

15MA46904.2454

OD (TP) Reporting Only

Confirmed by : (

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()1) Apply for Transport Allowance () / Courtesy Car ()

Injury :

[illegible]Driver/Owner:

Contact No:

Damaged Portion:

OC Checked by (Engr-In-Charge):

Auditors' Comments:

2001

2191) AR: Accident Reporting (530)

2) DAI Damage Assessment (\$100)	INC (\$10)
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3) Towing Fee	340.00
	513

4) FT: Follow-Through Survey	4.1
5) FT: Follow-Through Survey (Hawthorn)	5.1

3) PT: Follow-Thru Survey (10/21/97)
 - Follow-Thru Survey (10/21/97)

625TH: Re-Innovation 37

7) INTRAPOLATION	516
TOTAL: (New DA + SMRT Survey)	516

1) NTI/DAV Online Course
2) NTI/DAV Additional Services:

8) NIOCAKARIN SÖMÖK

* NS: Courtesy Dept of Transportation

4. No: Repairs Co-ordination 28089829

✓ Post-Band Inspection

*No DV / Collect Excess Contribution

TP (Nil) : TP (Nil in INC) : 24/11/2020

9) N13: Idao Mobile Pas Chantel

Invoice date: _____
By: _____

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	01/04/2019 19:53
Date Of Accident	30/03/2019 17:20
Exact Location Of Accident	TEMASEK HALL KENT RIDGE DRIVE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP810X
Insured/Policyholder	
Name Of Registered Owner	FOO CHIT FATT (HU ZHIFA)
NRIC No	S8108700H
Email Address	ANDYMAX1981@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97635576
Alternative Phone No	OTHERS-97635576

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)-155CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107261099
Cover Note Number	

Driver

Name of Driver	FOO CHIT FATT (HU ZHIFA)
NRIC No	S8108700H
Date Of Birth	20/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1999
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97635576
Fax Number	
Contact Number	OTHERS-97635576
Email Address	ANDYMAX1981@YAHOO.COM

Address	BLK 170 STIRLING ROAD #11-1141
Postcode	140170
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?	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/20190401/2128

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD6457L
Vehicle Make/Model/Colour	YAP YEW CHOH KENNETH
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)

2

Passenger 1

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

FOO CHIT FATT (HU ZHIFA)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBP810X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

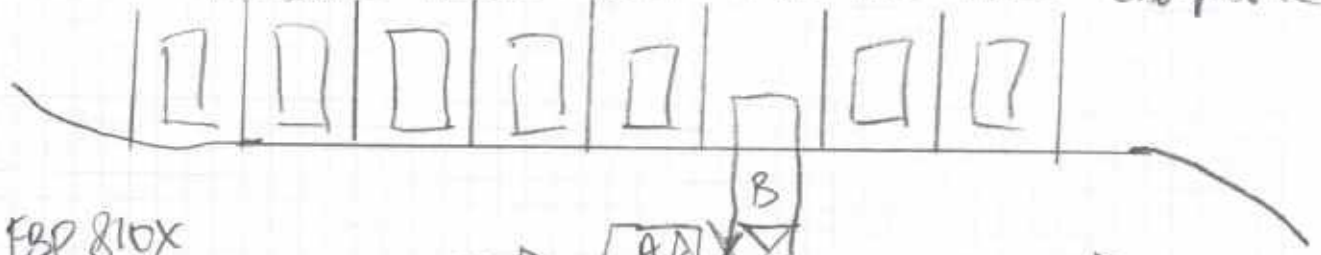
Chikraff 11/4/19
Policyholder's Signature
Date & Time:

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

0104/2019
Reporting Centre Personnel's Signature
Name: 2022
NRIC/FIN No.: 101013

SKETCH PLAN

TRAMASHIK HALL KEM RIGTH DE OPM CARPARK



A) FBP 810X

B) SJD 6457L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Refer to Police Report
1/20/9401/278

DECLARATION

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

CHH 1/4/19
Policyholder's Signature
Date & Time:

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

as 1/20/9401/278
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



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

Report No. T/20190401/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 15:38	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: FOO CHIT FATT			Address: APT BLK 170 STIRLING ROAD #11-1141 SINGAPORE 140170		
ID Type / ID No.: NRIC NO / S8108700H			Contact No.: Home/Office: 97635576 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 20/03/1981	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2019 17:20	Type of Location: Car Park
Location: Along Road 1 KENT RIDGE DRIVE Temasek Hall open space carpark.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP810X	Motorcycle	YAMAHA	AEROX GDR155 CVT	Black	Seriously Damaged	0
SJD6457L	Car			Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190401/2128

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP810X	NTUC Income Insurance Co-Operative Limited	5107261099	26/01/2019	25/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	FOO CHIT FATT		ID No.	S8108700H
Related Vehicle	FBP810X (Motorcycle)		Contact No.	97635576
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/03/2019		Date Discharge	30/03/2019
No. of Days granted Medical Leave	01		Degree of Injury	Slight
Driver				
Name	Yap Yew Choh Kenneth		ID No.	S7504836Z
Related Vehicle	NIL		Contact No.	98731663
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 30/03/2019 at about 1720hrs, I ride vehicle registration number FBP810X into Temasek Hall to find for a parking. It was when Vehicle registration SJD6457L suddenly came out from his Lot which made me collide onto his front right side of the vehicle. I then fall to the ground with my motorcycle. The driver then helped me and we subsequently exchanged particulars

I sustain swollen on my right leg and felt some pain on other parts of my body. My vehicle FBP810X front and right side was badly damaged and front headlight was broken, however my motorcycle still can be driven. I went to NUH on the day itself to seek medical attention and I was given one day MC.



