

# NATIONAL Assessment Centre Services. (ver 1 Jan'09)

190470956

Date In: 31/05/2009 12:24	Job description	Date & Time Completed	Done by
Ref No: N/A/INC19009666/4	SAS e-filing		
Veh No: FB 42520	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 30/05/2009 13:40	I-Motor Claim Form	ml1047010-001	31/05/2009 12:46
OID: TP 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/Whse		

Preferred Wkep / INC Assign Wkep / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars:	Veh No: FBH 528S	INC ( ) / Non-INC ( )
Owner/Driver: ( )	Tel: ( )	

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

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

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

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )

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

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

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

Injury: ( )

Date/Time	Actions

Claimant Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2009)	
Ref 1:	6) TR: Re-inspection \$75	
2/3	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil) ; TP (Nil INC) against INC \$10	
	9) N12: 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	31/05/2019 12:24
Date Of Accident	30/05/2019 13:40
Exact Location Of Accident	ALONG COLLEGE ROAD OUTSIDE ACAMEDIA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB4252D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALVIN LEE JIN HENG
NRIC No	S9672148Z
Email Address	ALVIN-619@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94502469
Alternative Phone No	OTHERS-94502469
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	SPARK-135CC
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103041804
Cover Note Number	
<b>Driver</b>	
Name of Driver	ALVIN LEE JIN HENG
NRIC No	S9672148Z
Date Of Birth	25/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94502469
Fax Number	
Contact Number	OTHERS-94502469
EMail Address	ALVIN-619@HOTMAIL.COM

Address	BLK 504 WOODLANDS DRIVE 14 #07-132
Postcode	730504
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON 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	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190531/7002 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	FBH5278S
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ANG LEOON HWA
NRIC/Passport Number	S9141022B
Contact Number	91726816
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ALVIN LEE JIN HENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBB4252D
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: 31/5/2019  
11:35 am

Driver's Signature

(If driver is not the policyholder)

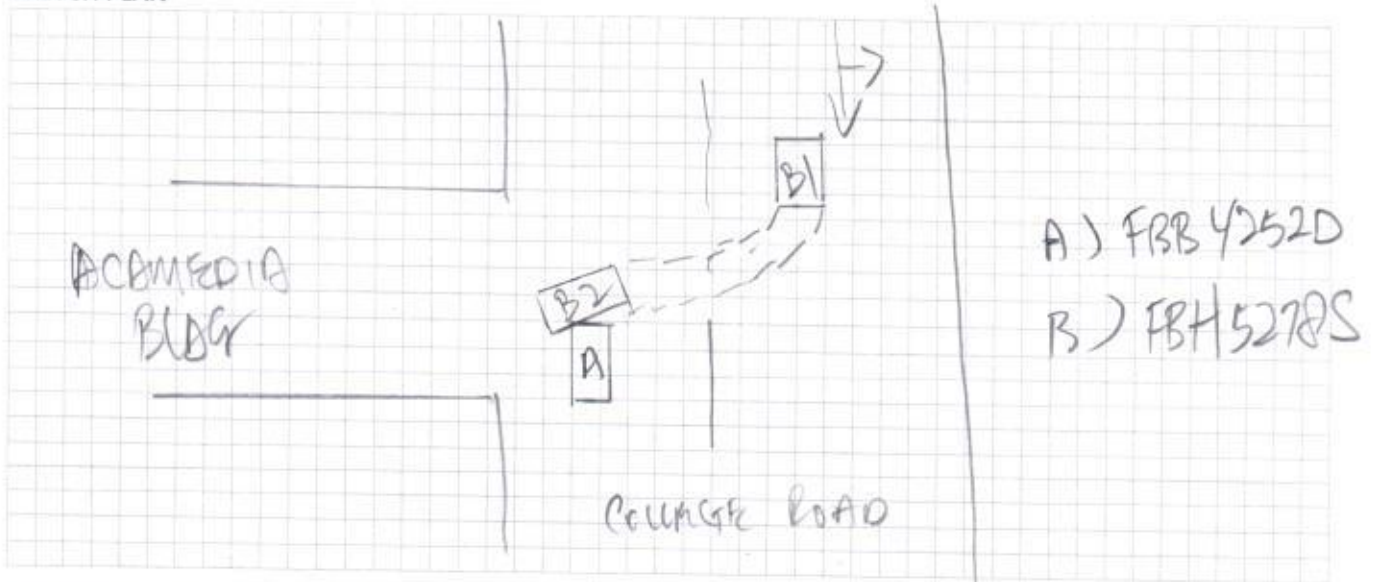
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*DIS REFERR TO Police REPORT*  
*760190531/7002*

## DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 30/5/2016  
 1143 am

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

*[Signature]* 31/05/2016  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190531/7002

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

1 of 3

Report No. T/20190531/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2019 01:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ALVIN LEE JIN HENG			Address: APT BLK 504 WOODLANDS DRIVE 14 #07-132 SINGAPORE 730504		
ID Type / ID No.: NRIC NO / S9672148Z			Contact No.: Home/Office: Mobile: 94502469		
Nationality: SINGAPORE CITIZEN			Email: ALVIN-619@HOTMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 25/03/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVEROO DRIVER			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2019 00:00	Type of Location: Straight Road
Location:  COLLEGE ROAD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB4252D	Car	YAMAHA	T135	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB4252D	NTUC Income Insurance Co-Operative Limited	5103041804	13/08/2018	03/10/2019



**SINGAPORE  
POLICE FORCE**



T/20190531/7002

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

2 of 3

Report No. T/20190531/7002

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ALVIN LEE JIN HENG	ID No.	S9672148Z
Related Vehicle	FBB4252D (Car)	Contact No.	94502469
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	30/05/2019	Date Discharge	30/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

I was going straight towards Duke NUS at Singapore General Hospital. And the vehicle FBH5278S coming from the opposite lane decided to make a illegal right turn to ACADEMIA. The arrow marking on the road does not show he can make a right turn and the aetos officer told me that he cannot make a right turn over there too.I have no enough time brake as it was too sudden. After that the traffic police was called to the scene and told us to make a report ourself.





**SINGAPORE  
POLICE FORCE**



T/20190531/7002

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

3 of 3

Report No. T/20190531/7002

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FERAZ BIN HUSSEIN  
Contact No.: 65476206

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
31/05/2019 01:51

Classification Of Case:

## Claim Handling

Accident HT/1047010

Policy No.	5103041804	Vehicle No.	FB842520	GST Registration No.	
Certificate No.					
Policyholder Name	ALVIN LEE JIN HENG	Cover Type	Third Party	Policyholder NRIC	S9672148Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94502469	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KFK	- No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	31/05/2019 12:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	30/05/2019	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG COLLEGE ROAD OUTSIDE ACAMEDIA				

## Excess

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

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 504 #07-132	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730504
Address 4		Address Type	Singapore address	Post Code	730504
Unit No.	07-132	Related Policy Number	5107814572		

## OI Driver Info

Driver Name	ALVIN LEE JIN HENG	Driver Type	Main Driver	Driver DOB	25/03/1996
Unnamed driver Name		Driver NRIC	S9672148Z	Driving Experience	3
Register Date of Driver License	04/09/2015	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	94502469	Contact No.(Office)		Address 3	SINGAPORE 730504
Address 1	BLK 504 #07-132	Address 2	WOODLANDS DRIVE 14	Post Code	730504
Address 4		Address Type	Singapore address		
Unit No.	07-132	Driver Vehicle No.	FB842520	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ALVIN LEE JIN HENG	Insured NRIC	S9672148Z
Contact No.(Mobile)	94502469	Contact No.(Home)		Contact No.(Office)	
Email Address	alvin_619@hotmail.com	Vehicle Number	FB842520	TP Vehicle Number	FBH52785
Claim Description	FB842520 / FBH52785 ON 30 May 2019				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Sanction No.		Preferred Repair Option	Preferred Workshop (refer below)		
Finalisation	Yes	GIA report	Received		
Date Registered	31/05/2019 12:45	Claim Close Date		Date Received	31/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit















## Attachment

Accident No.	HT/1047010	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	31/05/2019 12:46
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
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		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:46	Photos	Normal	Photos 2019-5-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:46	Photos	Normal	Photos 2019-5-31	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:46	Photos	Normal	Photos 2019-5-31	



