

Date In: 16/11/17 09:36	Job Description	Date & Time Completed	Done by
Ref No: MNA/ EQ2 170219831h4	SAS e-filing		
Veh No: SJR 1916 M	E-mail (within 2hrs, AIO 3hrs)		
D.O.A: 16/11/17 18:35	i-Motor Claim Form		
DD <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SFV 50786

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%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential &amp; Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)

Date &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: \_\_\_\_\_

Date/Time

Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2: 3

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$80)

3) TF: Towing Fee \$40 \$40

4) FT: Follow-Through Survey \$100

5) FT: Follow-Through Survey (Resurvey) \$90

For claiming against INC Only (wef 10 Jan 2013)

6) TR: Re-inspection \$20

7) NI: Idea DA - SMRI Survey \$160

8) NTUC Additional Services:-

OD:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repairs Coordination \$10

\*N7: Post Repair Inspection \$15

\*N8: DV: Collect Excess Coordination \$5

TP (N11): TP Non-INC against INC \$20

9) N12: Idea Mobile \$0

Invoice Total

See Charges

Invoice Total

See Charges

## 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 ability.
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 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	16/11/2017 09:36
Date Of Accident	11/11/2017 18:35
Exact Location Of Accident	UPP SERANGOON RD TWDS SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1916M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97481150

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	-

### Driver

Name of Driver	NORLIZA BINTE ABDUL SHUKOR
NRIC No	S7013404G
Date Of Birth	01/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91180861
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 123A RIVERVALE DR #03-125
Postcode	541123
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SFV5078G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

### DETAILS OF INJURED PERSON 1

Name NORLIZA BINTE ABDUL SHUKOR  
Approximate Age  
Injuries Sustain CHEST AND LEFT ARM  
Injured person in which vehicle? SJR1916M  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? YES

Address

Postcode

### DETAILS OF INJURED PERSON 2

Name PASSENGER  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJR1916M  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance?

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.



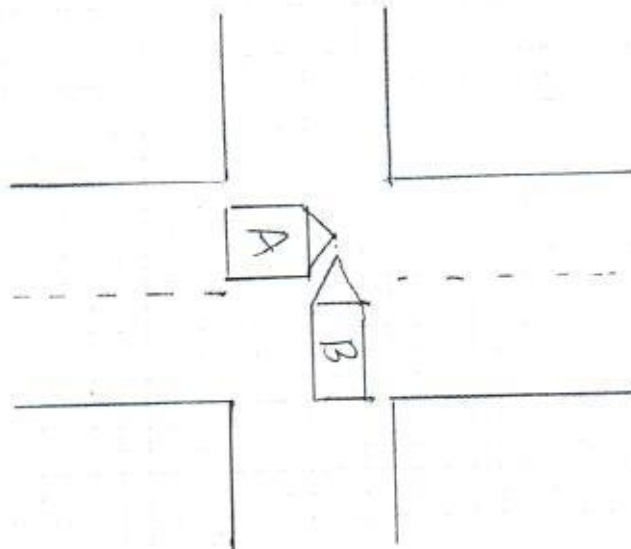
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

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.:



# SINGAPORE POLICE FORCE



T/20171112/2075

1 of 3

Report No. T/20171112/2075

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2017 16:41	Vide Report No.:	Station Diary No.: 31
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: NORLIZA BINTE ABDUL SHUKOR		Address: APT BLK 123A RIVERVALE DRIVE #03-125 SINGAPORE 541123	
ID Type / ID No.: NRIC NO / S7013404G		Contact No.: Home/Office:	Mobile: 91180861
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 47	Date of Birth: 01/05/1970	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: EXECUTIVE ASSISTANT		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/11/2017 18:35	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 UPPER SERANGOON ROAD SERANGOON CENTRAL				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFV5078G	Car	HONDA	CIVIC	Brown	Seriously Damaged	1
SJR1916M	Car	MITSUBISHI	Lancer	White	Seriously Damaged	1

