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SN09212H000G / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/02/2021 15:38 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (17/02/2021 15:38 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 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 witholding 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 QIA 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

17/02/2021 15:38 (SGT) 10/02/2021 16:00 (SGT) Expo Dr, Singapore

Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG4441Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** Mobile Phone No

Alternative Phone No

NG JUN SHENG

SXXXX250H

mstansg@yahoo.com.sg

(Phone) +65-97824310

+65-97824310

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Nissan

Nv200

Employment

Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number

Comprehensive

5111096831-01

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

TAN MENG SONG WILLIAM

SXXXX634Z

11/08/1966

Outdoor

Accident report SN09212H000G

Page 1 of 19

17/06/1988 Date Of Driving Pass Driving experience 32 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-97824310 Alt. Phone Number Email Address mstansg@yahoo.com.sg Address BLK 606 HOUGANG AVE 4 Address complement #13-177 530606 Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Other 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 NG YU JIE Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Tanah Merah Neighbourhood Police Post Police Station Phone No. (Phone) +65-18004499999 Alt. Police Station Phone No (Fax) +65-62447251 Police Station Address Blk 51 New Upper Changi Road #01-1514 Singapore 461051 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20210214/2041 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

### DETAILS OF OTHER VEHICLE PROPERTY 1



 Vehicle Colour

 Vehicle Category
 Government

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 LAMP POST

 No. Of Passenger (Including Driver)

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TAN MENG SONG WILLIAM
SUBJECT
BEG4441Z
BEG4441Z
SUBJECT
BEG4441Z
SUBJECT
BEG4441Z
SUBJECT

### INJURED 2

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NG YU JIE
SLIGHT
GBG4441Z
Yes

### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

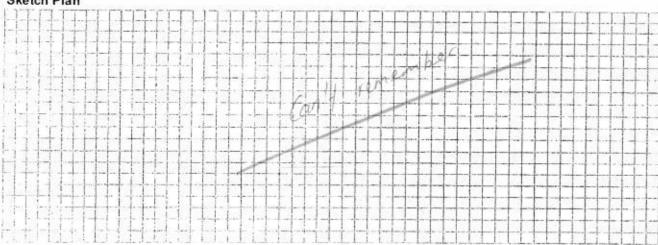
I understand, acknowledge, agree and consent that :

- (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;

(A Healthy Body, A Healthy Mind)

- (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.

The Marketplace @ 58, #01-92 New Upper Changi Road, SG Mobile: (*65) 9669-6873 / 92 Web: www.ahboyfruitsconnect	3-0182	12/21	Sum	17/02/21
Policyholder's Signature / Date & Time	Driver's Signature (∦ driver is not t & Time	he policyholder) / Date	Witnessed by Re	porting Centre
Sketch Plan	T 17 T T T T T T T T T T T T T T T T T T	T [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	<del></del>	Freeze



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P/s refu to the police report: 9/30	210214/2041
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declare the foregoing particulars are true in every respect.	
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de: (+65) 9669-6873 / 9773-0182 www.ahboyfruitsconnect.com	0

Personnel

Time

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1 of 3

Report No. T/20210214/2041

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051

Tel No: 1800-4499999

### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 121 14:31	flade:	Vide Report No.:	Station Diary No.: 7		
Informa	nt's Partici	ulars	<b>三人员的现在分词</b>	更多的数据,但是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
Name of Informant: TAN MENG SONG WILLIAM			Address: APT BLK 606 HOUGANG AVENUE 4 #13-177 SINGAPORE 530606			
ID Type / ID No.: NRIC NO / S1761634Z			Contact No.: Home/Office: Mobile: 97824310			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 54 11/08/1966			Type of Informant: Driver			
Race: Chinese		4	Language: Institution / School Na English			
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:			

	mation of the Accident		To 1 5	T of Leasting		
Type of Accident:	Injury Government Prope	Drink Drive: No	Date/Time of Accident: 10/02/2021 16:00	Type of Location Straight Road		
Location: EXPO DRIVE	72					
Weather:	-	Road Surface:		Road Speed Limit:		
		Dry				
Clear		Diy				
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
venicle ivo.	Type	IVIANE	Middel	COIO		The of Facetings
GBG4441Z	Van	NISSAN	VANETTE 1.6 AUTO	Silver	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20210214/2041

2 of 3

Report No. T/20210214/2041

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

### CONTINUATION OF REPORT

Driver			Library Constitution		May 1	BINESS OF STREET	
Name	TAN MENG SONG V	VILLIAM	ID No.		S1761634Z		
Related Vehicle	GBG4441Z (Van)	1Z (Van) Contact No		ct No.	97824310		
Hospital/Clinic	inic CHANGI GENERAL HOSPITAL		W2 = 1	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	10/02/2021	Date Disc					
No. of Days gran	ted Medical Leave	16	Degree of	Injury	Slight		
Passenger			a leveled	No. of Parties	<b>科区</b> 科2·普		
Name	NG YU JIE		ID No.		T0620836Z		
Related Vehicle	GBG4441Z (Van)		Contact No.		NIL		
Hospital/Clinic	KK WOMEN'S AND HOSPITAL	l'S	Class of Driving Licence & Expiry Dat		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL			te Discharge NIL			
	ted Medical Leave	NIL	Degree of	f Injury	Sligh	t	

### Brief Details.

On 10/02/2021 at about 1600hrs, I was driving a van(GBG4441Z) and was delivering fruits to Yan Kit Village Chinese Temple, together with my nephew(Ng Yu Jie, NRIC: T0620836Z) seated at the passenger seat of the van. After unloading the fruits at the temple, I was on the way back to Blk 58 New Upper Changi Road.

However when I was passing by Singapore Expo and driving on the left lane, I felt some giddiness and eventually blacked out. Subsequently I heard a loud bang and I regained consciousness. My van has knocked onto a lamp post outside Singapore Expo main entrance. My van's airbag has been deployed and I felt pain in my chest upon the impact of the steering wheel. After which, several passers-by came over to assist me to call for ambulance.

The ambulance came and attended to me and my nephew. I was conveyed to Changi General Hospital and my nephew was conveyed to KK Hospital. There is an in-car camera in my van.





