

NATIONAL Assessment Centre Services

[ver 1 Jan 2007]

NA417169224

Date In: 26/12/2017 14:53	Job Description	Date & Time Completed	Done by
Ref No: NBA/MC17024372/Y	SAS e-billing		
Veh No: SJM 1045	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/12/2017 11:00	E-Motor Claim Form	MT10915108	26/12/2017 16:00
OD: TP Reporting Only	E-Motor W/O (within 24 hrs, TP 1hr)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Yeli No: SCS 5259X	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%)	(Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC box line: 6788100167	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury:
Date/Time:
Action:

Human's Particulars:	Invoice Preparation Checklist:	Amount:	NA417169224
Driver/Owner:	1) AR: Accident Reporting (\$300)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$100)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$43	
	4) FF: Follow-Through Survey	\$100	
	5) RT: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Assessment	\$15	
	7) NI: (440 DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	9) NI: (440 DA + SMRT Survey	\$160	
	10) NTUC Additional Services:		
	11) NI: (440 DA + SMRT Survey	\$160	
	12) NTUC Additional Services:		
	13) NI: (440 DA + SMRT Survey	\$160	
	14) NTUC Additional Services:		
	15) NI: (440 DA + SMRT Survey	\$160	
	16) NTUC Additional Services:		
	17) NI: (440 DA + SMRT Survey	\$160	
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	91) NI: (440 DA + SMRT Survey	\$160	
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	95) NI: (440 DA + SMRT Survey	\$160	
	96) NTUC Additional Services:		
	97) NI: (440 DA + SMRT Survey	\$160	
	98) NTUC Additional Services:		
	99) NI: (440 DA + SMRT Survey	\$160	
	100) NTUC Additional Services:		

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	26/12/2017 14:53
Date Of Accident	25/12/2017 11:00
Exact Location Of Accident	ALONG ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN104S
Insured/Policyholder	
Name Of Registered Owner	ONG DWAN HIEN
Co Reg No	N540158
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96738225
Alternative Phone No	OFFICE-96738225

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5034449687-08
Cover Note Number	

Driver

Name of Driver	TAN YONG TENG
NRIC No	S1029673J
Date Of Birth	29/01/1938
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1979
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96738225
Fax Number	
Contact Number	OTHERS-96738225
EMail Address	NOEMAIL

Address	BLK 56 TELOK BLANGAH HEIGHT #06-159
Postcode	100056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 25-12-2017 AT 11:00HRS, I WAS DRIVING ALONG GRANGE ROAD TOWARDS ORCHARD LINK. AFTER THE ERP GANTRY I TRAVEL STRAIGHT BECAUSE I WANTED TO GO TO MANDARIN HOTEL AT ORCHARD WHICH WAS ON MY RIGHT. SUDDENLY I FELT A BUMP ON THE RIGHT, I CAME DOWN AND SAW A CAR SLS5259X BANG AT THE REAR RIGHT SIDE OF MY CAR.

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	SLS5259X
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PING TECK SENG
NRIC/Passport Number	S6921351J
Contact Number	85856070
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

26/12/17

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

26/12/2017
Roshni Wathani

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

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: 26/12/17

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: 06/12/2017

Claim Handling

Accident MT/0975108

Policy No.	5034449687-08	Vehicle No.	SJN104S	GST Registration No.	
Policyholder Name	DNG DWAN HIEN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96738225	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	26/12/2017 15:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/12/2017	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ORCHARD LINK				

Benefits

Coverage		Sum Insured	
Excess Waiver		999999999.99	
Transport Allowance		999999999.99	

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 56 #06-159	Address 2	TELOK BLANGAH HEIGHTS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5034449687-08		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	TAN YONG TENG	Driver NRIC	S10296733	Driving Experience	
Register Date of Driver License	15/05/1979	Driver Age	79	Contact No.(Home)	
Contact No.(Mobile)	96738225	Contact No.(Office)		Address 3	
Address 1	BLK 56 #06-159	Address 2	TELOK BLANGAH HEIGHTS	Post Code	
Address 4	SINGAPORE 100056	Address Type	Foreign address		
Unit No.	06-159				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJN104S	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	DNG DWAN HIEN	Insured NRIC		
Contact No.(Mobile)		Contact No.(Home)	96738225	Contact No.(Office)		
Email Address		Q1 Vehicle Number	SJN104S	TP Vehicle Number		
Claim Description	SJN104S / SLS5259X ON 25 Dec 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	26/12/2017 15:57	Claim Close Date		Total Loss but Repaired		
Report Taken By	ROSLI WAHAB	Workshop Repairer				
<input type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/0975108	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

26/12/2017 16:00

Path *

Category *

Confidential

Urgency

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="No"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 16:00	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 16:00	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 16:00	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:57	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:57	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:55	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2017 15:55	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 12 / 17 (DD/MM/YYYY) TIME: 11. AM (HH:MM)

LOCATION: Along Orchard Link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STN 104 S
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 503449687-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALPHARA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: ONG DWAN HIGEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: N540158 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No. of passenger
 (including driver)
(1)

- DRIVER
 a) NAME: TON YONG TENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1029673 J CONTACT: 96738225
 c) ADDRESS: _____

* d) DATE OF BIRTH: 29 / 01 / 1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 15/05/1979

f) DATE OF DRIVING LICENCE: _____

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: _____

8. THIRD PARTY VEHICLE

No. of passenger
 (including driver)
()

- a) VEHICLE NUMBER: SLS 5259X MODEL: _____
 b) DRIVER'S NAME: PING THER SENG
 c) NRIC/FIN/PASSPORT: S6921351 J CONTACT: 85856070

9. THIRD PARTY VEHICLE

No. of passenger
 (including driver)
()

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

Email: _____

Fax: _____

VIDEO _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1029673J



Name

TAN YONG TENG

陳永鎮

Race

CHINESE

Date of Birth

29-01-1938

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee's Name: S1029673J

Passport

TAN YONG TENG

Birth Date: 29 Jan 1938

Issue Date: 29 Apr 2003



1370114



NRIC No: S1029673J



Blood Group: Date of issue

O+

07-10-1993

Address

APT BLK 56 TELOK BLANGAH HEIGHTS
#06-159
SINGAPORE 0410

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

BASE DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

15 May 1979

NP 4284



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/12/2017 09:50"/>						
Vehicle No. (For Motor)	<input type="text" value="SJN104S"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5034449687-08	ONG DWAN HIEN	N540158	GPC	drive CLASSIC	SJN104S	SJN104S	23/01/2017	22/01/2018
<input type="button" value="Continue"/>									