

NATIONAL Assessment Centre Services. (Unit 1, 2000) **MAA4033672**

Date In: **12/03/2018** 09:48

Ref No: **NBA/MC/8004603/Y**

Veh No: **SKA 7080L**

O.O.A: **17/01/2018** 10:00

OD / TP / Reporting Only

TP Insured:

Job description: **SAS e-tiling**

Date & Time Completed: **12/03/2018** 10:27

Done by:

E-mail (with sheet, A/C sheet)

1-Motor Claim Form

1-Motor SV/O (with sheet, TP sheet)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / OWI ()

TP Particulars: Yeh No: **FBK 51514** INC () / Non-INC ()

Owner / Driver ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: B/L Status (WO): NI 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 reporter.

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

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

Remarks: **INC No. (line 6/88/0016)** Date & Time Completed: () Done by: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Other Details:

NA1801596

Human Resources:

Driver/Owner:

Contact No:

Assigned Portion:

C. Checked by (Bug-In-Charge):

Invoice Preparation Checklist:

Item	Amount	Unit
1) AR: Accident Reporting (\$300)	1	Unit
2) DA: Damage Assessment (\$100)	1	Unit
3) TP: Towing Fee	\$40/140	
4) PT: Follow-Through Survey	\$150	
5) PT: Follow-Through Survey (Resurvey)	\$10	
For all items, please INC Only (yes 10 Jan 2018)		
6) TR: Repairation	\$15	
7) NTUC: DA + SMRT Survey	\$160	
8) NTUC: Additional Services		
9) NTUC: Courtesy Car / Trip Allowance	\$5	
10) NTUC: Repair Coordination	\$10	
11) NTUC: Post Repair Inspection	\$15	
12) NTUC: DV / Collision Update Coordination	\$5	
13) NTUC: TP (KIN INC) / Repair INC	\$20	
14) NTUC: Mileage	\$10	

Invoice Total: () Net Charged: ()

Invoice Date: () Invoice Time: ()

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 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	12/03/2018 09:48
Date Of Accident	17/01/2018 10:00
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE/Commonwealth Dr
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7080L
Insured/Policyholder	
Name Of Registered Owner	LOW WAI SUM
NRIC No	S6971682B
Email Address	LWS2619@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96429978
Alternative Phone No	OTHERS-96429978

Vehicle Particulars

Manufacturer	BMW
Model	X1
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	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	5091185200
Cover Note Number	

Driver

Name of Driver	LOW WAI SUM
NRIC No	S6971682B
Date Of Birth	19/06/1969
Occupation	INDOOR
Date Of Driving Pass	18/06/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96429978
Fax Number	
Contact Number	OTHERS-96429978
Email Address	LWS2619@HOTMAIL.COM

Address	BLK 99 COMMONWEALTH CRESCENT #04-70
Postcode	140099
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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180205/2155

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	FBK5151H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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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)

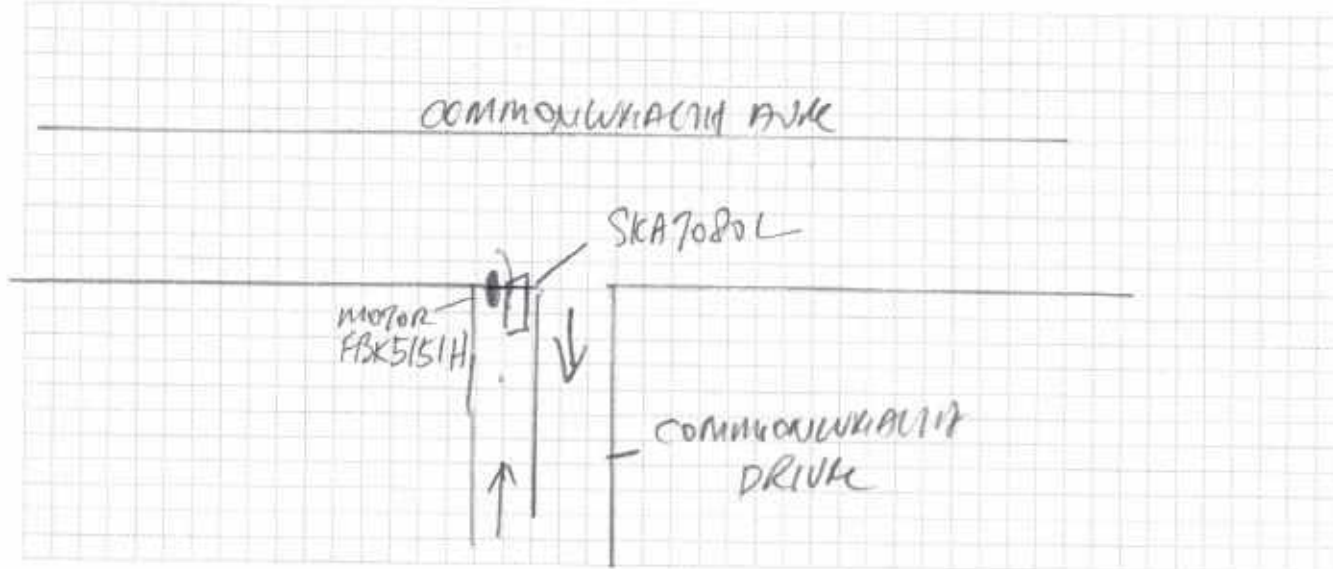
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS 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:

12/03/2018
Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180205/2155

1 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20180205/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 18:51	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: LOW WAI SUM			Address: APT BLK 99 COMMONWEALTH CRESCENT #04-70 SINGAPORE 140099		
ID Type / ID No.: NRIC NO / S6971682B			Contact No.: Home/Office: Mobile: 96429978		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 19/06/1969	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION CONTRACTOR			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 COMMONWEALTH AVENUE COMMONWEALTH DRIVE ALONG COMMONWEALTH AVE JUNCTION OF COMMONWEALTH DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA7080L	Car	BMW	X1	White	No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180205/2155

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

2 of 3

Report No. T/20180205/2155

CONTINUATION OF REPORT

Vehicle Owner			
Name	LOW WAI SUM	ID No.	S6971682B
Related Vehicle	SKA7080L (Car)	Contact No.	96429978
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/01/2018 at about 1000hrs, I was travelling along commonwealth avenue junction of commonwealth drive in my vehicle registration plate number SKA7080L, I was driving at the road speed limit and while queuing up to exit towards commonwealth ave, there is another motor vehicle in front of me whom is turning left, exiting to the main road as well. Then while I accelerate a little forward, the motor vehicle had apparently jammed brake hence we both collided. I had only brush onto the rear of his motor vehicle box compartment and that resulted in the rider losing balance and fell towards my left. I then immediately alighted from the vehicle and make a check on him. The motor vehicle had fell and hit onto the rider leg hence I tried to help him out as well. As he looks frail to me, I then render further assistance by sending him to the hospital to make a further check and paid the fees for the checks at National University Hospital. I then left him with his daughter and his boss whom subsequently arrived at the hospital. The rider and I both agreed that this would be resolved privately between the both parties and do not require any ambulance nor police assistance. I am lodging this police report as instructed by the Singapore Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20180205/2155

3 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20180205/2155

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 1 GABRIEL CHAN WEE KEEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
05/02/2018 18:51

Classification Of Case:

Claim Handling

Accident MT/0982975

Policy No.	5091185200	Vehicle No.	SKA7080L	GST Registration No.	
Policyholder Name	LOW WAI SUM			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No. (Mobile)	NA	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(%)	-30	Private Hire	Not available

Accident Details

Report Date	21/02/2018 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	17/01/2018	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH DRIVE TOWARDS COMMONWEALTH AVE				

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 99 #04-70	Address 2	COMMONWEALTH CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5091185200		

DI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No.(Mobile)		Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	LOW WAI SUM	Insured NRIC	
Contact No. (Mobile)	96429978	Contact No. (Home)	NA	Contact No. (Office)	
Email Address		DI Vehicle Number	SKA7080L	TP Vehicle Number	
Claim Description	SKA7080L / FBK5151H ON 17 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GLA report	
Date Registered	12/03/2018 10:01	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AX letter







Save Submit

Attachment

Accident No.	MT/0982975	Claim No.	002
Lost Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2018 10:27
Path *		Category *	Confidential Urgency
		<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select
		<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select
		<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select
		<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select

Please Select Normal
 Please Select Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:27	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:27	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:01	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 12 Mar 2018 10:01	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Our Ref: MT/CA/TP/020/0982975-001/JLY/LC

02 Mar 2018

**CERTIFICATE OF POSTING
REMINDER**

LOW WAI SUM
BLK 99 #04-70
COMMONWEALTH CRESCENT
SINGAPORE 140099

Dear Policyholder

CLAIM NUMBER: MT/0982975-001
ACCIDENT INVOLVING SKA7080L / FBK5151H on 17 Jan 2018

We refer to our letter of 21 Feb 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Jared Liu Yaorong at 6430 7922 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

ACCIDENT STATEMENT

ACCIDENT DATE: 17/11/2018 (DD/MM/YYYY), TIME: 10.00 (HH:MM)

LOCATION: Amman at Communism Dkt

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 7000L
 b) INSURANCE COMPANY: MTC
 c) POLICY NUMBER: 5071185200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW X1
 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: LOW WOI SUM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96429978
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

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

- * d) DATE OF BIRTH: 19/06/1968 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 18/06/1996
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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: _____

No of passenger
(including driver)
(1)

8. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: FBK 5151 H. MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

email: lws2619@hotmail.com

fax: _____

V1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6971682B



LOW WAI SUM

刘伟森

Race
CHINESE

Date of Birth
19-06-1969

Sex
M

Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6971682B

Name
LOW WAI SUM

Birth Date: 19 Jun 1969

Issue Date: 25 Jun 2015




002443401J



8163838



8163838



Nationality
MALAYSIAN

Blood Group
B+

Date of Issue
15-04-1995

NP 42BA

DATE OF EXPIRATION IN CIRCULAR PC4-70

SINGAPORE 168259

NRIC No: S6971682B

Date: 15-04-1995

No: 8163838

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	01 Aug 1989
Class 2A Motorcycles between 201 cc and 400 cc	11 May 1995
Class 3 Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	18 Jun 1988

NP 42BA



eBaoTech

GeneralClaim

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"/>	5091185200	LOW WAT SUM	S69716828	GPC	drive CLASSIC	SKA7080L	SKA7080L	26/05/2017	31/05/2018