T/20210214/2041

3 of 3

Report No. T/20210214/2041

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

### 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: G / Sgt 2 LEE SZE HIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/02/2021 14:31
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp PULICE FORCE NP168 SIGNATURE	

## ACCIDENT STATEMENT

1. DETAILS OF VEHICLE  OJVEHICLE NUMBER:  DINSURANCE COMPANY:  OPPOLICY NUMBER:  OJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  OJMAKE & MODEL:  OJVEHICLE CATEGORY:  OJVEHICLE CATEGORY:  OJVEHICLE CATEGORY:  OJVEHICLE CATEGORY:  OJVEHICLE CATEGORY:  OJVEHICLE CATEGORY:  OJNAME:  ON PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  IN SURED / POULY HOLDER  A)NAME:  ONLY SHEW  ONLY SHOW  ONLY SHEW  ONLY SHEW  ONLY SHEW  ONLY SHEW  ONLY SHEW  ONLY SHEW  ONLY	0.0000004300000000000000000000000000000	ATE: (10 1021 2021)(C EXPU BRIVE		
DINSURANCE COMPANY: NOW  CIPOLICY NUMBER:  dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODEL: 10	T. DETAIL	LS OF VEHICLE		
C)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL:  f) MAKE / AND COMMERCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  f) PULPOSE OF USING A TACCIDENT TIME.  f) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  if NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) MAME: MAKE / M	a)VEH	ICLE NUMBER: 9BG 4	441Z	\$
C)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE; THIRD PARTY   THIRD PARTY FIRE & THEFT)  e)MAKE & MODEL:  (MALE & MODEL:  (MALE & MODEL:  (MALE / FEMALE)  e)MY / YAN / LORRY / MOTORCYCLE / OTHERS)  e) ITYPE: (SALOON / COUPE / MPY / YAN / LORRY / MOTORCYCLE / OTHERS)  e) ITYPE: (SALOON / COUPE / MPY / YAN / LORRY / MOTORCYCLE / OTHERS)  e) ITYPE: (SALOON / COUPE / MPY / YAN / LORRY / MOTORCYCLE / OTHERS)  e) ITYPE: (SALOON / COUPE / MPY / YAN / LORRY / MOTORCYCLE / OTHERS)  e) ITYPE: (SALOON / COUPE / MPY / YAN / LORRY / MOTORCYCLE / OTHERS)  e) ITYPE: (SALOON / COUPE / MPY / YAN / LORRY / MOTORCYCLE / OTHERS)  e) ITYPE: (SALOON / COUPE / MPY / YAN / LORRY / MOTORCYCLE / OTHERS)  e) ITYPE: (SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / CONTACT: 9780 / SALOON / COUPE / MALE / FEMALE)  b) INRIC/FIN/PASSPORT: (176 / GALO / CONTACT: 9780 / SALOON / COUPE / MALE / FEMALE)  b) INRIC/FIN/PASSPORT: (176 / GALO / CONTACT: 9780 / SALOON / COUPE / MALE / MALE / FEMALE)  b) INRIC/FIN/PASSPORT: (176 / GALO / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / CONTACT: 9780 / SALOON / COUPE / MEXALON / COU	b)INSU	RANCE COMPANY: 17	40.	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODEL: MAN ALOO A A A A A A A A MODEL: MY PARTY FIRE & THEFT)  e)MAKE & MODEL: MAN ALOO A A A A A A A A A A A A A COLOR A MAN ALORY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT A COLORN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: MA JUN SHEND  CONTACT: 9763 A A SHEND  CONTACT: 9763 A A SHEND  CONTACT: 9763 A A A SHEND  CONTACT: 9763 A A A SHEND  CONTACT: 9763 A A A A A A A A A A A A A A A A A A A				8
JITTPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME  JIANE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NOT)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: MA JUN SHEWA (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT: 776-2/10  c) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINNIC/FIN/PASSPORT: STATE (MALE)  b) NRIC/FIN/PASSPORT: STATE (MALE)  c) ADDRESS: ACC GOD MOUGHAND AND CONTACT: 976-2/10  d) DATE OF BIRTH: (M. J. S. J. 1266 J. (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 1/ OCL / 93-6  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ACCOMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ACCOMPANY? (YES / NO)  OWEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) IROAD SURFACE: (DRY / WEF / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  OF PASSENGET* O' VEHICLE NUMBER: ARMP POST MODEL:  OF PASSENGET*  O' VEHICLE NUMBER: ARMP POST MODEL:  OF PASSENGET*  O' VEHICLE NUMBER: MODEL:  O' PASSENGET*  O' VEHICLE NUMBER: MODEL	dipor	CY TYPE (COMPREHENSIVE	Y TUIDD DADY AT ALL	
JIMPE: (SALOON / COUPE / MPV / VAM / LORRY MOTORCYCLE / OTHERS)  g) Vehicle Category: (PRIVATE / COMMERCIAL) MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME  JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOT)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: MI JUN SHEMA (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT: 7/60/00/00  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O) NAME: TOM MENG GONG WILLIAM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 1/16/14/2 CONTACT: 975045/00  c) ADDRESS: ACC 60 MULLIAM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 1/16/14/2 CONTACT: 975045/00  c) ADDRESS: ACC 60 MULLIAM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 1/16/14/2 CONTACT: 975045/00  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ACCIDENCY  b) MORAL SURFACE: (DRY / WET / OTHERS  b) WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  c) PROSPAGASE  C) VEHICLE NUMBER: APPOST MODEL:  d) VEHICLE NUMBER: MOD	elmar elmar	E & MODEL 'SCECE OF	TITIKO PARIY / THIRD	PARTY FIRE &THEFT)
