

# NATIONAL Assessment Centre Services.

(part 1 Jan 2018)

MAIA 490480

Date In: 12/04/2019 15:25	Job description	Date & Time Completed	Done by
Ref No: NBA/MC 19006556/4	SAS e-filing		
Veh No: SKY 4160M	E-mail (to/for this, A/C this)		
D.O.A: 11/04/2019 22:15	I-Motor Claim Form	MAIA 1039931-001	12/04/2019
OID: TP Reporting Only	I-Motor W/O (Withlet OD this, TP this)		15:58
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Vch No: SMF 84265	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: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) 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: ( )
Defendant: ( )

MAIA 1902680	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$10/443	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$20	
	Forclaiming assist INC Only (ref 10 Jan 2018)	
	6) TR: Re-inspection \$73	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NI: Courtesy Car / Tpr Allowance \$1	
	* NI: Repair Co-ordination \$10	
	* NI: Post Repair Inspection \$25	
	* NI: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) \$10/1983	
	9) NI: Idas 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	12/04/2019 15:25
Date Of Accident	11/04/2019 22:15
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4164M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HOCK ANN
NRIC No	S1368959H
Email Address	EHHCHIAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90938008
Alternative Phone No	OTHERS-92391694

### Vehicle Particulars

Manufacturer	LEXUS
Model	LEXUS NX300H LUXURY S/R
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102930295
Cover Note Number	

### Driver

Name of Driver	CHIAM HUI YIN
NRIC No	S9021802F
Date Of Birth	12/06/1990
Occupation	INDOOR
Date Of Driving Pass	29/06/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92391694
Fax Number	
Contact Number	OTHERS-90938008
Email Address	EHHCHIAM@GMAIL.COM

Address	BLK 289E BUKIT BATOK STREET 25 #01-146
Postcode	654289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190412/7010

#### 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	SMF8426S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED HELMI BIN MOHAMED
NRIC/Passport Number	S8209767H
Contact Number	87555379
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ8341G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHIAM HUI YIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKV4164M

Were seat belts worn? YES

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:

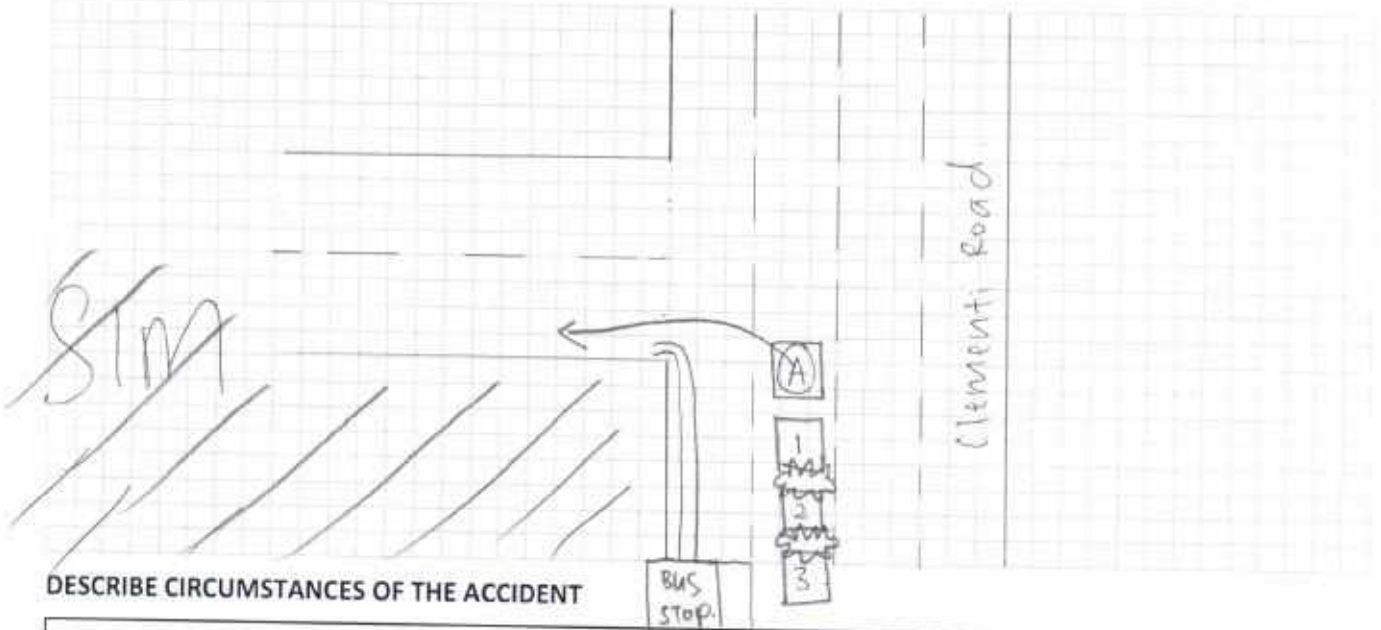
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 12/04/19

