
| Reporting Centre                  |                             | Damage Force                  |               | ICM No.              |                      |
| Accident Location                 | JB CUSTOM TOWARDS SINGAPORE |                               |               |                      |                      |
| <b>Excess</b>                     |                             |                               |               |                      |                      |
| Own Damage Excess                 | 000.00                      | Additional Excess             | 0             | Windscreen Excess    | 100.00               |
| Uninsured Driver Excess           | 0.00                        | Outside Singapore OD Excess   | 000.00        |                      |                      |
| Third Party Excess                | 0.00                        | Outside Singapore TP Excess   | 0.00          |                      |                      |
| <b>Benefits</b>                   |                             |                               |               |                      |                      |
| <b>GST Registered Information</b> |                             |                               |               |                      |                      |
| GST Registered                    | No                          | GST Registration Date         |               | GST Status Verified  | Yes                  |
| GST Registration No.              |                             |                               |               |                      |                      |
| Modification History              |                             |                               |               |                      |                      |

## Policyholder Mailing Address

|   |                  |                       |                    |                        |                 |
|---|------------------|-----------------------|--------------------|------------------------|-----------------|
| Address 1                               | BLK 161 #10-1005 | Address 2             | LORONG 1 TDA HANON | Address 3              | TDA HANON GREEN |
| Address 4                               | SINGAPORE 310261 | Address Type          | Singapore address  | Post Code              | 310261          |
| Unit No.                                |                  | Related Policy Number | SR4329552-01       |                        |                 |
| <b>OI Driver Info</b>                   |                  |                       |                    |                        |                 |
| Driver Name                             |                  | Driver Type           |                    | Driver DOB             |                 |
| Uninsured driver Name                   |                  | Driver NRIC           |                    | Driving Experience     |                 |
| Registry Date of Driver License         |                  | Driver Age            |                    | Contact No.(Home)      |                 |
| Contact No.(Mobile)                     |                  | Contact No.(Office)   |                    | Address 1              |                 |
| Address 3                               |                  | Address 2             |                    | Post Code              |                 |
| Address 4                               |                  | Address Type          | Foreign address    |                        |                 |
| Unit No.                                |                  |                       |                    |                        |                 |
| Does he own a Singapore Registered car? | Yes - No         | Driver Vehicle No.    |                    | Driver Insurer Company |                 |

Modification History

Claim 002 [New](#)

|                                 |                                    |                         |                |                                  |                  |
|---------------------------------|------------------------------------|-------------------------|----------------|----------------------------------|------------------|
| Claim Type *                    | OD-MX                              | Insured Name            | KHOO KIAN HENG | Insured NRIC                     | S20475131        |
| Contact No.(Mobile)             | 91478479                           | Contact No. (Home)      | 94683592       | Contact No. (Office)             |                  |
| Email Address                   | WILSONWIP@G.CC                     | DI Vehicle Number       | SRP8611        | TP Vehicle Number                | S2056219         |
| Claim Description               | SRP8611 / SR4329552 ON 10 Mar 2019 |                         |                |                                  |                  |
| Preferred Workshop              |                                    | Insured Vehicle         | Not at Fault   | Preferred Workshop, Name unknown | GIA report       |
| Delivered by                    | Yes                                | Preferred Repair Option |                |                                  | Received         |
| Date Reported                   | 18/03/2019 18:39                   | Claim Close Date        |                | Date Received                    | 18/03/2019 00:00 |
| Report Taken By                 | ROSLI WAHAB                        |                         |                |                                  |                  |
| <a href="#">Print as letter</a> |                                    |                         |                |                                  |                  |

[Save](#) [Submit](#)

## Attachment

|                    |                |             |                  |
|--------------------|----------------|-------------|------------------|
| Accident No.       | RT/1035557     | Claim No.   | 002              |
| Last Doc. Approved | Yes - No       | Upload Date | 18/03/2019 18:36 |
| Path *             |                |             |                  |
| Choose File        | No file chosen | Clear       |                  |
| Choose File        | No file chosen | Clear       |                  |
| Choose File        | No file chosen | Clear       |                  |
| Choose File        | No file chosen | Clear       |                  |
| Choose File        | No file chosen | Clear       |                  |
| Choose File        | No file chosen | Clear       |                  |
| Choose File        | No file chosen | Clear       |                  |
| Message Read       |                |             |                  |

## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Description                     | Req. Sent (CO) |
|------------|--|-----------------------|---------|---------------------------------|----------------|
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 18 Mar 2019 18:36 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-3-18 |                |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 18 Mar 2019 18:36 | SAS                   | Normal  | SAS 2019-3-18                   |                |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 18 Mar 2019 18:36 | Photos                | Normal  | Photos 2019-3-18                |                |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 18 Mar 2019 18:36 | Photos                | Normal  | Photos 2019-3-18                |                |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 18 Mar 2019 18:36 | Photos                | Normal  | Photos 2019-3-18                |                |

[Send Message](#)

| S (BUKIT MERAH) on 18 Mar 2019 18:39  |  |                       |                    |                  |        |
|---|--|-----------------------|--------------------|------------------|--------|
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:39 | Photos                | Normal             | Photos 2019-3-18 |        |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:38 | Photos                | Normal             | Photos 2019-3-18 |        |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:38 | Photos                | Normal             | Photos 2019-3-18 |        |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:38 | Photos                | Normal             | Photos 2019-3-18 |        |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:38 | Photos                | Normal             | Photos 2019-3-18 |        |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:38 | Photos                | Normal             | Photos 2019-3-18 |        |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:38 | Photos                | Normal             | Photos 2019-3-18 |        |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Mar 2019 18:38 | Photos                | Normal             | Photos 2019-3-18 |        |
| Video List  |  |                       |                    |                  |        |
| Uploaded By/Date  | Folder Date  | File Name             | 1                  | Source           | Action |
|   |  | Display in New Window | Scan and uploading |                  |        |



# ACCIDENT STATEMENT

ACCIDENT DATE: 10/03/2019 (DD/MM/YYYY), TIME: 22:00 PM (HH:MM)

LOCATION: Toward Singapore, before Johor Custom

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 881 J  
b) INSURANCE COMPANY: N.T.U.C  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Visit Relative return Singapore  
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: 1400 KIAN HENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7047535/I CONTACT: 93979979  
c) ADDRESS: B1C 161 Ton payoh Lor 1 #10-1606

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

### DRIVER

- a) NAME: As NIKHIL (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 08/11/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) DATE OF DRIVING PASS: 29/11/2015

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: SJH 5821 D MODEL: TOYOTA  
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: \_\_\_\_\_

Email = DEMON081170@gmail.com  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S70475351



Name  
KHOO KIAN HENG  
丘建兴  
Race  
CHINESE  
Date of Birth  
08-11-1970  
Sex  
M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S70475351  
Name  
KHOO KIAN HENG  
Birth Date  
08 Nov 1970  
Issue Date  
09 Nov 2015



002491720J

SG 50

A0134854



S70475351



17-05-2002

APT BLK 161 TOA PAYOH LORONG 1 #10-1606  
SINGAPORE 10161  
NRIC No: S70475351 Date: 05-04-2006 No: 5554270

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 09 Nov 2015

Licence No: S70475351



NP 428A

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## Policy Query

|   |                                      |                    |   |                   |         |              |             |                |               |             |
|---|--------------------------------------|--------------------|---|-------------------|---------|--------------|-------------|----------------|---------------|-------------|
| Policy No:                              | <input type="text"/>                 | Date of Accident   | <input type="text" value="10/03/2019 18:56"/> |                   |         |              |             |                |               |             |
| Vehicle No. (For Motor)                 | <input type="text" value="SKP881J"/> | 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 type="radio"/>                   | 5093259552-01                        |                    | KHOO KIAN HENG                                | 570475351         | GPC     | drvo CLASSIC | SKP881J     | SKP881J        | 15/08/2018    | 14/08/2019  |
| <input type="button" value="Continue"/> |                                      |                    |   |                   |         |              |             |                |               |             |