

NATIONAL Assessment Centre Services

(part 1 of 2)

NA418001893

Date In: 04/01/2018 11:53	Job description	Date & Time Completed	Done by
Ref No: NBA/NC/18000214/V	SAS e-Milling		
Vel No: SJS 2653	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 03/01/2018 18:45	I-Motor Claim Form	MT/0976358	04/01/2018 13:10
OD / TP <u>Reporting Only</u>	I-Motor W/O (within 30 hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

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

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

Remarks:	INC hotline: 6789 6016	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

NA1800145	Invoice Preparation Checklist
Human's Particulars:	1) AR: Accident Reporting (\$300)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)
Contact No:	3) TP: Towing Fee \$40/\$42
Damaged Portion:	4) FT: Follow-Through Survey \$120
C Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30
Vehicle's Comments:	For claim against INC Only (w/ 10 Jan 2018)
L 1:	6) TR: Re-inspection \$75
L 2/3:	7) N1: 14v DA + SMRT Survey \$160
	8) NTUC Additional Services
	Q11
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Under Coordination \$5
	TP (N11): TP (Nur INC) against INC \$20
	P) N12: 14v Mobile \$0
	Invoice dated
	Invoice valid
	Not Charged
	Not Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	04/01/2018 11:53
Date Of Accident	03/01/2018 18:45
Exact Location Of Accident	EXIT OF CTE TWRDS PIE BOTTLENECK(TWRDS CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS265J
Insured/Policyholder	
Name Of Registered Owner	WONG KAI YEW
NRIC No	S1640442Z
Email Address	KYWONG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92393837
Alternative Phone No	OTHERS-92393837

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME FROM OFFICE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5044894658-07
Cover Note Number	

Driver

Name of Driver	WONG KAI YEW
NRIC No	S1640442Z
Date Of Birth	07/03/1964
Occupation	INDOOR
Date Of Driving Pass	03/10/1992
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393837
Fax Number	
Contact Number	OTHERS-92393837
EMail Address	KYWONG@SINGNET.COM.SG

Address	8 BEDOK RESERVOIR VIEW #06-20 THE CLEARWATER
Postcode	479235
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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 T/20180104/2024

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	UNKNOWN
Vehicle Make/Model/Colour	VOLKSWAGEN BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

IMPORTANT NOTICE

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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:

4/1/18 11:27 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

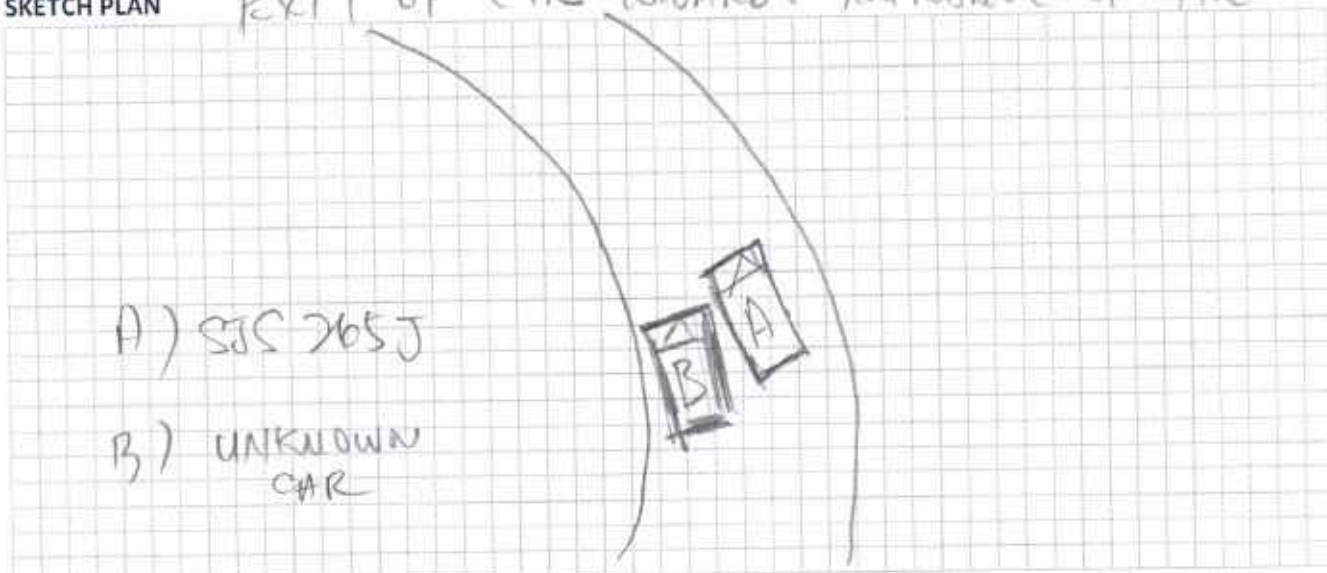
Name:

NRIC/FIN No.:

04/01/2018
Rashid works

SKETCH PLAN

EXIT OF CTR TOWARDS ENTRANCE OF PIRE



A) SJS 265J

B) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFUSE TO POLICE REPORT
7/2018C104/2024