SINCE CATEGORY IMPRIATE COMMERCIAL / MOTORCYCLE  I) PURPOSE OF USING AT ACCIDENT TIME  I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (ITHEN PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: MA JUN SHEMA (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT: 7760 000/10  C) ADDRESS:  CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  DRIVER  O) NAME: 70 M MENC FONG WILLIAM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: C/76/63/7 CONTACT: 978045/0  c) ADDRESS: MAC GO MUCHANO AUC (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: C/76/63/7 CONTACT: 978045/0  c) ADDRESS: MAC GO MUCHANO AUC (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: MENC FONG WILLIAM (MALE / FEMALE)  c) ADDRESS: MAC GO MUCHANO AUC (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: MENC FONG WILLIAM (MALE / FEMALE)  d) OCCUPATION: (INDOOR / OUTDOOR)  i) YEARS OF DRIVING EXPRESSINCE: 1/06/986  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: REPORTED TO POLICE FOR ANY OF THE INSURED'S COMPANY? (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  B. HIRD PARTY VEHICLE  O) PREVIOUS NAME: MODEL:  O) VEHICLE NUMBER: MAPP POST MODEL:  O) PREVIOUS NAME: MODEL: MODEL:  O) PREVIOUS NAME: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL:	f)TYPE:	(SALOON COURE (MRY A	14 1 00 (A) /-(	
JARRE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: AND SHAML  (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 7760 (1/0)  C()ADDRESS:  CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINNEC/FIN/PASSPORT: CONTACT: 9780 (1/0)  DINNEC/FIN/PASSPORT: CONTACT: 9780 (1/0)  *d)DATE OF BIRTH: (1/1/2) (1/0)  B)NRIC/FIN/PASSPORT: CONTACT: 9780 (1/0)  *d)DATE OF BIRTH: (1/1/2) (1/0)  B)OCCUPATION: (INDOOR / OUTDOOR)  JYEARS OF DRIVING EXPRERIENCE: 1/06/1986  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ADTIVITY  B)IROAD SURFACE: (DRY / WET / OTHERS  B) BROAD SURFACE: (DRY / WET / OTHERS  C) ANS ANYBOOV NUISERD (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: APPL POST MODEL:  C) NRIC/FIN/PASSPORT: CONTACT:  C) NRIC/FIN/PASSPORT: CONTACT:  PROSPAGE  O) VEHICLE NUMBER: MODEL:  D) RIVER'S NAME:  MODEL:  O) VEHICLE NUMBER: MODEL:  O) VEHICLE NUMBER: MODEL:  D) RIVER'S NAME:  MODEL:  O) VEHICLE NUMBER: MODEL:  O)	g)VEHI	CLE CATEGORY: (PRIVATE /	COMMERCIAL MOTOR	CYCLE / OTHERS)
JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POUCY HOLDER  A) NAME: A/G JUN SHENG (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 9760 6510  C) ADDRESS:  CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  DRIVER  DRIVER  DRIVER  ONAME: 71N MENC BONG WILLIAM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$176/634 7 CONTACT: 978043(0)  c) ADDRESS: & C. 606 MULLIAM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$176/634 7 CONTACT: 978043(0)  c) ADDRESS: & C. 606 MULLIAM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$176/634 7 CONTACT: 978043(0)  c) ADDRESS: & C. 606 MULLIAM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$176/634 7 CONTACT: 978043(0)  c) ADDRESS: & C. 606 MULLIAM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$176/634 7 CONTACT: 978043(0)  c) ADDRESS: & C. 606 MULLIAM (MALE / FEMALE) b) ROBING BIRTH: (M. 1 28 1 2966 ) [DDMM/YYYY] e) OCCUPATION: (INDOOR / OUTDOOR) d) YEARS OF DRIVING EXPRERIENCE: 1166/1946  4. WAS DRIVER AN BEMLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 8257HCL TO b) ROBING BIRTH: (M. 1 28 1 2966 ) [DDMM/YYYY] e) OCCUPATION: (INDOOR / OUTDOOR)  J) YEARS OF DRIVING EXPRERIENCE: 1166/1946  4. WAS DRIVER'S ON THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE c) PRIVER'S NAME: D) DRIVER'S NAME: D) RIC/FIN/PASSPORT: CONTACT: D) NRIC/FIN/PASSPORT: CONTA	iiji oki	OSE OF USING AT ACCIDEN	IT TIME.	
2. INSURED / POLICY HOLDER  A) NAME: MG JUN SHENG (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 7762 48/10  C) ADDRESS:  CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER  DRIVER  C) DINAME: 71N MENG FONG WILLIAM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 9762 48/10  c) DINAME: 71N MENG FONG WILLIAM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 9762 48/10  c) DINAME: 71N MENG FONG WILLIAM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 9762 48/10  c) DINEC/FIN/PASSPORT: CONTACT: 9762 48/10  d) DATE OF BIRTH: (M / 08 / 1966 ) [DD/MM/YYYY] e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPERIENCE: 1/06/1946  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BETTHER OF THE SUPPLY OF THE SUP	I) ARE Y	OU CLAIMING UNDER YOUR	OWN INSURANCE IVE	S/NOT
A)NAME: M. JUN SHAM.  (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 9763 US/O  C)ADDRESS:  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER a)NAME: TAN MENC BONG WILLIAM (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S/76/634 Z CONTACT: 9783 V3/O  (A)DATE OF BIRTH: (M J 08/1966) [(DD/MM/YYYY)] e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 1/06/1966  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ARBITICE b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: unding driver) f) NRIC/FIN/PASSPORT: CONTACT:  1 NRIC/FIN/PASSPORT: CONTACT:	IF NO,	LICKSE STATE (THIRD PARTY	CLAIM / REPORTING C	NIN
b) NRIC/FIN/PASSPORT:	Z. INSURE	D / POLICY HOLDER		
CONTACT: 7763 C/O  c) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DRIVER  DRIVER  DINAME: 71N MENC BONG WILLIAM (MALE/FEMALE)  CONTACT: 9782V 8 (O)  CONTACT: 9782V 8 (				MAIF / FEMALE