Reporting Centre Personnel's Signature  
Name: RPS2  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A — Emergency brake followed by sharp left turn.

Car 1 — SKV 4164 M

Car 2 — SMF 8426 S

Car 3 — SLQ 8341 G

REFER to POLICE REPORT 2120190412/7510

## 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: 12/04/19  
15:15

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





**SINGAPORE  
POLICE FORCE**



D/20190412/7010

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20190412/7010

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 12/04/2019 13:12	Vide Report No.	Station Diary No.	
Name Of Informant CHIAM HUI YIN	Address APT BLK 289E BUKIT BATOK STREET 25 #01-146 SINGAPORE 654289		
ID Type / ID No. NRIC NO / S9021802F	Contact No. Home/Office:	Mobile: 92391694	
Nationality SINGAPORE CITIZEN	Email Address ehhchiam@gmail.com		
Occupation FINANCIAL CONSULTANT	Sex Female	Age 28	Date of Birth 12/06/1990
Institution/School Name	Race Chinese		
Date/Time Of Incident 11/04/2019 22:15 - 11/04/2019 22:40	Language English		
	Location Of Incident After Sim bus stop before the entrance		

**Brief details.**

I was driving from sunset way along Clementi road second lane from the left when a car in front of me suddenly does an emergency brake outside SIM right before the main entrance. I had to do a sudden brake and honk him to alert danger and he did a sharp left turn at a high speed into the entrance of SIM. A car collided into mine immediately after this. There are three vehicles involved in this multiple collision and I am the first vehicle, car plate SKV4164M, the second vehicle, car plate SMF8426S whom was driven by Mohamed helmi bin Mohamed, S8209767H and the third vehicle, car plate SLQ8341G. I am admitted to Parkway East Hospital after having elaborated and expanding pain in neck, back and right

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 13:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20190412/7010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190412/7010

knee while I was there to visit my Husband.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	CHIAM HUI YIN		
ID Type	NRIC NO	ID No	S9021802F
Gender	Female	Age	28
Race	Chinese	Language	English
Occupation	FINANCIAL CONSULTANT		
Address	APT BLK 289E BUKIT BATOK STREET 25 #01-146 SINGAPORE 654289	Address Type	
		Mobile No	92391694
Is Informant A Victim?	Yes		
Person Name	CHIAM HUI YIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 13:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



## Claim Handling

Accident MT/1039933

Policy No.	5102930295	Vehicle No.	SKV4164H	GST Registration No.	
Certificate No.					
Policyholder Name	UM HOCK ANN				
Product Code	PRIVATE CAR INSURANCE	Cover Type	driva-CLASSIC	Policyholder NRIC	S1369959H
Contact No.(Mobile)	90438008	Contact No.(Office)		Issuing	II
Email Address		Special Remark		Contact No.(Home)	
KF#	Yes No	TCA	Yes No	eCode	No
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

## Accident Details

Report Date	12/04/2019 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/04/2019	Time of Accident hh:mm	22:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENT ROAD				

## Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	218 SUNSET CLOSE	Address 2	SUNSET LODGE	Address 3	SINGAPORE 397535
Address 4		Address Type	Singapore address	Post Code	397535
Unit No.		Related Policy Number	5102930295		

## OT Driver Info

Driver Name	Uninsured Driver	Driver Type	Uninsured Driver		
Uninsured Driver Name	CHIAM HUE YIN	Driver NRIC	9021802F	Driver DOB	12/06/1990
Register Date of Driver License	29/06/2016	Driver Age	28	Driving Experience	2
Contact No.(Mobile)	92391694	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 289E #01-148	Address 2	BUKIT BATOK STREET 25	Address 3	NATURE VIEW
Address 4	SINGAPORE 254288	Address Type	Foreign address	Post Code	654288
Unit No.	01-148				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKV4164H	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		

## Modification History

Claim 001 New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Spray No.

Finalisation

Date Registered

Report Taken by

Print AR letter

OD-MX	Insured Name	UM HOCK ANN	Insured NRIC	S1369959H
90906269	Contact No.	93690829	Contact No.	(Office)
	OT		TP	
	Vehicle Number	SKV4164H	Vehicle Number	SMF04285
SKV4164H / SMF04285 ON 11 Apr 2019			Name of Preferred Workshop	
12/04/2019 15:54		Claim Close Date	Date Received	
ROSLI WAHAB				

Save Submit

## Attachment

ACCIDENT NO.	MT/1039933	CLAIM NO.	001
LAST DOC. RECEIVED	Yes No	UPLOADED DATE	12/04/2019 15:58
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 Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Apr 2019 15:58	Photos	Normal	Photos 2019-4-12	
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Apr 2019 15:58	Photos	Normal	Photos 2019-4-12	
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Apr 2019 15:57	Photos	Normal	Photos 2019-4-12	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:57	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:57	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:57	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:57	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:57	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:57	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:57	Photos	Normal	Photos 2019-4-12
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:54	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:54	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:54	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:54	Photos	Normal	Photos 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:54	SAS	Normal	SAS 2019-4-12
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Apr 2019 15:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-12
Video List				
Uploaded By/Date	Folder Data	File Name	Source	Action
		Display in New Window	Scan and uploading	



# ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 04 / 2019) (DD/MM/YYYY). TIME: (22 : 15) (HH:MM)

LOCATION: Clementi Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFV 4164M  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: NINE 51029302H  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: LEXUS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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: LIM HOCK ANN. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1368959H CONTACT: 9093 8008  
c) ADDRESS: 21B SUNSET CLOSE 3 (597 535)

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

## DRIVER

- a) NAME: CHIAM HUI YIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9021802H CONTACT: 92391694  
c) ADDRESS: BLK 189E BUKIT BATOK ST 25 #01-146. S1654289

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Relative

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: Clementi Police Station

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF8426S MODEL:  
b) DRIVER'S NAME: Mohamed Helmi Bin Mohamed  
c) NRIC/FIN/PASSPORT: S8209767H CONTACT: 8765 5379

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL8 8341G MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

Email = rhuchiam@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9021802F



Name

CHIAM HUI YIN

唐惠尹

Race

CHINESE

Date of birth

12-06-1990

Country of birth

SINGAPORE

Sex

F

002583209A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9021802F

Name

CHIAM HUI YIN

Birth Date: 12 Jun 1990

Issue Date: 29 Jun 2016



3729402

NRIC No. S9021802F



Date of issue

17-06-2005

Address

APT BLK 289E BUKIT BATOK STREET 25  
#01-146  
SINGAPORE 654289

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

Class	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	EFFECTIVE DATE
Class 3		29 Jun 2016

NP 428A





Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/04/2019 15:59"/>
Vehicle No.(For Motor)	<input type="text" value="SKV4164M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102930295		LIM HOCK ANN	S1368959H	GPC	driva CLASSIC	SKV4164M	SKV4164M	08/08/2018	07/08/2019