

NATIONAL Assessment Centre Services

[ver 1 Jan 2021]

MMA 120095448

Date In: 30/10/20 14:14	Job description	Date & Time Completed	Done by
Ref No: NAI FWD20011838164	SAS e-filing		
Veh No: SLR 9778T	E-mail (within 3hrs, AIC 2hrs)		
TPA: 29/10/20 14:15	I-Motor Claim Form		
TP: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wks22		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SLB 2070 G	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: ()

Comments: (INC 40001-640016016)	Date Claim 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

NA2005705

Comments/Particulars	Invoice Preparation Checklist	Am't (\$)	Adj (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	20.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2022)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	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	30/10/2020 14:14
Date Of Accident	29/10/2020 14:15
Exact Location Of Accident	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9778T
Insured/Policyholder	
Name Of Registered Owner	LUA LEE HENG
NRIC No	SXXXX901Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98393103
Alternative Phone No	OFFICE-98393103

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000985-01
Cover Note Number	

Driver

Name of Driver	LUA LEE HENG
NRIC No	SXXXX901Z
Date Of Birth	25/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1997
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98393103
Fax Number	
Contact Number	OFFICE-98393103
EEmail Address	NOEMAIL

Address	BLK 751 YISHUN ST 72 #03-180
Postcode	760751
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201029/2062 & T/20201029/7032

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB2070G
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKK834Y
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKL8217X
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 LUA LEE HENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR9778T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



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

					A B C D	A: SLR9778T B: SLB2070G C: SKK834Y D: SKL8217X
↓	↓	↑	↑	↑		

REFER TO REPORT NO : T	20201029	7032
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I/We declare the foregoing particulars are true in every respect.

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



SINGAPORE POLICE FORCE



T/20201029/2062

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 4

Report No. T/20201029/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2020 15:49	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars

Name of Informant: LUA LEE HENG			Address: APT BLK 751 YISHUN STREET 72 #03-180 SINGAPORE 760751		
ID Type / ID No.: NRIC NO / S7713901Z			Contact No.: Home/Office: Mobile: 98393103		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 25/05/1977	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Full Time 'GRAB' Driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2020 14:20	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5067U	Car					0
SLB2070G	Car					0
SLR9778T	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20201029/2062

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20201029/2062

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	GU FENG	ID No.	S8161771J	
Related Vehicle	SLB2070G (Car)	Contact No.	91139527	
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	
Driver				
Name	LUA LEE HENG	ID No.	S7713901Z	
Related Vehicle	SLR9778T (Car)	Contact No.	98393103	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Passenger				
Name	SHARIFAH BAYMIN	ID No.	S6929122H	
Related Vehicle	SLR9778T (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	



**SINGAPORE
POLICE FORCE**



T/20201029/2062

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20201029/2062

CONTINUATION OF REPORT

Passenger			
Name	KADAR ISMALI	ID No.	S6838611Z
Related Vehicle	SLR9778T (Car)	Contact No.	97253241
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.

V1: SLR9778T
V2: SLB2070G
V3: SHB5067U

On 29/10/2020 at about 1420hrs, I was driving for 'GRAB' using my car (V1) along Bukit Timah Expressway (BKE) towards Pan Island Expressway (PIE towards TUAS) in lane 1. There were 2 passengers in my car at the moment. Ahead of me was a taxi (V3). At the intersection of BKE and PIE towards Changi Airport, V3 suddenly started slowing down and came to a complete stop. To prevent collision, I slowed and came to a stop. At the same time, I felt an impact from the rear which inched V1 forward. At about 1-2 seconds later, V3 moved off and proceeded forward.

I alighted and saw another car (V2) to have collided its front into V1's rear. I realised that there were 2 other cars behind V2 that was also involved in the accident. The damage sustained by V1 were minor dents and scratches on the rear. As I had passengers onboard, I exchanged particulars with V2's driver and left. Both my passengers and myself did not sustain any visible injuries.

