

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA119087827-01**

Date In: <b>3/1/19 - 18:15</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NM/NC19011900/24</b>	SAS e-filing		
Veh No: <b>PBF 22172</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>4/7/19 - 21:15</b>	i-Motor Claim Form	<b>MN/1052114-001</b>	<b>3/1/19 18:36</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: **SN 78512** 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: **(INC hotline: 6788 6616)**

Remarks	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

**NA1905010 [NA 19 05 01]**

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)			
Ref 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	* N5: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: DV / Collect Excess Coordination \$3			
	TP (N11) : TP (N/a INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	05/07/2019 18:15
Date Of Accident	04/07/2019 21:15
Exact Location Of Accident	WOODLANDS DR 72
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF2217Z
Insured/Policyholder	
Name Of Registered Owner	OOI HONG SIANG (HUANG HONGXIANG)
NRIC No	S8847944J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91198716
Alternative Phone No	OFFICE-91198716
Vehicle Particulars	
Manufacturer	SUZUKI
Model	GSR400 M
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
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	5061913947-05
Cover Note Number	
Driver	
Name of Driver	OOI HONG SIANG (HUANG HONGXIANG)
NRIC No	S8847944J
Date Of Birth	22/11/1988
Occupation	INDOOR
Date Of Driving Pass	15/04/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91198716
Fax Number	
Contact Number	OFFICE-91198716
EMail Address	NOEMAIL

Address	BLK 633 WOODLANDS RING ROAD #08-143
Postcode	730633
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 - MAJOR/MINOR RD
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

REFER TO POLICE REPORT - T/20190705/7019.

#### 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	SLN7851Z
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	OOI HONG SIANG (HUANG HONGXIANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBF2217Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

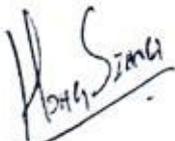
## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:

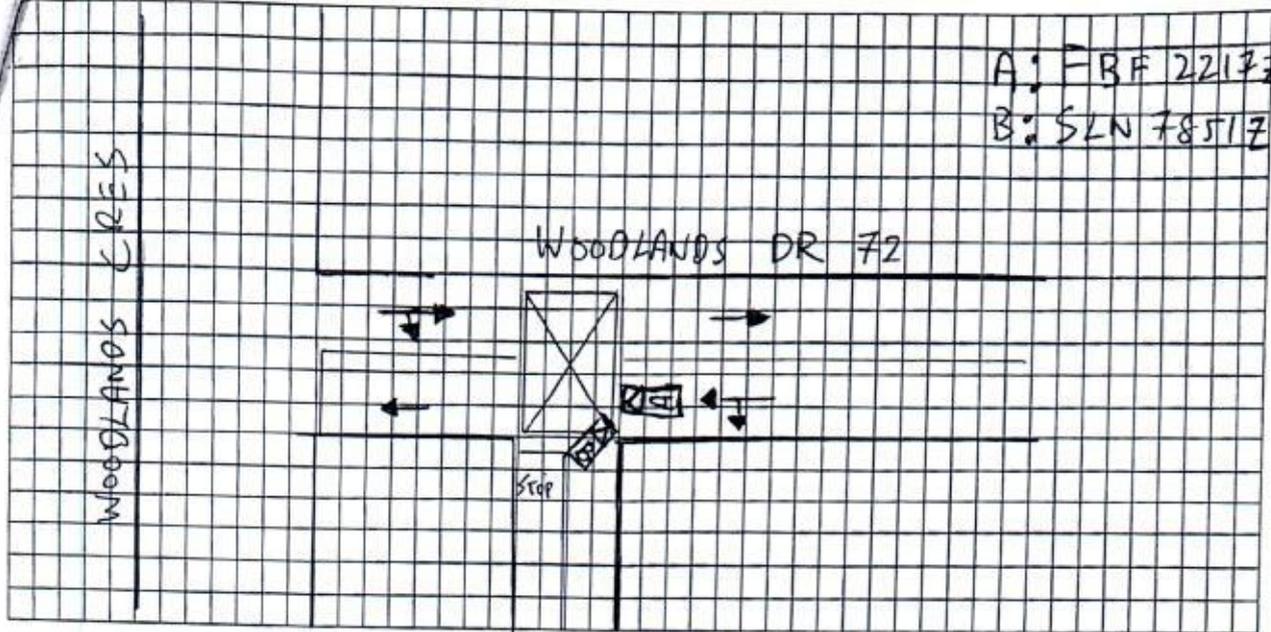


Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— REFER TO POLICE REPORT (T201907057019) —

A large rectangular area with horizontal lines, intended for describing the accident circumstances. It is currently blank, with a diagonal line drawn across it from the bottom left to the top right.