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: Resti
NRIC/FIN No.: 05/01/2012



SINGAPORE POLICE FORCE



T/20180104/2024

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No: T/20180104/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2018 11:01	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: WONG KAI YEW			Address: 8 BEDOK RESERVOIR VIEW #06-20 THE CLEARWATER SINGAPORE 479235		
ID Type / ID No.: NRIC NO / S1640442Z			Contact No.: Home/Office: Mobile: 92393837		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 07/03/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/01/2018 18:40	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Exit of CTE towards the Entrance of PIE bottleneck (towards Changi Airport)				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS265J	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS265J	NTUC Income Insurance Co-Operative Limited	5044894658-07	27/07/2017	26/07/2018



**SINGAPORE
POLICE FORCE**



T/20180104/2024

2 of 3

Report No. T/20180104/2024

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On 03/01/2018 at about 1840hrs, I was driving from exit of CTE towards entrance of PIE (Changi Airport) at the bottleneck, when a black Volkswagen with starting plate number of SKA, tried to cut in to the one way lane which my vehicle, SJS265J, was at. The black Volkswagen then inched close to the left side of my vehicle before squeezing through and moving off. When I reached back home and made a check to my vehicle, SJS265J, I realized that my vehicle had attained scratches on the left front side, above the tyre. I do wish to state that I do not recall the black Volkswagen vehicle plate number and that I was listening to music at the point when my vehicle attained the scratches.



**SINGAPORE
POLICE FORCE**



T/20180104/2024

3 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180104/2024

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:

D /

Sgt 2 BALPREET KAUR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/01/2018 11:01

Classification Of Case:

Claim Handling

Accident MT/0976358

Policy No.	5044894658-07	Vehicle No.	SJS265J	GST Registration No.	
Policyholder Name	WONG KAI YEW			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	93293837	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	Not available

Accident Details

Report Date	04/01/2018 13:00	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/01/2018	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EXIT OF CTE TWRDS PIE BOTTLENECK(TWRDS CHANGI)				

Benefits

Excess

Own Damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	8 BEDOK RESERVOIR VIEW	Address 2	#06-20 THE CLEARWATER	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5044894658-07		

OI Driver Info

Driver Name	WONG KAI YEW	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1640442Z	Driving Experience	
Register Date of Driver License	03/10/1992	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	93293837	Contact No.(Office)		Address 3	
Address 1	8 BEDOK RESERVOIR VIEW	Address 2	#06-20 THE CLEARWATER	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJS265J	Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	WONG KAI YEW	Insured NRIC		
Contact No.(Mobile)	93293837	Contact No.(Home)	67830938	Contact No.(Office)		
Email Address	wong.kai.yew@winghealth.com.sg	Of Vehicle Number	SJS265J	TP Vehicle Number		
Claim Description	SJS265J / UNKNOWN ON 3 Jan 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	04/01/2018 13:09	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB					

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0976358	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2018 13:10
Path *		Category *	Confidential
			Urgency
			Normal

Browse... Clear Please Select

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="SIC"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="SIC"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="SIC"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="SIC"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="SIC"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Jan 2018 13:10	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Jan 2018 13:10	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Jan 2018 13:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Jan 2018 13:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Jan 2018 13:10	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Jan 2018 13:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 04 Jan 2018 13:09	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Sort
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 02/01/18 (DD/MM/YYYY) TIME: 6.45pm (HH:MM)

LOCATION: Exit CTE into the entrance of PIE (change Airport)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STS 265J
 b) INSURANCE COMPANY: NINC Inure
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: On the way home from office
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WONG PAI YOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1640442/20 CONTACT: 92393837
 c) ADDRESS: 8 Bedok Reservoir View
#06-20 S (479235)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: WONG PAI YOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1640442/20 CONTACT: 92393837
 c) ADDRESS: 8 Bedok Reservoir View
#06-20 S (479235)

- * d) DATE OF BIRTH: 07/02/1992 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR) 03/10/1992
 f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) Owner
 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: Bukit Merah West N.P.C.

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

Email: kywong@singnet.com.sg
 Fax: _____
 Video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1640442Z



NAME
WONG KAI YEW
黄启耀

CHINESE

Date of Birth: 07-03-1964 Sex: M
Country of Birth: SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1640442Z

Name: WONG KAI YEW

Birth Date: 07 Mar 1964
Issue Date: 09 Dec 2003




1001042356F



1572324



NRIC No: S1640442Z



Blood Group: B+ Date of Issue: 07-01-1994

8 BEDOK RESERVOIR VIEW #06-20
THE CLEARWATER SINGAPORE 479235

NRIC No: S1640442Z Date: 24/07/2009 (R) No: 6143750

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

PASS DATE: 03 Oct 1992

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms.

NP 425A

Licence No: S1640442Z



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="03/01/2018 11:50"/>						
Vehicle No. (For Motor)	<input type="text" value="SJS265J"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5044894658-07	WONG KAI YEW	S1640442Z	GPC	drive CLASSIC	SJS265J	SJS265J	27/07/2017	26/07/2018
<input type="button" value="Continue"/>									