**SINGAPORE
POLICE FORCE**



T/20190401/2128

3 of 3

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

Report No. T/20190401/2128

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 SURAIYAH PARVEEN BINTE HABIB MUHAMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2019 15:38
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

Claim Handling

Accident MY/1038384

Policy No.	SL07261096	Vehicle No.	PM910X	GET Registration No.	
Certificate No.					
Policyholder Name	POO CHIT PATT			Policyholder NRIC	S81087004
Product Code	MOTOCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	97635576	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
APK	No - Yes	TCA	No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	01/04/2019 20:06	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/03/2019	Time of Accident in-min	17:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICR No.	
Accident Location	TERADEK HALL 480T RIDGE DRIVE CAMPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess		Driver is Covered?	Not Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 170 #11-114C	Address 2	STERLING ROAD	Address 3	SINGAPORE 140170
Address 4		Address Type	Singapore address	Post Code	140170
Unit No.		Related Policy Number	SL07261096		

OI Driver Info

Driver Name	POO CHIT PATT (HU ZHIFA)	Driver Type	Main Driver	Driver DOB	20/03/1981
Unkname driver Name		Driver NRIC	S81087004	Driving Experience	18
Register Date of Driver License	26/07/1996	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	97635576	Contact No.(Office)		Address 1	SINGAPORE 140170
Address 1	BLK 170 #11-114C	Address 2	STERLING ROAD	Address 3	SINGAPORE 140170
Address 4		Address Type	Singapore address	Post Code	140170
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PM910X	Driver Insurer Company	NTJC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001

Claim Type *	OD-MX	Insured Name	POO CHIT PATT	Insured NRIC	S81087004
Contact No.(Mobile)	97635576	Contact No. (Home)	No	Contact No. (Office)	
Email Address	pmtymax1981@yahoo.com	OT	Vehicle Number	TP	SL09457L
Claim Description	PM910X / SL09457L ON 30 Mar 2019				
Preferred Workshop	Insured Selects	Not at Fault			
Reported by	Yes	Report	Preferred Workshop Name unknown	DDA report	Received
Date Registered	01/04/2019 20:06	Claim Date		Date Received	01/04/2019 00:00
Report Taken By	ROSU WANAB				

Print AR Letter

Save Submit

Attachment

Accident No.	MY/1038384	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	01/04/2019 21:06
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Board			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Apr 2019 20:06	Photos	Normal
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Apr 2019 20:06	Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	Photos	Normal	Photos 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	SAS	Normal	SAS 2019-4-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2019 20:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-1

Video List

Upload By/Date	Folder/Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

ACCIDENT STATEMENT

ACCIDENT DATE: 30/03/2019 (DD/MM/YYYY), TIME: 17:20 (HH:MM)

LOCATION: Temasek Hall car park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 810X
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha aerox 155
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
 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: FOO CHIT FATT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8108700H CONTACT: 97635576
 c) ADDRESS: BLK 170 STIRLING ROAD #11-1141
S(140170)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: FOO CHIT FATT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8108700H CONTACT: 97635576
 c) ADDRESS: BLK 170 STIRLING ROAD #11-1141
S(140170)

* d) DATE OF BIRTH: 20/03/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/07/1999

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: Queenstown N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJD 6457L MODEL: _____
 b) DRIVER'S NAME: YAP YEW CHOH KENNETH
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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)
(2)

* No of passenger
 (including driver)
()

Email = anchymax1981@yahoo.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8108700H



Name

FOO CHIT FATT
(HU ZHIFA)

胡 焯 发

Race

CHINESE

Date of birth

20-03-1981

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8108700H
Name

FOO CHIT FATT
(HU ZHIFA)

Birth Date 20 Mar 1981

Issue Date 13 Jul 2007



4827854

NRIC No. S8108700H



Date of issue

21-02-2012

Address

APT BLK 170 STIRLING ROAD
#11-1141
SINGAPORE 140170

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

Class 2B Motorcycles <= 200 cc
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE

26 Jul 1999
21 Sep 2004

NP 426A



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

30/03/2019 19:52

Vehicle No. (For Motor)

FBP810X

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5107261099		FOO CHIT FATT	S8108700H	GMC	Third Party, Fire & Theft	FBP810X	FBP810X	26/01/2019	25/01/2020