C/ADDRESS:  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINAME: 7NN MENG FONG WICLIAM (MALE / FEMALE)  DINING/FIN/PASSPORT: 5/76/6/4 Z CONTACT: 978948 (OC)  *CIADDRESS:  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINING/FIN/PASSPORT: 5/76/6/4 Z CONTACT: 978948 (OC)  *CIADDRESS:  *CONTINUE TO 3.d IF DRIVER WICLIAM (MALE / FEMALE)  DINING/FIN/PASSPORT: 5/76/6/4 Z CONTACT: 978948 (OC)  *CONTACT: 978948 (OC)  *CON			CONTAC	T: 97624510
DRIVER  O) NAME: 71N MENC CONTACT: GARDY STORE  O) NAME: 71N MENC CONTACT: GARDY STORE  (2) O) NAME: 71N MENC CONTACT: GARDY STORE  (3) NAME: 71N MENC CONTACT: GARDY STORE  (4) DATE OF BIRTH: (1/1/08/1766) (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 1/06/1786  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ADDITION:  5. CI WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D) ROAD SURFACE: (DRY / WET / OTHERS  7. CI REPORTED TO POLICE (YES ! NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  OF PASSENGET OI VEHICLE NUMBER: LAND POST MODEL:  C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  OF PASSENGET OI VEHICLE NUMBER: MODEL:  OF PASSENGET OI VEHICLE NUMBER: CONTACT:  OI NRIC/FIN/PASSPORT: CONTACT:  OINTACT: CONTACT:  OTHER PARTY VEHICLE  OF PASSENGET OI VEHICLE NUMBER: MODEL:  OI NRIC/FIN/PASSPORT: CONTACT:  OINTACT: CONTACT:  OINTACT: MALE / CONTACT:  OINTACT ON THE MALE / CONTACT ON THE MALE /	c)ADDR	:ESS:		
DRIVER  a) NAME: 71N MENG CONG WILLIAM  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 5/76/634 Z CONTACT: 97824300  c) ADDRESS: 34C 606 HOUGANG AUC 4  #13-172 (55066)  *d) DATE OF BIRTH: (1/108/1/266) (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 1/106/1/266  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ADDITION:  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  7. C) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  27 PASSENGET O) VEHICLE NUMBER: LAND POST MODEL:  C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  64 PASSENGET O) VEHICLE NUMBER: MODEL:  65 PASSENGET O) VEHICLE NUMBER: MODEL:  66 PASSENGET O) VEHICLE NUMBER: MODEL:  67 PASSENGET O) VEHICLE NUMBER: MODEL:  68 PASSENGET O) VEHICLE NUMBER: MODEL:  69 DRIVER'S NAME:  60 ONTACT:  61 PASSENGET O) VEHICLE NUMBER: MODEL:  69 DRIVER'S NAME:  60 ONTACT:  60 ONTACT:  61 PASSENGET OONTACT:  61 PASSENGET OONTACT:  62 PASSENGET ONTACT:  63 PASSENGET ONTACT:  64 PASSENGET ONTACT:  65 PASSENGET ONTACT:  66 PASSENGET ONTACT:  67 PASSENGET ONTACT:  68 PASSENGET ONTACT:  69 DRIVER'S NAME:  60 ONTACT:  60 ONTACT:  61 PASSENGET ONTACT:  61 PASSENGET ONTACT:  61 PASSENGET ONTACT:  62 PASSENGET ONTACT:  63 PASSENGET ONTACT:  64 PASSENGET ONTACT:  65 PASSENGET ONTACT:  66 PASSENGET ONTACT:  67 PASSENGET ONTACT:  67 PASSENGET ONTACT:  68 PASSENGET ONTACT:  69 PASSENGET ONTACT:  69 PASSENGET ONTACT:  60 PASSENGET ONTACT:  60 PASSENGET ONTACT:  60 PASSENGET ONTACT:  61 PASSENGET ONTACT:  61 PASSENGET ONTACT:  61 PASSENGET ONTACT:  61 PASSENGET ONTACT:  62 PASSENGET ONTACT:  63 PASSENGET ONTACT:  64 PASSENGET ONTACT:  65 PASSENGET ONTACT:  66 PASSENGET ONTACT:  67 PASSENGET ONTACT:  67 PASSENGET ONTACT:  68 PASSENGET ONTACT:  69 PASSENGET ONTACT:  69 PASSENGET ONTACT:  60 PASSENGET ONTACT:  61 PA			4 2	
DRIVER  O) NAME: 71N MENC CONTACT: GARDY STORE  O) NAME: 71N MENC CONTACT: GARDY STORE  (2) O) NAME: 71N MENC CONTACT: GARDY STORE  (3) NAME: 71N MENC CONTACT: GARDY STORE  (4) DATE OF BIRTH: (1/1/08/1766) (IDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 1/06/1786  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ADDITION:  5. CI WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D) ROAD SURFACE: (DRY / WET / OTHERS  7. CI REPORTED TO POLICE (YES ! NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  OF PASSENGET OI VEHICLE NUMBER: LAND POST MODEL:  C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  OF PASSENGET OI VEHICLE NUMBER: MODEL:  OF PASSENGET OI VEHICLE NUMBER: CONTACT:  OI NRIC/FIN/PASSPORT: CONTACT:  OINTACT: CONTACT:  OTHER PARTY VEHICLE  OF PASSENGET OI VEHICLE NUMBER: MODEL:  OI NRIC/FIN/PASSPORT: CONTACT:  OINTACT: CONTACT:  OINTACT: MALE / CONTACT:  OINTACT ON THE MALE / CONTACT ON THE MALE /	*CONTI	NUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	
b)NRIC/FIN/PASSPORT: \$176/634 7 CONTACT: 9783486 c)ADDRESS: \$40 606 HOUGANG AUC 4  *d)DATE OF BIRTH: [1/ / 08 / 1966 ](DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 1/06/1964  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES? (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \$20   MEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY) WET / OTHERS  6. WAS ANYBODY INJURED (YES/NO) CONTACT: 7. D)REPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: APP POST MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: d) VEHICLE NUMBER: MODEL: e) PRISTANGE e) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: f) NRIC/FIN/PASSPORT: CONTACT: f) NRIC/FIN/PASSPORT: CONTACT: f) NRIC/FIN/PASSPORT: CONTACT:	of passanger DRIVER	•		~ ·
d)DATE OF BIRTH: (// / 08 / 1966 )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: // 06 / 19 ft  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BROADS SURFACE: (DRY) WET / OTHERS  b)ROAD SURFACE: (DRY) WET / OTHERS  7. d)REPORTED TO POLICE (YES!/NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  c) PRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  c) PRIVER'S NAME:  e) DRIVER'S NAME:  c) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  7/03/21  C) MAI = MStansg@ yaloo-com sg	- DINDIO	EIN/PASSPORT: C/3////	WE TO THE ME	MALE / FEMALE)