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:46	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:46	Photos	Normal	Photos 2019-5-31
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:46	Photos	Normal	Photos 2019-5-31
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:46	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:46	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:45	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:45	Photos	Normal	Photos 2019-5-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 12:45	SAS	Normal	SAS 2019-5-31
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

# ACCIDENT STATEMENT

ACCIDENT DATE: 30/05/2019 (DD/MM/YYYY), TIME: 1:40pm (HH:MM)

LOCATION: College Road, outside academia

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB42521  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5103041804  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha Spark 125  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Transport  
 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: Alvin Lee Jia Hong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S96721482 CONTACT: 9450 2469  
 c) ADDRESS: Woodlands Drive 14 Bk 504 #07-132

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

## DRIVER

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

\* d) DATE OF BIRTH: 25/03/1996 (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:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Cloudy)

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: F-BHS2785 MODEL: Yamaha  
 b) DRIVER'S NAME: Ang Leon Hwa  
 c) NRIC/FIN/PASSPORT: S91410223 CONTACT: 91726816

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
 ( )

\* No of passengers  
 (including driver)  
 ( )

\* No of passengers  
 (including driver)  
 ( )

email = alvin-619@hotmail.com  
 VIDEO





Type	Country Code	Passport No
PA	SGP	E6930513H
Name		



Sex	Nationality
M	SINGAPORE CITIZEN
Date of birth	Place of birth
25 MAR 1996	MALAYSIA
Date of issue	Date of expiry
22 AUG 2017	25 FEB 2023
Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS
National ID No	
S9672148Z	

PASGPLEE<<ALVIN<JIN<HENG<<<<<<<<<<<<<<<<  
E6930513H4SGP9603253M2302258S9672148Z<<<<26

For LKK/NAC Use Only



# SINGAPORE POLICE FORCE



L/20190521/7047

1 of 2

## POLICE REPORT (NP322)

Report No. L/20190521/7047

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 21/05/2019 23:01	Video Report No.		Station Diary No.	
Name Of Informant ALVIN LEE JIN HENG	Address 504 WOODLANDS DRIVE 14 #07-132 SINGAPORE 730504			
ID Type / ID No. NRIC NO / S9672148Z	Contact No. Home/Office:		Mobile: 94502469	
Nationality SINGAPORE CITIZEN	Email Address ALVIN-619@HOTMAIL.COM			
Occupation	Sex Male	Age 23	Date of Birth 25/03/1996	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 21/05/2019 10:45	Location Of Incident Block 3 Tanjong Pagar Coffeeshop			

### Brief details.

I left it on the stonechair right infront of the coffeeshop. Only found out I left my wallet behind after I left.  
But when I went back to search, it wasn't there anymore

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description

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.  Date/Time: 21/05/2019 23:01  Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch RAJPAL SINGH KANG Contact No.: 67360069	
Authentication Stamp	FUPO hotline number: 68429645

For LKK/NAC Use Only





**SINGAPORE  
POLICE FORCE**



L/20190521/7047

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. L/20190521/7047

1	Identity Card	Lost	SAF 11B			1		11b I don't know what's the serial number.
2	Identity Card	Lost	SINGAPORE NRIC		S9672148 Z	1		Pink NRIC
3	Identity Card	Lost	Drivers' License Card			1		Not too sure about the serial number too
4	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSEAS BANK LTD			1		Don't remember the 16 digit

**For LKK/NAC Use Only**

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

L / Woodlands Police Divisional Investigation Branch  
RAJPAL SINGH KANG  
Contact No.: 67360069

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

21/05/2019 23:01

Classification Of Case:

FUPO hotline number: 68429645

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5103041804

Cover : Third Party

- |  |                      |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle | : FBB4252D           |
| Chassis Number                                   | : 5YP205906          |
| 2. Name of Policyholder                          | : ALVIN LEE JIN HENG |
| 3. Effective Date of Insurance                   | : 13 Aug 2018        |
| 4. Expiry Date of Insurance                      | : 03 Oct 2019        |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ALVIN LEE JIN HENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

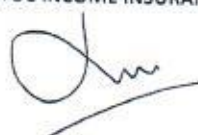
Agency : HARRY KANG GUO CHIN (00000602556)  
Date of Issue : 13 Aug 2018 13:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive