

# NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

MA 19110024

Date In: 21/08/2019 15:40	Job description	Date & Time Completed	Done by
Ref No: N/A 19110024/4666/4	SAS e-filing		
Veh No: K66 8158 B	E-mail (Vehicle Status, AIC Thru)		
D.O.A: 10/08/2019 18:30	I-Motor Claim Form	MA 1058806-001	21/08/2019
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16/8/
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: STM 76584	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 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:	
Date:	

N/A 1906254		MA 19110024	
Driver/Owner:	1) All: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OP:		
	* N5: Courtesy Car / Tpl Allowance \$3		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TE (Nil): TP (Non INC) against INC \$20		
	9) N12: 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	21/08/2019 15:40
Date Of Accident	10/08/2019 18:30
Exact Location Of Accident	JUNCTION OF BEDOK NORTH AVE 3/BEDOK NORTH ST 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8158B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INFINITY DRIVE PTE LTD
Co Reg No	201707437R
Email Address	KELVINSEE.INFINITYDRIVE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96238126
Alternative Phone No	OFFICE-93555292

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBX125-124CC (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	5110284168
Cover Note Number	

### Driver

Name of Driver	CHONG ZHEN MING
Passport No/FIN	G2525851M
Date Of Birth	06/09/1996
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96238126
Fax Number	
Contact Number	OTHERS-93555292
Email Address	KELVINSEE.INFINITYDRIVE@GMAIL.COM

Address	BLK 33 BEDOK SOUTH AVENUE 2 #02-329
Postcode	460033
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	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/20190815/2038

#### 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	SJM7653H
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 CHONG ZHEN MING

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE8158B

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: 21/8/19 11:34am

Driver's Signature

(If driver is not the policyholder)

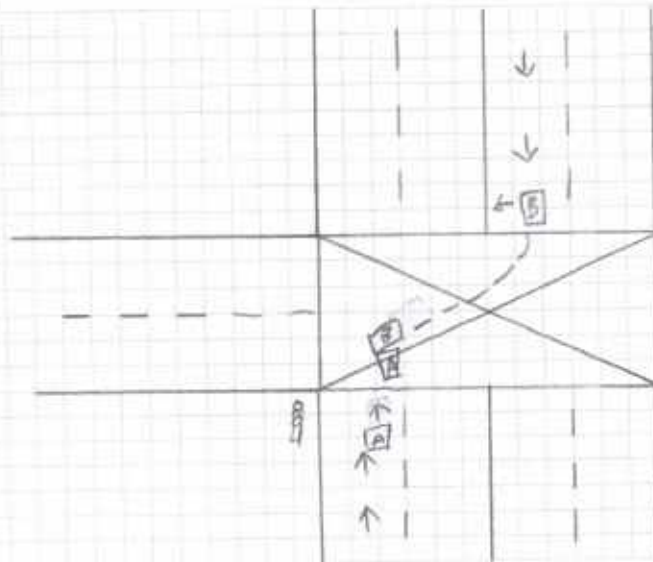
Date & Time: 21/8/2019 11:34am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



BADOK NORTH  
STRAIT 1

A) FBE 8158B

B) SJM 7653H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DRS REFRA to Police Report  
1/201908K/238

## DECLARATION

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

Policyholder's Signature

Date & Time: 21/8/19 11:34am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/8/2019 11:54AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/08/2019  
[Signature]





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

Report No. T/20190815/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2019 11:20	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant: CHONG ZHEN MING		Address: APT BLK 33 BEDOK SOUTH AVENUE 2 #02-329 SINGAPORE 460033
ID Type / ID No.: FIN NO / G2525851M		Contact No.: Home/Office: Mobile: 93555292
Nationality: MALAYSIAN		Email:
Sex: Male	Age: 22	Date of Birth: 06/09/1996
Type of Informant: Rider		Institution / School Name:
Race:		Language:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,3,3C Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/08/2019 18:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH AVENUE 3 BEDOK NORTH STREET 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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
FBE8158B	Motorcycle	YAMAHA		Blue	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



Police Station Of Origin:

2 of 3

Traffic Police

Report No. T/20190815/2038

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**CONTINUATION OF REPORT**

Rider			
Name	CHONG ZHEN MING	ID No.	G2525851M
Related Vehicle	FBE8158B (Motorcycle)	Contact No.	93555292
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,3C Date of Expiry: NIL
Date Treatment	10/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

I WAS RIDING MY MOTORCYCLE, FBE8158B ON THE LEFT OF 2 LANES ALONG BEDOK NORTH AVENUE 3 TOWARDS BEDOK RESERVOIR APPROACHING THE SIGNALISED T-JUNCTION OF BEDOK NORTH STREET 1. THE TRAFFIC LIGHT WAS SHOWING GREEN FOR ME AND I ENTERED STRAIGHT INTO THE JUNCTION WHEN A CAR (SJM7653H) TURNED RIGHT FROM THE OPPOSITE DIRECTION. I WAS NOT ABLE TO BRAKE OR AVOID THE CAR IN TIME AND MY MOTORCYCLE COLLIDED INTO THE LEFT SIDE OF THE CAR. I FELT PAIN ON MY GROIN AREA AND WAS CONVEYED TO THE HOSPITAL.





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

3 of 3

Report No. T/20190815/2038

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:  
TP /  
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
15/08/2019 11:20

Classification Of Case:

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1038808

Policy No.	5110204166	Vehicle No.	PBER158B	GST Registration No.	
Certificate No.	5110204166-000004	Contact No.(Office)		Policyholder NRIC	2017074378
Policyholder Name	INFINITY DRIVE PTE LTD	Special Remarks		Loading	0
Product Code	FLEET MASTER INSURANCE	TCA	No	Contact No.(Home)	
Contact No.(Mobile)	90218128	NCD Indictment(%)	0	eCode	No
Email Address				eCode Reason	
KPI	No			Private Hire	No
NCD Protection	No				

## Accident Details

Report Date	21/08/2019 18:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	10/08/2019	Time of Accident(hh:mm)	18:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BEDOK NORTH AVE 3/VEEDOK NORTH ST 1				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
VED OD Excess	0.00	VED TP Excess	0.00
Additional Excess		Driver is Covered?	Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	21/08/2019 18:38:55 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	133 NEW BRIDGE ROAD	Address 2	#22-09 CHINATOWN POINT	Address 3	SINGAPORE 060413
Address 4		Address Type	Singapore address	Post Code	050413
Unit No.	#22-09	Related Policy Number	5110204166		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/09/1996
Unnamed Driver Name	CHONG ZHEN MING	Driver NRIC	G2525851M	Driving Experience	7
Register Date of Driver License	07/07/2017	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	9355293	Contact No.(Office)		Address 3	SINGAPORE 480033
Address 1	BLK 33 #02-329	Address 2	BEDOK SOUTH AVENUE 2	Post Code	460033
Address 4		Address Type	Foreign address		
Unit No.	02-329	Driver Vehicle No.	PBER158B	Driver Insurer Company	NTUC
Does he own a Singapore Registered Car?	Yes - No				

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

## Modification History

Claim 001

Next

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault	UIC report	Received
Repair No.	Repair Option	Preferred Workshop Name unknown		
Finalisation				
Date Registered				

Report Taken By

Print As Letter

OD-MR	Insured Name	INFINITY DRIVE PTE LTD	Insured NRIC	2017074378
Nil	Contact No. (Home)		Contact No. (Office)	
	Vehicle Number	PBER158B	TP Vehicle Number	51M7653H
PBER158B / 51M7653H On 10 Aug 2019			Name of Preferred Workshop	
21/08/2019 18:40	Claim Close Date		Date Received	21/08/2019 00:00
MOH WAHAB				

Save Submit

## Attachment

Accident No.	MT/1038808	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	21/08/2019 18:40
Path *		Category *	Confidential
Choose File	No file chosen	Urgency	Normal
Choose File	No file chosen	Urgency	Normal
Choose File	No file chosen	Urgency	Normal
Choose File	No file chosen	Urgency	Normal
Choose File	No file chosen	Urgency	Normal
Choose File	No file chosen	Urgency	Normal
Choose File	No file chosen	Urgency	Normal
Messages Read		Urgency	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 21 Aug 2019 18:41	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Aug 2019 18:41	Photos	Normal	Photos 2019-8-21	





NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:41	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:41	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:41	Photos	Normal	Photos 2019-8-21
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:41	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:41	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:41	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:40	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:40	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:40	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:40	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:40	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 16:40	SAS	Normal	SAS 2019-8-21

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 08 / 2019) (DD/MM/YYYY), TIME: (15 : 28) (HH:MM)

LOCATION: Bedok North St 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8E8158B  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5108906239  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha YBR 125  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work purpose  
 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: Infinity Drive Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201707457R CONTACT: 96238126  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Cheng Zhen Ming (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G2525851M CONTACT: 98555292  
 c) ADDRESS: Blk 33 Bedok South Ave 2 #02-329, SPC 460033

\* d) DATE OF BIRTH: (06 / 09 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/10/2017

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) \_\_\_\_\_

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: UB1 Traffic Police

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5M 7653H MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = keluasee.infinitydrive@gmail.com

VIDEO



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

For LKK/NAC Use Only

Employer  
INFINITY DRIVE PTE. LTD.

Name  
CHONG ZHEN MING

Work Permit No.  
4 04950125

Sector  
SERVICE

4 04950125

K1668544

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License Number **G2525851M**

Name  
CHONG ZHEN MING

For LKK/NAC Use Only

Birth Date: 06 Sep 1996  
Issue Date: 07 Jul 2017  
Valid Till: 05/07/2022

002701512A

**VISIT PASS**  
Immigration Regulations

For LKK/NAC Use Only

Name  
CHONG ZHEN MING

ID No.  
G2525851M

Date of Birth  
06-09-1996

Sex  
M

Nationality  
MALAYSIAN

Download the WorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

Class 1B	Motorcycles <= 300 CC	07 Jul 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 1500 kg	05 Feb 2019

For LKK/NAC Use Only

S / No. 9000305237

G2525851M

NP 42BA

Licence No: G2525851M

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text" value="5110284168"/>	Date of Accident	<input type="text" value="10/08/2019 15:38"/>
Vehicle No.(For Motor)	<input type="text" value="FBE8158B"/>	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"/>	5110284168	5110284168-000004	INFINITY DRIVE PTE LTD	201707437R	GFM	Third Party	FBE8158B	FBE8158B	13/06/2019	12/06/2020
<input type="button" value="Continue"/>										