

NATIONAL Assessment Centre Services (ver 1 Jan 2005)

NA 41800428

Date In: 09/01/2018 14:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000642	SAS e-illing		
Veh No: TBA 8800B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/01/2018 06:30	I-Motor Claim Form	MT10976794-002	11/01/2018 10:45
OD (TP) Reporting Only	I-Motor Y/O (Within 24 hrs, TP 1hr)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()	Tel: ()	Fax: ()
TP Particulars: Yeh No: YM 7281P	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 & Strictly NO refer of repeller.

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

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

Remarks: INC Hotline 6788 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	Actions

NA/800308	INVOICE Breakdown on Charge	AMOUNT (\$)	AMOUNT (\$)
Human's Remedy	1) AR: Accident Reporting (300)	300	
river/Owner	2) DA: Damage Assessment (3100)	3100	
contact No:	3) TP: Towing Fee	540/340	
amaged Portion:	4) FT: Follow-Through Survey	510	
	5) FT: Follow-Through Survey (Resurvey)	510	
	For claim against INC Only (Ref 10 Jan 2005)		
	6) TR: Re-inspection	310	
	7) NI: 1st DA + SMART Survey	510	
	8) NTUC Additional Services		
	9) NI: 2nd DA + SMART Survey	510	
	10) NI: 3rd DA + SMART Survey	510	
	11) NI: 4th DA + SMART Survey	510	
	12) NI: 5th DA + SMART Survey	510	
	13) NI: 6th DA + SMART Survey	510	
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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	09/01/2018 14:14
Date Of Accident	04/01/2018 06:30
Exact Location Of Accident	JUNCTION OF JURONG PORT ROAD/JALAN TERUSAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA8800B
Insured/Policyholder	
Name Of Registered Owner	SIM ZUO XIAN
NRIC No	S9025727G
Email Address	JAMES_SZX@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93881817
Alternative Phone No	OTHERS-93881817

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-S-998CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5091084360
Cover Note Number	

Driver

Name of Driver	SIM ZUO XIAN
NRIC No	S9025727G
Date Of Birth	19/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93881817
Fax Number	
Contact Number	OTHERS-93881817
Email Address	JAMES_SZX@HOTMAIL.COM

Address	BLK 244 HOUGANG STREET 22 #07-139
Postcode	530244
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	COLLISION - HEAD ON COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180106/2082 (TYPE OF COLLISION IS HEAD TO SIDE)

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	YM7231P
Vehicle Make/Model/Colour	LORRY BLUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NAMACHIVAYAM MANIVANNAN
NRIC/Passport Number	G7898087M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	SIM ZUO XIAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBA8800B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