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





**SINGAPORE  
POLICE FORCE**



T/20171112/2075

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20171112/2075

**CONTINUATION OF REPORT**

Driver		ID No.		S7013404G	
Name	NORLIZA BINTE ABDUL SHUKOR			Contact No.	91180861
Related Vehicle	SJR1916M (Car)			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL			Date Discharge	NIL
Date Treatment	NIL	No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 11.11.2017 at about 1835hrs, I was driving my white colour Mitsubishi Lancer registration number SJR1916M at along Upper Serangoon Road going towards Serangoon Central. I was driving at the extreme left lane of a three lane road. At that juncture, When I was approaching the traffic cross junction, I noticed that the traffic light was red thus I stop before the stop line waiting for the traffic light to turn green. After the traffic light turned green in my favour, I drove off. Out of a sudden, a brown colour Honda Civic registration number SFV 5078G collided onto my car. I did not know from where the said driver came from. Due to the collision, it had cause my car to turn, the driver airbag activated and smoke seen coming out from the front of my car. I was in a state of shocked. I heard my passenger was screaming in pain. I felt pain on my chest and left arm. Later an unknown male Malay namely Shah Hp: 93621664 to my aid. He managed to get my passenger out from my car. I remained in my car to compose myself. Subsequently the other driver came and asked whether I need help. Thereafter I walked it off and sat at the nearby kerb. After which the ambulance came and I was conveyed to Tan Tock Seng Hospital. I was given five days of outpatient sick leave from 12.11.2017 to 16.11.2017.

*[Signature]*  
S7013404G  
12.11.17





**SINGAPORE  
POLICE FORCE**



T/20171112/2075

3 of 3

Report No. T/20171112/2075

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**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:

F /

Sr Staff Sgt MUHAMMAD RAINI BIN RIFFIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439

Authentication Stamp

NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

12/11/2017 16:41

Classification Of Case:

SN 085

**MEDICAL CERTIFICATE**

**ORIGINAL**

**TTSH17255134**

**NAME:** NORLIZA BINTE ABDUL SHUKOR

**NRIC:** S7013404G

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **5** day(s) from **12-Nov-2017** to **16-Nov-2017** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **11-Nov-2017 19:55** to **11-Nov-2017 23:10**

**11-Nov-2017**  
Date

**GARY LOUIE A.N. (10520A)**  
Issued by

**Emergency Department**  
Location

  
Signature  
A member of National Healthcare Group  
Auditing process at National Healthcare Group



- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

Date of Accident : 11.11.2017 Time : \_\_\_\_\_

Location Of Accident : \_\_\_\_\_

Country/State of Loss : \_\_\_\_\_

**INSURED/POLICYHOLDER (OWN VEHICLE)**

Registered Owner Name : \_\_\_\_\_

Email Address : \_\_\_\_\_ Reg Owner ID : \_\_\_\_\_

Mobile Phone No : \_\_\_\_\_ Alternative Phone No : \_\_\_\_\_

**INSURANCE COMPANY (OWN VEHICLE)**

Handling Insurer : \_\_\_\_\_ Fleet Policy : Yes / No

Type Of Coverage : Comprehensive / Third Party Policy Number : \_\_\_\_\_

**DRIVER IDENTIFICATION**

Driver Name : NORLIZA ABDEL SHUKOR

Date Of Birth : 01051970 Driving Date Pass : \_\_\_\_\_

Driver ID : \_\_\_\_\_ Occupation : Indoor / Outdoor

H/P Phone No : 91180861 Alternative Phone No : 82273936

Address : 123A #03-125 Rivervale Drive

Email Address : ladydriver7051@gmail.com Relationship : \_\_\_\_\_

Was driver an employee of the Insured's Company? : Yes / No

Driver's Own Vehicle Reg No : \_\_\_\_\_

Driver's Own Insurer : \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Registration No : SSR 1916M

Manufacturer : \_\_\_\_\_ Model : \_\_\_\_\_

Reporting Type : Own Damage / Third Party / Reporting Only

Exact Purpose for which vehicle was being used at time of accident : Private Use / Company Use /