DECLARATION

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

Hong Siang  
Policy holder's signature  
Date & time:

Hong Siang  
Driver's signature  
(If driver is not policy holder)  
Date & time:

[Signature]  
reporting centre personnel's Signature  
NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	04/07/2019	(DD/MM/YY)
Time of accident	21:15	(HH:MM)
Exact location of accident	WOODLANDS DR #2	

DETAILS OF VEHICLE		
Vehicle registration number	FBF 2217E	
Vehicle make and model	SUZUKI GSR 400 M	
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Others: _____	
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>	
Purpose of using at said time	GOING OUT	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION		
Insurance company	NTUC INCOME	
Policy number	5061913947-05	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input checked="" type="checkbox"/> TP only <input type="checkbox"/>	

INSURED / POLICY HOLDER		
Name	001 HONH SIANG	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8847944J	
Contact	919 8716	
Address	BIK 633 WOODLANDS BIKH ROAD #08-143 S'PORE (730633)	

DRIVER		
SAME AS INSURED ABOVE (SKIP TO D.O.B)		
Name		
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	22-11-1988	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	26/03/2007	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>01</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>ONLINE</u>

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SLN 7851 Z
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	001 HONG SIANG
Injuries sustained	WHOLE BODY
Which vehicle person in?	FRONT SEAT
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> HELMET
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/07/2019 15:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: OOI HONG SIANG		Address: APT BLK 633 WOODLANDS RING ROAD #08-143 SINGAPORE 730633	
ID Type / ID No.: NRIC NO / S8847944J		Contact No.:	Mobile: 91198716
Nationality: SINGAPORE CITIZEN		Email: huanghongsiang@gmail.com	
Sex: Male	Age: 30	Date of Birth: 22/11/1988	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: COORDINATOR		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2019 21:15	Type of Location: Straight Road
Location: WOODLANDS DRIVE 72				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBF2217Z	Motorcycle	SUZUKI	GSR400 M	Red		0
SLN7851Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF2217Z	NTUC Income Insurance Co-Operative Limited	5061913947-05	25/09/2018	24/09/2019



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	OOI HONG SIANG	ID No.	S8847944J
Related Vehicle	FBF2217Z (Motorcycle)	Contact No.	91198716
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/07/2019	Date Discharge	05/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the stated date and time I vehicle (FBF2217Z) was travelling on Woodlands Drive 72 towards Woodlands Crescent. At the point of time I noticed vehicle (SLM7851Z) was exiting the carpark without checking me on the right so I sounded my horn to warn him that I was approaching but seems like he not knowing that I was there ,so I make a full stop in order to let him pass. But when vehicle (SLM7851Z) make the turn without know me was there it collided on to my left side of my bike and I fall to the right side.



**SINGAPORE  
POLICE FORCE**



T/20190705/7019

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

3 of 3

Report No. T/20190705/7019

**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 /  
STEPHANIE, CHEUNG TSZ YING  
Contact No.: 90020518

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:  
05/07/2019 15:00

Classification Of Case:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119087827 Vehicle Registration No: FBF2217Z  
 Name(as shown in NRIC) : DOI HONG SIANG (HUANG HONGXIANG) NRIC/FIN/Passport No : S8847944J  
 (~~Vehicle Driver~~ / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 633 WOODLANDS RING ROAD #08-143 Singapore(730633 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 91198716  
 Email Address : \_\_\_\_\_  
 Date of Accident : 04/07/2019 Time of Accident : 21:15  
 Place of Accident : WOODLANDS DR 72  
 Insurance Company: NTUC Income Insurance Co-operative Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend driver's pass date  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8847944J



Name



OOI HONG SIANG  
(HUANG HONGXIANG)

黄宏祥

**For LKK/NAC Use Only**

Date of birth

22-11-1988

Sex

M

Country of birth

SINGAPORE

S8847944J



3443203



NRIC No. S8847944J

**For LKK/NAC Use Only**

Date of issue

11-12-2003

Address

APT BLK 633 WOODLANDS RING ROAD  
#08-143  
SINGAPORE 730633

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8847944J**

Name:

**OOI HONG SIANG  
(HUANG HONGXIANG)**

Birth Date: **22 Nov 1988**

Issue Date: **26 Mar 2007**

*For LKK/NAC Use Only*



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

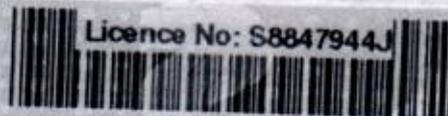
	PASS DATE
Class 2B Motorcycles =< 200 CC	26 Mar 2007
Class 2A Motorcycles between 201 CC and 400 CC	15 Apr 2008
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	10 Nov 2008

*For LKK/NAC Use Only*

S8847944J

S / No. 9000097374

NP 428A



Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5061913947-05		OOI HONG SIANG (HUANG HONGXIANG)	S8847944	GMC	Third Party, Fire & Theft	FBF2217Z	FBF2217Z	25/09/2018	24/09/2019

Continue

Policy Information

Policy No.	5061913947-05	Policyholder Name	OOI HONG SIANG (HUANG HON	Policyholder NRIC	S8847944J
Certificate No.					
Address	BLK 633 #08-143 WOODLANDS RING ROAD SINGAPORE 730633				
Product Name	MOTORCYCLE INSURANCE	Plan			
Policy Issue Date	24/09/2018	Effective Date	25/09/2018 00:00	Group Policy Flag	N
Excess Type		All Claims Excess			
Third Party Excess	0.0	Own damage Excess	0.0	Expiry Date	24/09/2019 23:59
Additional Excess		OS Premium	0	Windscreen Excess	
Outside Singapore OD Excess		Outside Singapore TP Excess	Young/Inexperience Driver Excess		
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 633 #08-143	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730633
Address 4		Address Type	Singapore address	Post Code	730633
Unit No.	08-143	Related Policy Number	5105218063		

Insured Object: FBF2217Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1052114

Exit

Policy No.	S061913947-05	Vehicle No.	FBF2217Z	GST Registration No.		
Certificate No.						
Policyholder Name	001 HONG SIANG (HUANG HONGXIANG)	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S88479441	
Product Code	MDTRCYCLE INSURANCE	Contact No.(Office)	0	Loading	0	
Contact No.(Mobile)	91198716	Special Remark		Contact No.(Home)	0	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	71	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason		
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No	
<b>Accident Details</b>			Time of Accident (H:mm)	21:15	Accident Type	Collision - Major/Minor Road
Report Date	05/07/2019 18:25	Grange Force		Country of Accident	Singapore	
Date of Accident	04/07/2019			ICM No.		
Reporting Centre						
Accident Location	WOODLANDS DR 72					
<b>Excess</b>			Additional Excess		Windscreen Excess	
Own damage Excess	0.00	Outside Singapore OO Excess				
Unnamed Driver Excess		Outside Singapore TP Excess				
Third Party 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 633 #08-143	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730633
Address 4		Address Type	Singapore address	Post Code	730633
Unit No.	08-143	Related Policy Number	S105218063		

01 Driver Info

Driver Name	001 HONG SIANG	Driver Type	Main Driver	Driver DOB	22/11/1988
Unnamed Driver Name		Driver NRIC	S88479441	Driving Experience	11
Register Date of Driver License	15/04/2008	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	91198716	Contact No.(Office)	0	Address 3	SINGAPORE 730633
Address 1	BLK 633	Address 2	WOODLANDS RING ROAD	Post Code	730633
Address 4		Address Type	Singapore address		
Unit No.	08-143	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	001 HONG SIANG (HUANG HON	Insured NRIC	S88479441
Contact No.(Mobile)	91198716	Contact No.(Home)	63646843	Contact No.(Office)	
Email Address	huanghongxiang@gmail.com	O1 Vehicle Number	FBF2217Z	TP Vehicle Number	SLN78512
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBF2217Z / SLN78512 ON 4 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/07/2019 18:36	Claim Close Date		Date Received	05/07/2019 00:00
Report Taken By	Teckson				
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Save Submit

Accident No.	MT/1052114	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/07/2019 18:37
Path *		Category *	Please Select
	Browse... Clear	Confidential	NO
	Browse... Clear	Urgency *	Normal
	Browse... Clear	Description *	Please Select
	Browse... Clear		NO
	Browse... Clear		NO
	Browse... Clear		NO

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:37	SAS	Normal	SAS 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Jul 2019 18:36	Photos	Normal	Photos 2019-7-5		<a href="#">Edit</a>

Video List

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