

NATIONAL Assessment Centre Services	
Date In:	Job Description Date & Time Completed Done by
Ref No:	SAS e-filing
Veh No:	E-mail (within 2hrs, A/C 2hrs)
D.O.A :	I-Motor Claim Form mlc053483-001 18/07/2019 I-Motor W/O (Within OD 2hrs TP 4hrs) 14:15 I-Photo Uploaded
OD : TP Reporting Only	Assessment/Survey Report
TP Insurer:	Asst't Report by Fax / Hand to Owner/Wksp
Preferred Wksp MNC Assign Wksp / QW: Tel: Fax:	
TP Particulars:	Veh No: INC( ) / Non-INC( ) Owner / Driver: Tel: Policy No: Period: Cover Type: Confirmed by: Data: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%] Year of Registration: Warranty: YES( ) / NO( ) Excess (\$ ) Lending: \$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:	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	Action
NB1905290	Invoice Preparation Checklist
Claimant's Particulars:	1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Resurvey) \$30 <small>For claims up against NC Only (wef 10 Jan 2019)</small> 6) TR: Its-inspection \$75 7) NI: Idem DA + SMRT Survey \$160 8) NTUC Additional Services: (21%) • NB: Courtesy Car / Tpt Allowance \$5 • NR: Repair Coordination \$10 • NV: Post Repair Inspection \$25 • NW: DV / Collect Excess Coordination \$5 TP(N1): TP(N+IN) against IN \$20 NI: Idem Mobile \$0
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors Comments:	
Cat J:	
Cat 2/3:	Paid



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	18/07/2019 12:36
Date Of Accident	17/07/2019 13:40
Exact Location Of Accident	20 PASIR PANJANG RD(MAPLETREE BUSINESS CITY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB7719E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SHAO EN, JOEL
NRIC No	S9435183I
Email Address	JVLAPLE_ADDICT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97708001
Alternative Phone No	OTHERS-97708001

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
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
Fleet Policy	NO
Policy Number	5101835951-01
Cover Note Number	

### Driver

Name of Driver	LIM SHAO EN, JOEL
NRIC No	S9435183I
Date Of Birth	20/09/1994
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97708001
Fax Number	
Contact Number	OTHERS-97708001
EMail Address	JVLAPLE_ADDICT@HOTMAIL.COM

Address	BLK 812 YISHUN RING ROAD #08-4155
Postcode	760812
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?	YES
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/20190717/2142

#### 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	SLZ8835B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWON HYEOKJE
NRIC/Passport Number	G3463493P
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIM SHAO EN, JOEL

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBB7719E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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: 18/7/19  
11:20am

Driver's Signature

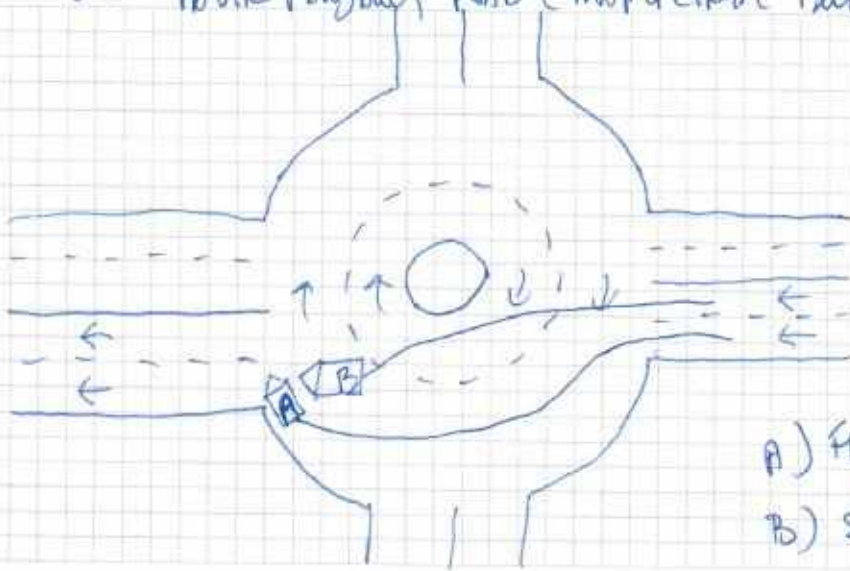
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

SKETCH PLAN

20 PASIR PANGRAH ROAD (MAYAPUTRA BUSINESS CITY ROUNDABOUT)



A) FEB 7719E

B) SLZ 8835B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At point of accident, the driver of Car B did not aid rider of Motorcycle A. He proceeded to directly call his insurance agent while I had to call an ambulance myself.

PLS Refer to Police Report  
7/20190717/2142

DECLARATION

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

Policyholder's Signature  
Date & Time: 18/7/19  
11:25am

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

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





# SINGAPORE POLICE FORCE



T/20190717/2142

1 of 3

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

Report No. T/20190717/2142

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/07/2019 18:21		Vide Report No.: D/20190717/0067		Station Diary No.: 87	
<b>Informant's Particulars</b>					
Name of Informant: LIM SHAO EN, JOEL			Address: APT BLK 812 YISHUN RING ROAD #08-4155 SINGAPORE 760812		
ID Type / ID No.: NRIC NO / S9435183I			Contact No.: Home/Office: Mobile: 97708001		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 20/09/1994	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/07/2019 13:40	Type of Location: Circle
Location: Along Road 1 Traveling Toward Road 2 PASIR PANJANG ROAD  20 Pasir Panjang Road(Mapletree Business City Roundabout)				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB7719E	Motorcycle	YAMAHA	X-1R	Blue	Slightly Damaged	0
SLZ8835B	Car			Black	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB7719E	NTUC Income Insurance Co-Operative Limited	5101835951-01	16/07/2019	15/07/2020



**SINGAPORE  
POLICE FORCE**



T/20190717/2142

2 of 3

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

Report No. T/20190717/2142

**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	LIM SHAO EN, JOEL	ID No.	S9435183I
Related Vehicle	FBB7719E (Motorcycle)	Contact No.	97708001
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	KWON HYEOKJE	ID No.	G3463493P
Related Vehicle	SLZ8835B (Car)	Contact No.	NIL
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 17/07/2019 @1344 hrs, I was riding along 20 Pasir Panjang Road. When I reached the roundabout of Mapletree Business City I was travelling on the left lane of the Circle. Beside my bike, there was a m/car SLZ8835B driving side by side with me. My intentions was to go straight towards Alexandra Road. At this point of time, the m/car SLZ8835B collided onto right side of my bike. I then fell towards to my left. I suffered sprained on both my wrist, abrasion on my left knees after the accident. I am lodging this police report for insurance purpose.





**SINGAPORE  
POLICE FORCE**



T/20190717/2142

3 of 3

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

Report No. T/20190717/2142

**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 /

Sr Staff Sgt LIM KIM HUAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Signature Of Informant:

Date/Time:

17/07/2019 18:21

Classification Of Case:

Authentication Stamp

NP168

## Claim Handling

Accident MT/1053983

Policy No.	5101835951-01	Vehicle No.	FB87719E	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SHAO EN, JOEL	Cover Type	Third Party	Policyholder NRIC	S9435183J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	97708001	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KPI	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	18/07/2019 14:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	17/07/2019	Time of Accident (h:mm)	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		TCH No.	
Accident Location	20 PASIR RANDANG RD(MARLBREE BUSINESS CITY)				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
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 839 #10-296	Address 2	YISHUN STREET #1	Address 3	SINGAPORE 760839
Address 4		Address Type	Singapore address	Post Code	760839
Unit No.	10-13	Related Policy Number	5101835951-01		

## Q1 Driver Info

Driver Name	LIM SHAO EN, JOEL	Driver Type	Main Driver	Driver DOB	20/09/1994
Unnamed driver Name		Driver NRIC	S9435183J	Driving Experience	5
Register Date of Driver License	03/10/2013	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	97708001	Contact No.(Office)		Address 1	SINGAPORE 760839
Address 1	BLK 839 #10-296	Address 2	YISHUN STREET #1	Address 3	SINGAPORE 760839
Address 4		Address Type	Singapore address	Post Code	760839
Unit No.	10-13				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FB87719E	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## Modification History

Claim 001 [Next](#)