*d)DATE OF BIRTH: (// ) 08 / 746 )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: // 06/73+6  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BROTHER NO.  5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS D)ROAD SURFACE: (DRY ) WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  Of PASSENGER OF VEHICLE NUMBER: LAMP POST MODEL:  OF PASSENGER OF VEHICLE NUMBER:  OF PASSENGER OF VEHICLE	(2) CIADDRI	FIG. 8 (F CO) - HOULE	CONTAC	T: 97824310
*d)DATE OF BIRTH: (	7,	#13-177 (53010	L)	•
e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: // / 66/19 + 6  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: // 2074/20 - 7  5. c)WEATHER CONDITION: (CLEAR / RAINING / OTHERS    b)ROAD SURFACE: (DRY / WET / OTHERS    6. WAS ANYBODY INJURED (YES / NO)	*d)DATE			
1) YEARS OF DRIVING EXPRERIENCE: 1/06/1986  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 10 NO. RELATIONSHIP OF THE DRIVER WITH INSURED: 10 NO. 10	eloccu	PATION: /INDOOR / QUITOC	(VYYY)	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES? NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  S. CI)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  DIROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  OF PASSENGER  C) VEHICLE NUMBER: LAMP POST MODEL:  C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: MODEL:  OF PASSENGER  CHURCH WITH MODEL:  OF PASSENGER  CONTACT::  CMAIL = MSTANSG @ YOLOO-LOW SS	f)YEARS (	OF DRIVING EXPREDIENCE	12/01/10/0	1800
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) CONTACT: 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 24 Passenger a) VEHICLE NUMBER: LAMP Post MODEL:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: e) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT:  O'A / 21  C'Mail = MStansg@ yaloo com sg  Lamb for lax =	4. WAS DR	IVER AN EMPLOYEE OF TH	E INCLIDED'S COMPA	NVO MECHINA
5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. d)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: LAMP POST MODEL:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  e) PRIVAR'S NAME:  duding driver) f) NRIC/FIN/PASSPORT: CONTACT::  O) DRIVER'S NAME:  duding driver) f) NRIC/FIN/PASSPORT: CONTACT::	IF NO, R	ELATIONSHIP OF THE DR	IVER WITH INSURED	BROTHER TO
b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) convey  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  Of Passenger a) VEHICLE NUMBER: LAMP POST MODEL:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME:  e) DRIVER'S NAME:  ducting diviver) f) NRIC/FIN/PASSPORT: CONTACT:  O'Mail = Mstansg@ yaloo-con-sg  Lax =	5. a)WEATH	ER CONDITION: (CLEAR / R.	AINING / OTHERS	1
6. WAS ANYBODY INJURED (YES/NO) convey 7. a)REPORTED TO POLICE (YES/NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: LAMP POST MODEL:  C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME:  e) DRIVER'S NAME:  e) DRIVER'S NAME:  cluding driver)  f) NRIC/FIN/PASSPORT: CONTACT:  O) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME:  cluding driver)  f) NRIC/FIN/PASSPORT: CONTACT:  C) NAME:  e) DRIVER'S NAME	b)ROAD :	SURFACE: (DRY / WET / OTH	ERS · ·	12-12-12-12-12-12-12-12-12-12-12-12-12-1
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  of passenger of VEHICLE NUMBER: LAMP POST MODEL:  ON PRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME:  cluding driver) f) NRIC/FIN/PASSPORT: CONTACT:  NRIC/FIN/PASSPORT: CONTACT:  ONTACT:  I MATI = MSTANSG@ yaloo-com. 59  authy: for is ax =	6. WAS ANY	BODY INJURED (YES / NO)	convey	
8. THIRD PARTY VEHICLE  of passenger of VEHICLE NUMBER: LAMP Post MODEL:  duding driver) b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME:  duding driver) f) NRIC/FIN/PASSPORT: CONTACT:  ii  7/03/21  CMail = Mstansg@yaloo-com.sg	7. ajreport	ED TO POLICE (YES / NO)	ATT ATT	
of passenger of VEHICLE NUMBER: LAMP POST MODEL:  duding driver) b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME:  duding driver) f) NRIC/FIN/PASSPORT: CONTACT::  NRIC/FIN/PASSPORT: CONTACT::  2/03/21  CMail = Mstansg@yaloo-com.sg	IF YES, P	LEASE STATE WHICH POLICE	STATION:	,
duding driver) b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  g. THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  e) DRIVER'S NAME:  duding driver) f) NRIC/FIN/PASSPORT:  CONTACT:	8. THIRD PAR		2	
C) NRIC/FIN/PASSPORT:	1 1 Send of VEHIC		MODEL:	
9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	cluding striver) D) DRIVE			8
contact:    Cimail = mstansg@yaloo-com.sg			CONTACT	
duding driver) f) DRIVER'S NAME:  NRIC/FIN/PASSPORT:  Contact::  Cimail = mstansg@yaloo-com.sg  authy: for fax =			HODE	
T/0 x/21 : Cimail = mstansg@yaloo-com.sg  why for fax =	1 12 2 cuelet		MODEL:	
7/03/21 : Cimail = mstansg@yaloo.com.sg	duding driver) fl NRIC/	CONTRACTOR CONTRACTOR LANGUAGE TO THE STATE OF THE STATE	CONTACT	<del></del>
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acting for fax =				*
acting for fax =	7/02/21 .	· Cmail = mst	ansg@ youho	0- LUM. SQ
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		0	100	