08/01/2018 @ 1200

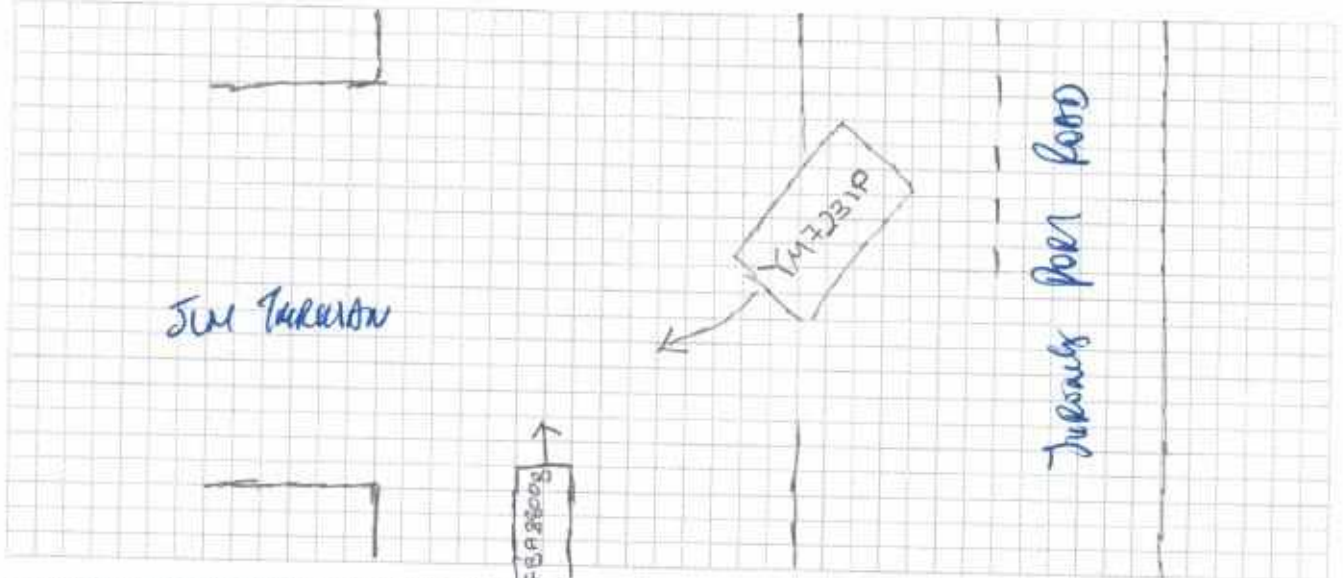
Policyholder's Signature
Date & Time:

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

29/01/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
 1/2018/60/2082

DECLARATION

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

Policyholder's Signature
 Date & Time: 08/01/2018 @ 1200

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

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



SINGAPORE POLICE FORCE



T/20180106/2082

Police Station Of Origin:
Queenstown N.P.C.
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20180106/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2018 14:59	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: SIM ZUO XIAN	Address: APT BLK 244 HOUGANG STREET 22 #07-139 SINGAPORE 530244
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ID Type / ID No.: NRIC NO / S9025727G	Contact No.: Home/Office: Mobile: 93881817
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Nationality: SINGAPORE CITIZEN	Email:
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Sex: Male	Age: 27	Date of Birth: 19/07/1990	Type of Informant: Rider
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Race: Chinese	Language:	Institution / School Name:
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Occupation: PORT OPERATION EXECUTIVE	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:
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General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/01/2018 06:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 JURONG PORT ROAD JALAN TERUSAN Along Jurong Port Rd at the T-junction between Jurong port rd and Jln Terusan				
Weather: After rain	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
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
FBA8800B	Motorcycle	YAMAHA	FZ1-S	Blue	Seriously Damaged	0
YM7231P	Van <i>Longy</i>			Blue <i>Longy</i>	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA8800B	NTUC Income Insurance Co-Operative Limited	5091084360	15/05/2017	14/05/2018



**SINGAPORE
POLICE FORCE**



T/20180106/2082

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20180106/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SIM ZUO XIAN	ID No.	S9025727G
Related Vehicle	FBA8800B (Motorcycle)	Contact No.	93881817
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	04/01/2018	Date Discharge	04/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	NAMACHIVAYAM MANIVANNAN	ID No.	G7898087M
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 05/12/2018
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/04/2018 at about 0630hrs, I was riding along Jurong Port Rd towards Jurong Port PTE LTD for work. When I was at the T-junction between Jurong Port Rd and Jln Terusan, it was my green light and I then ride forward. The van who is on the opposite direction wanted to turn right, he then turn right without checking properly. I could not break in time and thus I collided into the left side of the van. Causing me to lie on the floor unable to move. The Traffic police and ambulance then arrived and I was conveyed by ambulance to Ng Teng Fong hospital.

* Blue Lorry Xxy

Neighborhood
No 3 Queensway
Singapore 149073



**SINGAPORE
POLICE FORCE**



T/20180106/2082

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 3

Report No. T/20180106/2082

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 KWONG KAI LI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/01/2018 14:59

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP188

Claim Handling

Accident MT/0976794

Policy No.	5091084360	Vehicle No.	FBAB800B	GST Registration No.	
Policyholder Name	SIM ZUO XIAN			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	NA	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	No	NCD Entitlement(%)	0	Private Hire	Not available

Report Date

08/01/2018 15:19

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Cross

Date of Accident

04/01/2018

Time of Accident hh:mm

06:30

Country of Accident

Singapore

Reporting Centre

Orange Forte

ICM No.

Accident Location

JUNCTION OF JURONG PORT ROAD

Benefits

Excess

Own damage Excess

0.00

Unnamed Driver Excess

Third Party Excess

0.00

Additional Excess

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

BLK 244 #07-139

Address 2

HOU GANG STREET 22

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

07-139

Related Policy Number

5091084360

Ol Driver Info

Driver Name

Driver Type

Driver DOB

Unnamed driver Name

Driver NRIC

Driving Experience

Register Date of Driver License

Driver Age

Contact No.(Office)

Contact No.(Home)

Contact No.(Mobile)

Address 1

Address 2

Address 3

Address 4

Address Type

Foreign address

Post Code

Unit No.

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Vehicle No.

Driver Insurer Company

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	SIM ZUO XIAN	Insured NRIC	
Contact No.(Mobile)	93881517	Contact No.(Home)		Contact No.(Office)	
Email Address		QI Vehicle Number	FBAB800B	TP Vehicle Number	
Claim Description	FBAB800B / YM7231F ON 4 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	11/01/2018 10:43	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letterSave Submit

Attachment

Accident No.	MT/0976794	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2018 10:45

Path *	Category *	Confidential	Urgency
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal

		<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="40"/>	Normal
		<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="40"/>	Normal
Attachment List						
Attachment	Uploaded By/Date	Category		Urgency	De	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 10:45	SAS		Normal	SAS	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 10:45	NRIC/ Driving License		Normal	NRIC/ Driving	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 10:45	Photos		Normal	Photo	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 10:43	Photos		Normal	Photo	

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 01 / 2018) (DD/MM/YYYY), TIME: (06 : 30) (HH:MM)

LOCATION: Jurong Port Road - Jln Terusan

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 8802 B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5071
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 2006 FZIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Sim Zuo Xian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S90257276 CONTACT: 93881817
 c) ADDRESS: Blk 244 Hougang St 22 #07-139
 S: 530244

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No. of passenger
 (including driver)
 (1)

- DRIVER
 a) NAME: DR ABOUK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE

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:

8. THIRD PARTY VEHICLE

No. of passenger
 (including driver)
 ()

- a) VEHICLE NUMBER: YM7231P MODEL: lorry
 b) DRIVER'S NAME: Namachivayam Marimuthu
 c) NRIC/FIN/PASSPORT: G 7898087M CONTACT:

9. THIRD PARTY VEHICLE

No. of passenger
 (including driver)
 ()

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

email = James.szx@hotmail.com

fax =

V1 060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9025727G



Name
SIM ZUO XIAN

沈 祚 賢

Race
CHINESE
Date of birth 19-07-1990 Sex M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9025727G

Name

SIM ZUO XIAN

Birth Date 19 Jul 1990

Issue Date 05 May 2011



NRIC No. S9025727G



Date of issue
07-02-2011

Address
APT BLK 244 HOUGANG STREET 22
#07-139
SINGAPORE 530244

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class	Description	Expiry Date
Class 1B	Motorcycles <= 200 CC	23 Apr 2014
Class 1A	Motorcycles between 201 CC and 400 CC	15 Sep 2015
Class 1	Motorcycles > 400 CC	12 Mar 2017
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	05 Mar 2011

S / No. 9000300005

S9025727G



NP 428A

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="04/01/2018 12:05"/>						
Vehicle No. (For Motor)	<input type="text" value="FBA8800B"/>								
<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"/>	5091084360	SIM ZUO XIAN	S9025727G	GMC	Third Party, Fire & Theft	FBA8800B	FBA8800B	15/05/2017	14/05/2018
<input type="button" value="Continue"/>									