

NATIONAL Assessment Centre Services

(Unit 1 20100)

NA1800549

Date In: 11/01/2018 15:48	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/000703/7	SAS e-Mailing		
Veh No: ST 3736C	E-mail (with a Shit, AIC 2hrs)		
D.O.A: 11/01/2018 08:15	1-Motor Claim Form	ml0917395	11/01/2018 16:30
OD: TP Reporting Only	1-Motor VVO (with a Shit, AIC 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Vksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Veh No: XE 382L	INC () / Non-INC ()
Owner / Drivers:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
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 Rem:	
() 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:

NA1800301	Invoice Preparation Checklist		
Customer Particulars:	1) AR: Accident Reporting (\$20)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$40		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$10		
	Forfeiting against INC Only (wef 10 Jan 2001)		
	6) TR: Re-inspection \$15		
	7) NI: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NI: 1 day DA + SMRT Survey \$160		
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	100) NI: 1 day DA + SMRT Survey \$160		

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	11/01/2018 15:48
Date Of Accident	11/01/2018 08:15
Exact Location Of Accident	KPE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT3736C
Insured/Policyholder	
Name Of Registered Owner	CHIENG GUANG XIAN BENEDICT
NRIC No	S8915238J
Email Address	BENCHIENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90624827
Alternative Phone No	OTHERS-90624827

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	5092795504
Cover Note Number	

Driver

Name of Driver	CHIENG GUANG XIAN BENEDICT
NRIC No	S8915238J
Date Of Birth	10/05/1989
Occupation	INDOOR
Date Of Driving Pass	21/01/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90624827
Fax Number	
Contact Number	OTHERS-90624827
Email Address	BENCHIENG@GMAIL.COM

Address	BLK 338C ANCHORVALE CRESCENT #16-41
Postcode	543338
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	RAINING
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?	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)	3
Passenger 1	NAME: : HAN NINGXIN GENDER: : FEMALE
Passenger 2	NAME: : ZOE GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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 Registration Number	XE382L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIN KIM YAU
NRIC/Passport Number	S1562523F
Contact Number	97816548
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: 11/1/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

- A) SGT 3736C
- B) XE 382L

Bangkok East Drive

Lorry

B

KPE
towards
City

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight from Bangkok East Drive onto KPE towards City. A lorry that was filtering into the left merging lane hit the ~~right~~ right back of my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 11/1/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/01/2018

Ref: 11/01/2018

Claim Handling

Accident MT/0977395

Policy No.	5092795504	Vehicle No.	SGT3736C	GST Registration No.	
Policyholder Name	CHENG GUANG XIAN BENEDICT			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	90624827	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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

Accident Details

Report Date	11/01/2018 16:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/01/2018	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TOWARDS CITY				

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	BLK 338C #16-41	Address 2	ANCHORVALE CRESCENT	Address 3	
Address 4	SINGAPORE 543338	Address Type	Singapore address	Post Code	
Unit No.	16-41	Related Policy Number	5092795504		

DI Driver Info

Driver Name	CHENG GUANG XIAN BENEDICT (QIAN GUANGXIAN)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	589152380	Driver DOB	
Register Date of Driver License	21/01/2010	Driver Age	29	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 338C #16-41	Address 2	ANCHORVALE CRESCENT	Address 3	
Address 4	SINGAPORE 543338	Address Type	Singapore address	Post Code	
Unit No.	16-41				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGT3736C	Driver Insurer Company	

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHENG GUANG XIAN BENEDICT	Insured NRIC	
Contact No.(Mobile)	90624827	Contact No.(Home)		Contact No.(Office)	
Email Address	BENCHENG@GMAIL.COM	DI Vehicle Number	SGT3736C	TP Vehicle Number	
Claim Description	SGT3736C / XE382L ON 11 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	11/01/2018 16:19	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0977395	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2018 16:20
Path *		Category *	Confidential Urgency

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	Normal
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<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	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 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:20	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:19	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 16:19	SAS	Normal	SAS

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 01 / 2018 (DD/MM/YYYY), TIME: 08.15 (HH:MM)

LOCATION: KPE TOWARDS C17

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT 3736L
 b) INSURANCE COMPANY: Sincere
 c) POLICY NUMBER: 5092795504
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda, Fit
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving to work
 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: Cheng Guan Xian Benedict (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59152383 CONTACT: 90624827
 c) ADDRESS: 338C Anchorvale Crescent #16-41
5543338

Hen Nanyin (F)

Zoe (F)

No of passengers

(including driver)

(3)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 d) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 10 / 05 / 1989 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 21 Jun 2010

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

a) VEHICLE NUMBER: XE 382L MODEL: _____

b) DRIVER'S NAME: Chin Kim Yan

c) NRIC/FIN/PASSPORT: 51562523 F CONTACT: 9781 6543

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger

(including driver)

(1)

No of passenger

(including driver)

()

Email = benchieng@gmail.com

Fax =

Video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8915238J



Name
CHIENG GUANG XIAN,
BENEDICT
(QIAN GUANGXIAN)
錢光賢
Race
CHINESE
Date of birth
10-05-1989
Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8915238J

Name
CHIENG GUANG XIAN,
BENEDICT
(QIAN GUANGXIAN)

Birth Date 10 May 1989

Issue Date 21 Jan 2010



NRIC No. S8915238J



Date of issue
21-05-2004

APT BLK 338C ANCHORVALE CRESCENT #18-41
SINGAPORE 543338
NRIC No. S8915238J

Date: 03/05/2017

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Jan 2010



NP 438A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5092795504	CHIENG GUANG XIAN BENEDICT	58915238J	GPC	drive CLASSIC	SGT3736C	SGT3736C	25/07/2017	24/07/2018