. eBaoTech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 17/02/2021 11:02 Vehicle No.(For Motor) GBG4441Z Certificate Number Search Policyholder Name Certificate Policyholder NRIC Commence Expiry Date Policy No. Vehicle Insured Select Product Cover Type Number No. Object Date 5111096831-NG JUN SHENG GCV Comprehensive GBG4441Z GBG4441Z 03/08/2020 02/08/2021 S1824250H Continue

### Claim Handling Accident MT/1121539

recodent Pit/1121939							
Policy No.	5111096831-01	Vehicle No.	GBG4441Z		GST Re	gistration No.	
Certificate No.							
Policyholder Name	NG JUN SHENG				Policyho	Nder NR3C	S1824250H
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		Loading		0
Contact No.(Mobile)	97824310	Contact No.(Office)	0		Contact	No.(Home)	0
Email Address		Special Remark			eCode		No v
KFK:	No Yes	TCA	No Yes		eCode i	eason.	
NCD Protection	No	NCD Entitlement(%)	20		Private	Hire	No
→ Accident Details							
Report Date	18/02/2021 18:07	Accident Report Within 24 hrs	Yes		Acciden	Type	Others
Date of Accident	10/02/2021	Time of Accident hh:mm	16:00			of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	or recount	amyapure
Accident Location	EXPO DRIVE				100		
→ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		100.00	- 12		
				***************************************			
OD Standard Excess	600.00	TP Standard Excess		0.00			
YIED OD Excess	0.00	VIED TP Excess		0.00	Driver is	Covered?	Not Applicable
Additional Excess							
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00			
→ Benefits							
	tion						
GST Registered	No		GST Rec	Istration Date			
GST Registration No.				us Verified		Yes	
Modification History							
→ Policyholder Mailing Add	fress						
Address 1	BLK 53 #05-1472	Address 2	sirini Lippon di La				
Address 4		Address Type	NEW UPPER CHA		Address		SINGAPORE 461
Unit No.		Related Policy Number	Singapore addres		Post Cod	•	461053
▽ OI Driver Info		nemed Policy reality	5111096831-01				
Driver Name	Unnamed Driver						
Unnamed driver Name	TAN MENG SONG WILLIAM	Driver Type	Unnamed Driver				
Register Date of Driver License		Driver NRIC	517616342		Driver Dr	ов	11/08/2099
	17/06/1988	Driver Age	-78		Driving E	xperience	32
Contact No.(Mobile) Address 1	97824310	Contact No.(Office)	0		Contact I	io.(Home)	0
Address 4	BLK 606	Address 2	HOUGANG AVENU	IE 4	Address :	1	SINGAPORE 5308
Unit No.	Parama and T	Address Type	Foreign address		Post Cod	6	\$30606
Does he own a Singapore	₱13-177						
Registered car?	Yes = No	Driver Vehicle No.			Driver In	surer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊮ Yes ⊝ No				
Modification History  Claim 001 OD-MD New	1						
Claim Type *					Incured		1200000
				OD-MD	Insured Name	NG JUN SHENG	Insured NRIC
Contact No.(Mobile)					Contact No.	64441550	Contact No.
				Wa	(Home)		(Office)
Email Address					O1 Vehicle Number	GBG4441Z	TP Vehicle
Claim Description				GRGAMAT LIANS BOOK	Number		Number Name of
Preferred				GBG4441Z / LAMP POST ON	10 Feb 2021		Preferred Workshop
Workshop	Proference Liability Fully at F.	ault 🗸					
Sonoiet No. Yes	Repair Income to assign wor	kshap   GIA report Received	•		W		
Date Registered	a paratri			18/02/2021 18:13	Claim		Date Received
					Date		
Report Taken By				ROSLINDA	Workshop Repairer		Total Los but
							Repaired
Print AK letter							OD Excess
/6161							Collected by
			V.S.				Workshop
			Save Submit				
Attachment							
4							
ccident No.	MT/1121539	Claim No.		001			

Last Doc. Received € Yes ○ No Upload Date 18/02/2021 00:00 Path \* Confidential Urgency \* w NO Choose File No file chosen ∨ Normal Clear Please Select Choose File No file chosen Clear ♥ NO ▼ Normal Please Select Choose File No file chosen ♥ NO Clear Please Select ✓ Normal ~ Choose File No file chosen w NO Clear Please Select Normal ¥ Choose File No file chosen ♥ NO Clear Please Select ✓ Normal ٧ Choose File No file chosen ♥ NO Clear Please Select ▼ Normal Attachment List Uploaded By/Date Category Description Urgency NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:13 155.45 NRIC/ Driving License NRJC/ Driving License 2021-2-18 Normal 同語のでの回答の人を見る NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:13 SAS SAS 2021-2-18 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:13 Photos Photos 2021-2-18 Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:13 Photos Normal Photos 2021-2-18 NAC\_PAYA\_UBI\_800601[ NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:13 Photos Normal Photos 2021-2-18 NAC\_PAYA\_UBL\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:13 Photos Photos 2021-2-18 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:12 Photos Photos 2021-2-18 Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:12 Photos. Normal Photos 2021-2-18 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:12 Photos 2021-2-18 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:12 Photos Normal Photos 2021-2-18 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:12 Photos Normal Photos 2021-2-18 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:12 Photos Normal Photos 2021-2-18

File Name

Display in New Window | Scan and uploading

P

Source

Uploaded By/Date

Folder Date

REF:

Assessor

Mobile:

YES / NO

### ASSIGNMENT (IDAC)

By CSO- Nature of Accident	1				By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??				Veh No: GBG444 1Z Yr Regn: 3 Aug 2011
a) Motorcar ( )	a) Pedestrian	(	)		Type: M.Car / M.Cycle / Bus Var / Lorry / Taxi / Prime Mover / MPV
b) M/cycle ( )	b) Animal	(	)	00	/ Truck / Trailer or
c) Bicycle ( )					Make & Model: Nissan NV200 1.6A c.c 1597
3) Vehicle hit Road Side Objects:					Colour Silver Transmission Type (Auto) Manual
a) Govm.Property ( )	b) Road Work Object	(	)		Eng/No: Sp.Reading: 7260 Kg
(Eg: signboard, barrier, tree etc)	c) Private Property	(	)		C/NO: VM20100426
4) Vehicle drop into drain		(	)		Gen. Cond: Good Fall / Poor / Burnt or
5) Damage due to Act of God:					Steering: Inorder Jammed Leaked / Burnt or
a) Fallen Object ( )	b) Flood	(	)		Brake: Inorder Jammed / Leaked / Burnt or
c) Other,					Modi: NII S/Rim / STD A/Rim or
6) Parked & Found Damaged:					Tyre Size: F: 185/70 RIY - YOKO
a) Vandalism ( )	b) Hit by Moving Object	(	)		R: - Westlate
7) Theft Case					BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ( )	b) Damage found	(	)		TOYO/YOKO OF AZ above
*1	when recovered.				Front Rear
8) Fire					R/Bal. S mm R/Bal. C mm
a) Whilst driving ( )	b) Parked	(	)	ı	L/Bal. 5 mm L/Bal. 6 mm
				,	
9) Accident date more than 24hrs		(	)		Parallel Import: Yes // No Towed-In: Yes // No
		_		_	Repair Type: LS I.B.I Towing Required: Yes I No
Remarks for internal information	1-1,00		0		No of Repair Days: Vehicle in Idac: Yes / No
Total lost due	it sted of	02	7		D.O.I. 18/2/202/ Time: 1-30 pm
chassis pend	and subix	13	_		, ,
Yokely to	re after the	d		8_	By Assessor- 2) Comments
		-	+	e	Damages not due to recent accident.
					2) Damages do not seem hit onto:
Remarks to appear in Works Ord	er & Assessment report				a.Vehicle ( ) b.Motorcycle ( ) c.Bicycle ( ) d.Pedestrian ( )
1) Potential Total Loss (	)				e.Animal ( ) f.Govrn Object ( ) g.Road Work Object ( )
2) SRS Light on (	)				h.Private Property ( ) i.Drain ( ) j.Road Kerb/Grass Verge ( )
3) ABS Light on (	)		153		3) Vehicle does not seem damaged as a result of:
					a.Fallen Object ( ) b.Flood ( ) c.Vandalism ( ) d.Fire ( )
					e.Moving Object ( ) f.Stolen ( ) g.Stolen & Recovered ( )
			_		Time Started: Time completed:
		533		377	1) CSO
					2) ACC