Hired Use

**GENERAL INFORMATION OF THE ACCIDENT**

Weather Condition : Clear / Raining / After Rain

Road Surface : Dry / Wet / Damp

Approach by Unknown : Yes / No

Number of Passengers (Including Driver) : \_\_\_\_\_

Injured : Yes / No

Police Reported : Yes / No

Video Camera : Yes / No

**DETAILS OF INJURED PERSON**

Name : \_\_\_\_\_

Injuries Sustained : \_\_\_\_\_

Were seat belts worn? : **Yes / No**

Approximate Age : \_\_\_\_\_

Injured person in which vehicle? : \_\_\_\_\_

Was injured conveyed to hospital by ambulance? : **Yes / No**

Address : \_\_\_\_\_

**WITNESS**

Details of Witness : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Email Address : \_\_\_\_\_

**DETAILS OF OTHER VEHICLES**

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7013404G

Name: NORLIZA BINTE ABDUL SHUKOR

Birth Date: 01 May 1970

Issue Date: 09 Oct 2004

0012911728



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7013404G

Name: NORLIZA BINTE ABDUL SHUKOR

Race: MALAY

Date of birth: 01-05-1970

Sex: F

Country of birth: SINGAPORE





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

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver, and motor tractors / vehicles  $\leq$  2500 kg

07 Feb 2005

NP 425A



3629901

NPIC No. S7013404G

Date of issue: 12-10-2004

Address: APT BLK 123A RIVERVALE DRIVE #03-125 SINGAPORE 541123




**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
 reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE FLEET**  
**Comprehensive**

Certificate No.: DMCFHQ17-000185

1. Index Mark and Registration Number of Vehicles  
 SJR1916M

2. Name of Policyholder  
 ROSET LIMOUSINE SERVICES PTE. LTD.

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
 01/11/2017

4. Date of Expiry of Insurance  
 31/10/2018

5. Person or Classes of Persons entitled to drive\*  
 Any person who is Authorised to drive on the Insured's order or with their permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use\*  
 LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I\WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Form: LCVH

Excess:

Section 1	SGD1,500.00
Outside Singapore	SGD1,500.00
Section 2	SGD2,000.00
Outside Singapore	SGD2,000.00
YEIDR (Section 2)	SGD4,000.00

unwjt/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate

Authorised Signatory  
 EQ Insurance Company Limited



SINGAPORE  
POLICE  
FORCE

VERIFICATION OF ~~DRIVING LICENCE~~ /  
INSURANCE PARTICULARS

Punggol NPC  
21A Tebing Lane  
S (828837)  
Tel: 1800-6049999

Station of origin : \_\_\_\_\_  
NP 168 No : T/20171112/2075  
Date of accident : 11/11/2017  
Vehicle Involved : Informant : STR1916M Other SFVS0786  
Date and Time of report : 12/11/2017 @ 1641 hrs.

DRIVING LICENCE / INSURANCE PARTICULARS

Driver Particulars

Name: Norliza Binte Abdul Shukor  
Address : Blok 123A Riverside Drive #03-125  
Driving Licence No: S7013404G  
Expire Date : N.A  
~~Provisional~~/Qualified\* (Delete accordingly)  
Class Valid : 1 / 2B / 2A / 2 (3) / 4 / 4A / 5

Insurance Particulars

Company : \_\_\_\_\_  
Policy No : \_\_\_\_\_  
Validity Period : \_\_\_\_\_ To \_\_\_\_\_

(FOR OFFICIAL USE ONLY)

Driving Licence No : \_\_\_\_\_ checked.

Insurance Certificate No : \_\_\_\_\_ checked

I confirm that the particulars given above are as stated in the Driving licence  
/Insurance Certificate.

Rank / Name of checker : \_\_\_\_\_

Station / NPP : \_\_\_\_\_

S/D No : \_\_\_\_\_

Date : \_\_\_\_\_ Time \_\_\_\_\_