

# NATIONAL Assessment Centre Services.

[Part 1 of 2]

54092121 000 B

Date Inc: 01/02/2021 14:26

Ref No: NA/FWD21001477/114

Veh No: SFW 8288 S

DTA: 30/01/2021 17:05

Old TP Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-trail (within 3hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax / Hand to Owner/Wksp

Tel:

Fax:

Produced Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SFW 8632 M

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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 ( )

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

( ) 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/Time:

Location:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel:

Fax:

NA 2101259

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel:

Fax:

NA 2101259

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel:

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NA 2101259

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel:

Fax:

NA 2101259



## 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 Submission	01/02/2021 14:26 (SGT)
Date of Accident	30/01/2021 17:05 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS CITY BEFORE AIRPORT ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW8288S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHIH YONG
NRIC No	SXXXX566J
Email Address	DEXCOLUS@GMAIL.COM
Mobile Phone No	(Phone) +65-88558288
Alternative Phone No	+65-88558288

#### VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q30
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00008319
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHIH YONG
NRIC No	SXXXX566J
Date Of Birth	30/07/1990
Occupation	Outdoor

Date Of Driving Pass	22/01/2015
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-88558288
Alt. Phone Number	+65-88558288
Email Address	DEXCOLUS@GMAIL.COM
Address	BLK 386 YISHUN RING ROAD #04-1721
Address complement	-
Postcode	760386
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kolam Ayer Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002969999
Alt. Police Station Phone No	(Fax) +65-62937659
Police Station Address	Blk 72 Geylang Bahru #01-3038 Singapore 330072
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210131/2060

#### 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	SFK8632U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH4955J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SFW8288S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

x

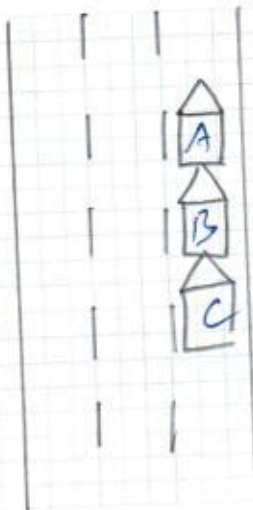
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

### Sketch Plan

Along KPE  
towards city  
(Before Airport  
Exit 1)



A - SFN 8288S  
B - SPK 8632U  
C - SLH 4955J

Describe Circumstances of the Accident

please refer to police report T120210131 / 2060

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

X

Driver's Signature (if driver is not the policyholder) / Date & Time

HZ

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20210131/2060

1 of 4

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No: T/20210131/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2021 14:49	Video Report No:	Station Diary No: 13
<b>Informant's Particulars</b>		
Name of Informant: TAN CHIH YONG	Address: APT BLK 386 YISHUN RING ROAD #04-1721 SINGAPORE 760386	
ID Type / ID No.: NRIC NO / S9026566J	Contact No.: Home/Office:	Mobile: 88558288
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 30	Date of Birth: 30/07/1990
Type of Informant: Driver		Institution / School Name:
Race: Chinese	Language: English	
Occupation: Other insurance representatives	Driving Licence Information: Class: 3,3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/01/2021 17:05	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFK8632U	Car	BMW		White	Seriously Damaged	0
SFW8288S	Car	INFINITI	Q30 1.5D DCT	Red	Slightly Damaged	1
SLH4955J	Car	MERCEDES BENZ		Blue	Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210131/2060

2 of 4

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No: T/20210131/2060

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SFW8288S	FWD Singapore Pte. Ltd	PNPV2020-00008319	30/07/2020	29/07/2021

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	Wee dee	ID No.	S7409081H
Related Vehicle	SFK8632U (Car)	Contact No.	98297750
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	TAN CHIH YONG	ID No.	S9026566J
Related Vehicle	SFW8288S (Car)	Contact No.	88558288
Hospital/Clinic	HEARTLAND FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3.3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Name	Waston	ID No.	S9734106B
Related Vehicle	SLH4955J (Car)	Contact No.	92473011
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/20210131/2060

3 of 4

Police Station Of Origin

Kolam Ayer NPP

72 Geylang Bahru #01-3038 SINGAPORE

330072

Tel No: 1800-2969999

Report No: T/20210131/2060

**CONTINUATION OF REPORT**

**Brief Details.**

On the 30/01/2021 at 05:05pm, I was driving along KPE towards CITY on the first lane. At that point of time, the traffic was heavy and there was a vehicle in front of me that started to slow down and stop. I followed after and stop behind the vehicle, after stopping the vehicle that was behind of me was also able to stop. However I suddenly felt an impact at the rear of my vehicle.