3) Entire Operation Completed Time:

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

wner ID Type:	Singapore NRIC
wner ID: <b>'ehicle Details</b>	250H
ehicle No.:	GBG4441Z
ehicle to be Exported:	No
tended Deregistration Date:	19 Feb 2021
ehicle Make:	NISSAN
ehicle Model:	NV200 VANETTE 1.6 AUTO
rimary Colour:	Silver
anufacturing Year:	2016
ngine No.:	HR16074660D
hassis No.;	VM20100426
aximum Power Output:	Seat of Mean Tip a Viprority will a
pen Market Value:	\$22,055.00
riginal Registration Date:	03 Aug 2017
rst Registration Date:	03 Aug 2017
ansfer Count:	0
tual ARF Paid: tended PARF Rebate Details	\$1,103.00
RF Eligibility:	No
ARF Eligibility Expiry Date:	0000 20
RF Rebate Amount: ended COE Rebate Details	\$0.00
DE Expiry Date:	02 Aug 2027
E Category:	C - Goods Vehicle & Bus
DE Period(Years):	10
QP Paid:	\$37,870.00
DE Rebate Amount:	\$24,442.00
tal Rebate Amount:	\$24,442.00

The information contained herein is correct as at 17 Feb 2021

Bal: 6yrs 6mtRs. M.V. \$47,000

OK

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Rental Cars

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### Singapore Reckless **Drivers Part IX**

5 dead in Tanjong Pagar speeding accident

Unusual or Rare Cars Part 2

Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!

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Advertiser Login

Ways of Selling

Super Low Mileage, 1 Owner, Fully C&C Maintained, Flexible Hamilton Autohub StarAd



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5 vehicles

Nissan NV200 1.6a dx

Sort by Date Posted Advanced Search

✓ 20 results/page

Model

Price

Depreciation

Reg Date

Eng Cap

Mileage Veh Type

Search Selection

Nissan NV200 1.6a dx

Апу

2017

Any

Availabl

Nissan NV200 1.6A DX

\$49,800

Any

\$7,740 /vr

26-Jul-2017

1,597 cc

Апу Van

Availabl

PREMIUM /

Fuel Type: Petrol

1 Owner, Low Mileage. All Stock Agent Unit. Excellent Condition. High COE. Buy With A Peace Of Mind. Exclusive In House 3 Month Warranty. Contact Our Friendly Sales Consultant To Enquire For More!

Car (S) Pte Ltd

Posted: 17-Feb-2021 Tags: 2017 Nissan NV200, Nissan NV200, Nissan, NV200



Nissan NV200 1.6A DX

\$50,000

\$8.030 /vr

11-May-2017

1,597 cc

Van

Availabl

Only One Owner. Rear Car Seat That Can Be Folded And Moved Around.

Posted: 17-Feb-2021 Tags: 2017 Nissan NV200, Nissan NV200, Nissan, NV200

DIRECT OWN



Nissan NV200 1.6A DX

\$47,800

\$7,820 /yr

30-Mar-2017

1.597 cc

Van Availabl

Fuel Type: Petrol

Fuel Type: Petrol

Let You Choose Color. Which One You Like You Tell Me. Previous Owner Change Bigger Van As Business Expend. 1 Careful Owner, Super Good Condition. Try It To Believe. Full Loan Very Simple. Trade In Get More Discount. Faster Come And Test Drive.

PREMIUM /

ABS Bus Pte Ltd

Posted: 16-Feb-2021 Tags: 2017 Nissan NV200, Nissan NV200, Nissan, NV200



Nissan NV200 1.6A DX

\$49,800

\$7,760 /yr

18-Jul-2017

1.597 cc

Van

Availabl

Fuel Type: Petrol

1 Owner, Exclusive Premium Warranty Provided! Assurance Purchase. Very Well Maintained! New Paintwork. Interior Alteration Services Available. Full Loan Option Available! Speedy Loan Process. Immediate Handover Upon Loan Approval. Free Servicing. Buy Before Diesel...

PREMIUM A

Car (S) Pte Ltd

Posted: 08-Feb-2021 Tags: 2017 Nissan NV200, Nissan NV200, Nissan, NV200



Otoca Jet Auto Service Pte Ltd - Repair & Servicing

At Otoca Jet Auto, they are committed to care for your cars and service, customers satisfaction is our top priority.

More info about this shop



Compare

Nissan NV200 1.6A DX

\$53,800

\$7,840 /yr

28-Dec-2017

1.597 cc

37,000 km

Van

Availabl

The Best Mid-size Compact Van In The Marker, Easy To Drive With Big Cargo Space! Great Condition No Repairs Needed, Low Mileage, Well Mainthin

Fuel Type: Petrol

I-Deal Au Post

2017 Nissan NV200, Nissan NV200, Nissan, NV200

rrior. Finance, Insurance And Trade In Available Call Us Right Now To Book An Appointment!