There is in-car camera installed in V1. On reviewing the footage, I could see that V3 started to signal to the left after it came to a stop. I believe that V3 has intentions to enter PIE towards Changi Airport instead of towards TUAS. The brake lights went off shortly after it stopped as I believe that V3's driver realised that he could no longer change lanes to the left. Hence, moving off forward.



**SINGAPORE
POLICE FORCE**



T/20201029/2062

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20201029/2062

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:

J /

Staff Sgt MUSHAWWIR BIN ADRUS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

29/10/2020 15:49

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE



SINGAPORE POLICE FORCE



T/20201029/7032

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

1 of 3

Report No: T/20201029/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2020 18:50		Vide Report No.: T/20201029/2062		Station Diary No.:	
Informant's Particulars					
Name of Informant: LUA LEE HENG			Address: 751 YISHUN STREET 72 #03-180 SINGAPORE 760751		
ID Type / ID No.: NRIC NO / S7713901Z			Contact No.: Home/Office: Mobile: 98393103		
Nationality: SINGAPORE CITIZEN			Email: ERICLUA2001@YAHOO.COM		
Sex: Male	Age: 43	Date of Birth: 25/05/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2020 14:15	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKK834Y	Car				Seriously Damaged	0
SKL8217X	Car				Seriously Damaged	0
SLB2070G	Car				Seriously Damaged	0



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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLR9778T	Car	TOYOTA	C-HR		Slightly Damaged	2

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUA LEE HENG		ID No. S7713901Z
Related Vehicle	SLR9778T (Car)		Contact No. 98393103
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	29/10/2020		Date 29/10/2020
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

REF REPORT NO: T/20201029/2062

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SLR9778T WAS TRAVELLING STRAIGHT IN MY LANE. THE TAXI IN FRONT OF ME BRAKE. SO I FOLLOW SUIT, SUDDENLY, I FELT TWO IMPACT FROM THE REAR PORTION OF MY VEHICLE. I ALIGHTED MY CAR AND REALISED I WAS IN A CHAIN COLLISION. I TOOK A FEW ACCIDENTS PHOTO AND CONTINUED SENDING MY PASSENGERS TO THEIR DESTINATED LOCATION.

VEHICLE B, BEARING CAR PLATE SLB2070G
VEHICLE C, BEARING CAR PLATE SKK834Y
VEHICLE D, BEARING CAR PLATE SKL8217X

AFTER SENDING MY CUSTOMER TO THEIR DESINTATED LOCATION, I WENT TO DO A POLICE REPORT AT BUKIT BATOK NPC (T/20201029/2062).

I LIKE TO STATE THAT I SUFFERED INJURIES ON MY NECK AND SHOULDER, SO I WENT TO SEE A DOCTOR AT OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20201029/7032

3 of 3

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

Report No. T/20201029/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
29/10/2020 18:50

Classification Of Case:



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.
All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2019-00000985-01

Car plate number : SLR9778T

Coverage start date: 31/08/2020

Coverage end date: 30/08/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Lua

NRIC/FIN: S7713901Z

Address: 751 Yishun Street 72 03-180 Nee Soon Central Green Singapore 760751

Email: Lualeeheng@gmail.com

Mobile Number: 98393103

Date of Birth: 25/05/1977

Gender : Male

Marital status: Married

Certificate of Merit: No

Current no claims discount: 30%

Years of driving experience: Three or more

About your car and policy

Car make and model: TOYOTA C-HR 1.8

Year of first registration : 2017

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$3,188.07

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 10 / 2020) (DD/MM/YYYY), TIME: (14 : 15) (HH:MM)

LOCATION: BUKIT TIMAH EXPRESSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR9778T
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: PNCV2019-00000985-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA C-HR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
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: LUA LEE HENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S77139012 CONTACT: 9839 3103
c) ADDRESS: 751 YISHUN ST 72 #03-180 (S) 760751

* 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 / 05 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23

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: ONLINE POLICE REPORT

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB20706 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKK834Y MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(3)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

(1) (VEHICLE
NO: SKL8217X)

Email = ric060autoservices@gmail.com

fax = 6286 7060