I came down to make a check on the damages to my vehicle as well as to exchange particulars. I found that the rear bumper of my vehicle was dented as well as the lower bumper had been dislodged. I also discovered that the vehicle (SFK8632U) behind was also hit by another vehicle (SLH4955J)



SINGAPORE  
POLICE FORCE



T/20210131/2060

4 of 4

Police Station Of Origin

Kolam Ayer NPP

72 Geylang Bahru #01-3038 SINGAPORE

330072

Tel No 1800-2969999

Report No T/20210131/2060

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

A /

Sgt 2 JACKY CHEONG HEEN HOE

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time:

31/01/2021 14:49

Officer In Charge Of Case

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No 65476151

Classification Of Case

Authentication Stamp

NP158



10 Sig Ming Drive Singapore 570479  
www.lta.gov.sg

25 Aug 2020

Our ref: 2508200203N061016044

TAN CHIH YONG I CHEN ZHIRONG  
APT BLK 386 YISHUN RING ROAD  
#04-1721  
SINGAPORE 760386

Dear Sir/Madam,

**You Have Successfully Replaced Vehicle Registration No. SMT7621C  
With SFW8288S**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMT7621C, now has the number SFW8288S.

The vehicle details after the transaction are:

Transaction No.	: 20200825155700442996
Vehicle Registration No.	: SFW8288S (Previously SMT7621C)
Vehicle Make	: INFINITI
Vehicle Model	: Q30 1.5D DCT
Chassis No.	: SJKDAAH15U1990737
Engine No./ Motor No.	: K9KG481D000043 / -

**What You Need To Do:**

- You must show the new number SFW8288S on your vehicle by 28 Aug 2020.

Please change the number plates on this vehicle to show SFW8288S by 28 Aug 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.







## 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: PNPV2020-00008319 (Comprehensive - Classic Plan)**

Car plate number: SMT7621C

Your name (As the policyholder): Tan Chih Yong

Coverage start date: 30/07/2020

Coverage end date: 29/07/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Hong Leong Finance Limited

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 29/07/2020

**Khor Kee Eng**

Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

# ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 01 / 2021 (DD/MM/YYYY) TIME: 17 : 05 (HH:MM)  
 LOCATION: Along LPE towards City before airport Rd Ex-1

1. DETAILS OF VEHICLE  
 a) VEHICLE NUMBER: SFW 82885  
 b) INSURANCE COMPANY: FLWD  
 c) POLICY NUMBER: PNPV2020-00008319  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Infiniti Q30 1.5  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: personal use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER  
 a) NAME: Tan Chih Yong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9026566J CONTACT: 88558288  
 c) ADDRESS: Blk 386, Yishun Ring Road  
#04-1721, S(760386)

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

\* No of passengers  
 (including driver)  
(2)

- DRIVER  
 a) NAME: Tan Chih Yong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9026566J CONTACT: 88558288  
 c) ADDRESS: Blk 386, Yishun Ring Road  
#04-1721, S(760386)  
 \*d) DATE OF BIRTH: (30 / 07 / 1990) (DD/MM/YYYY) Dexcalus@gmail.com  
 e) OCCUPATION: (INDOOR / OUTDOOR) 6 yrs  
 f) YEARS OF DRIVING EXPERIENCE: 6 yrs

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: Kolam Ayer NPP

8. THIRD PARTY VEHICLE  
 a) VEHICLE NUMBER: SFK 8632U MODEL: BMW 218 I  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

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

9. THIRD PARTY VEHICLE  
 d) VEHICLE NUMBER: SLH 4955 J MODEL: Mercedes E250  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

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

Email = ktmotorwerk@hotmail.com

fax =

VIDEO =