Claim Type *	OD-MX	Injured Name	LIM SHAO EN, JOEL	Injured NRIC	S9435183J
Contact No.(Mobile)	97708001	Contact No. (Home)		Contact No. (Office)	
Email Address	LSIMPHORY@HOTMAIL.COM	OT Vehicle Number	FB87719E	TP Vehicle Number	SLZ88355
Claim Description	FB87719E / SLZ88355 ON 17 Jul 2019				
Preferred Workshop		Injured Liability	Not at Fault		
Repair No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/07/2019 14:14	Claim Close Date		Date Received	18/07/2019 00:00
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	MT/1053983	Claim No.	051																												
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/07/2019 14:15																												
Path *																															
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Message Read"/>	<table> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> <tr> <td><input type="button" value="Clear"/> Please Select</td> <td><input type="button" value="NO"/></td> <td><input type="button" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="button" value="Clear"/> Please Select</td> <td><input type="button" value="NO"/></td> <td><input type="button" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="button" value="Clear"/> Please Select</td> <td><input type="button" value="NO"/></td> <td><input type="button" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="button" value="Clear"/> Please Select</td> <td><input type="button" value="NO"/></td> <td><input type="button" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="button" value="Clear"/> Please Select</td> <td><input type="button" value="NO"/></td> <td><input type="button" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="button" value="Clear"/> Please Select</td> <td><input type="button" value="NO"/></td> <td><input type="button" value="Normal"/></td> <td></td> </tr> </table>			Category *	Confidential	Urgency *	Description *	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
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<input type="button" value="Send Message"/>																															
Attachment List																															
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)																										
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Jul 2019 14:15	Photos	Normal	Photos 2019-7-18																											
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Jul 2019 14:15	Photos	Normal	Photos 2019-7-18																											



NRIC

Video List

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:15

Photos

Normal

Photos 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:15

Photos

Normal

Photos 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:15

Photos

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Photos 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:15

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Photos 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:14

Photos

Normal

Photos 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:14

Photos

Normal

Photos 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:14

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:14

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:14

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-7-18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 14:14

SAS

Normal

SAS 2019-7-18

Uploaded By/Date

Folder Name

File Name

Source

Action

Display in New Window

Open and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/07/99) (DD/MM/YYYY), TIME: (13:44) (HH:MM)

LOCATION: 20 PASIR PANJANG ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB8779E  
 b) INSURANCE COMPANY: NTOL INCOME  
 c) POLICY NUMBER: 5101835951-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA XI-R  
 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: LIM SHAN EN, JOEL (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S44351832 CONTACT: 97708001  
 C) ADDRESS: 812 VISHNU RING ROAD #08-4155 S(760812)

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

### DRIVER

- a) NAME: DR. ABDOUL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (20/09/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/03/13

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 NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLZ8835B MODEL: VW PASSAT  
 b) DRIVER'S NAME: KUAN HYEOKJE  
 c) NRIC/FIN/PASSPORT: G3463493P 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)  
 (3)

\* No of passenger  
 (including driver)  
 ( )

email = jvapple\_addict@hotmail.com  
 VIDEO



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9435183I



Name

For LKK/NAC Use Only

LIM SHAO EN, JOEL

林 劭 恩

Race

CHINESE

Date of birth

20-09-1994

Sex

M

S9435183I

Country/Place of birth

SINGAPORE



6078492



NRIC No. S9435183I



For LKK/NAC Use Only

Date of issue

20-11-2018

Address

APT BLK 812 YISHUN RING ROAD  
#08-4155  
SINGAPORE 760812



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S94351831

Name: LIM SHAO EN, JOEL

For LKK/NAC Use Only

Birth Date: 20 Sep 1994

Issue Date: 22 Sep 2018

0028405060




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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	03 Oct 2013
Class 2A	Motorcycles between 201 cc and 400 cc	18 Nov 2015
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	04 Mar 2013

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NP 428A

Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/07/2019 11:30"/>
Vehicle No. (For Motor)	<input type="text" value="FBB7719E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101835951-01		LIM SHAO EN, JOEL	S94351831	GMC	Third Party	FBB7719E	FBB7719E	16/07/2019	15/07/2020