Claim Handling  Accident MT/1121	539	•				1.1	ask Transfer + E
Policy No.	5111096831-01	Vehicle No.	50544443				LOS SAL S
Certificate No.		remote http:	GBG4441Z		GST Registration No.		
Policyholder Name	NG JUN SHENG				500000		
Product Code	COMMERCIAL VEHICLE INSUR	A Cover Type			Policyholder NRIC	S1824250H	
Contact No.(Mobile)	97824310	Contact No.(Office)	Comprehensive		Loading	0	
Email Address		Special Remark	0		Contact No.(Home)	0	
KFK	No Yes	TCA	No Yes		eCode	No V	
NCD Protection	No	NCD Entitlement(%)	20		eCode Reason		
		5	20		Private Hire	No	
Report Date	18/02/2021 18:07	Accident Report Within 24	Yes				
Date of Accident	10/02/2021	hrs			Accident Type	Others	
Reporting Centre	NATIONAL ASSESSMENT CENTI	Time of Accident hh:mm	16:00		Country of Accident	Singapore	
Accident Location	EXPO DRIVE	F Orange Force	No		1CM No.		
▼ Total Excess Applica							
Excess Type							
Liceas type	Per Accident	Windscreen Excess		100.00			
OD Standard Excess	600.00	TP Standard Excess					
VIED OD Excess	0.00			0.00	A20 000		
Additional Excess	2.00	The It was a second		0.00	Driver is Covered?	Not Applicable	
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00			
<b>▽</b> Benefits		C. C		0.00			
▽ GST Registered Info	rmation						
GST Registered	No		GST Regist	ration Date			
GST Registration No.			GST Status		Yes		
Modification History					16		
▽ Policyholder Mailing	Address						
Address 1	BLK 53 #05-1472	Address 2	NEW UPPER CHAN	IGI RD	Address 3	emerson	
Address 4		Address Type	Singapore address		Post Code	SINGAPORE 461053	
Unit No.		Related Policy Number	5111096831-01		Post Code	461053	
▽ OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	TAN MENG SONG WILLIAM	Driver NRIC	\$17616342		Driver DOB	11 000 (2000	
Register Date of Driver License	17/06/1988	Driver Age	-78		Driving Experience	11/08/2099	
Contact No.(Mobile)	97824310	Contact No.(Office)	0			32	
Address 1	BLK 606	Address 2	HOUGANG AVENUE		Contact No.(Home)	0	
Address 4		Address Type	Foreign address		Address 3	SINGAPORE 530506	
Jnit No.	#13-177	- M-8	7		Post Code	530606	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer Company		
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
→ Declaration							
reathalyser or Blood Test leading?	0 mg	Any injury?	Yes No				
lodification History							
▽ Investigation							
Claim 001 OD-MD							
✓ Claim Case Officer ?	rap Chee Ling					1	LOS SAL SUB
laim Type		OD-MD	Insured Name	NG JUN SHENG	Insured NR		
ontact No.(Mobile)			Contact No.		Insured NR Contact No	9402123011	
mail Address			(Home)	64441550	(Office)		
laim Description		NAME OF THE PARTY	OI Vehicle Number	G8G4441Z		Number LAMP POST	
referred orkshop Preferen philips application Yes Repair Option	income to assign workshop Regulard	GBG4441Z / LAMP POST ON 10 Feb :	2021		Name of Pri Workshop	eferred	
ate Registered oport Taken By	9857762458.C	ROSLINDA	Claim Close Date Workshop		Date Receiv Total Loss b		2
COMPERSON SERVICES			Repairer		Repaired	-	
Print AK letter					OD Excess		
Print AK letter					OD Excess Collected by Workshop		

*	special	Claim	Creation	Approval	

Approval

Reason





# NATIONAL ASSESSMENT CENTRE SERVICES



(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

## Vehicle Movement Form,

venicie Check-In		" a de de la constante de la c	038
Vehicle No:	_ Date In:	ালেওTime In:	_ with Keys: Yes / No
		For Office u	se
	# # # # # # # # # # # # # # # # # # #	Attended by:	
Workshop Collection of Vehicle	G	26	
Workshop: Chew Goon	15		-
Collection Date: 24-2-21	Time:	2 20 with Keys: Yes / No	
Tow Truck No: 40 624600			66/11405
Signature:			
For office use	5 00.5	,	105
Attended by:		Approved by:	
Workshop Return of Vehicle	5	#	
Workshop:		Q., E	
Returned Date:	Time:	with Key: Yes / No	
* Tow In / Drive In Tow Man / Workshop Representative:		NRIC:	80 <sub>6</sub>
Signature:		For office use	<b>1</b> 11 211
		Attended by: _	
Owner Collection of Vehicle	9:	E W	
Collection Date:	Time:	with Key: Yes/No	
Owner:	·1	NRIC:	
Signature:			39
For office use		<b>3</b>	39
**			
Attended by:		Approved b	y:

### LKK Paya Ubi

From:

Yap Chee Ling <CheeLing.Yap@income.com.sg>

Sent:

Wednesday, 24 February 2021 9:28 AM

To:

Chew Goon Motor - Mrs Chew; Chew Goon Motor(ad3); Chew Goon Motor; LKK Paya

Ubi

Subject:

GBG4441Z | MT/1121539 (Awarding Letter to Chew Goon)

Importance:

High

Hi IDAC and Chew Goon

Vehicle is currently in IDAC.

Excess of \$600 is applicable.

Please liaise with the owner - Mr Ng Jun Sheng at tel: 9669 6873 on the necessary.

### Yap Chee Ling (Ms)

Executive
Operations, Motor and Personal Lines
T+65 6430 7893
www.income.com.sg





Our Ref: MT/CA/OD/051/1121539-001/YCL

24 Feb 2021

CHEW GOON MOTOR
BLK 10 AMK IND PARK 2A AVE 5
#01-15, 16 & 17 AMK AUTOPOINT
SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1121539-001 REPAIR OF VEHICLE NUMBER: GBG4441Z

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 24 Feb 2021

Make: NISSAN Model: NV200 Estimated Repair Days: 30

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits: Not applicable Excess Applicable: 600

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe Deputy Vice President Motor Insurance

### Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



# NATIONAL ASSESSMENT CENTRE SERVICES

(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



# Vehicle Movement Form.

Vehicle Check-In	The same of the sa	
Vehicle No: SJC5692K	Date In:Time In:	_ with Keys: Yes / No
	For Office us	se
-	Attended by:_	
Workshop Collection of Vehicle		
Workshop: V; N'S AUTO	F	
Collection Date: 4/17/20	Time:   O a w with Keys: Yes / No	-
Tow Truck No: 96 4454991	Tow Man: GOH PEAGE GUM NRIC:	1363212/2
Signature:		
For office use		
Attended by: Jacksun	Approved by:_	
Workshop Return of Vehicle		
Workshop:		
	Time: with Key: Yes / No	
* Tour In / D : T		
10w Man / Workshop Representative:	NRIC:	***
Signature:	For office use	w.
S =	Attended by:	
Owner Collection of Vehicle		
	Time: with Key: Yes / No	52
Owner:	With Key: Yes / No NRIC:	3
	NRIC;	-
Signature:		ši
For office use		- a
Attended by:	Approved by:	



Our Ref: MT/CA/OD/087/1110231-003/ZBM/NHJ

03 Dec 2020

NATIONAL ASSESSMENT CENTRE SERVICES 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Dear Sir/Madam

VEHICLE NUMBER: SJC5692K CLAIM NUMBER: MT/1110231-003

We have awarded this vehicle to VIN'S AUTO PTE. LTD.. Please release the vehicle to the assigned dealer's towing agent.

If you have any queries, please contact Zuraimee Bin Mantau at 6430 7891 or email us at Zuraimee.mantau@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President Motor Insurance