

NATIONAL Assessment Centre Services (NACS) (M11 1000)

NA180159

Date In: 12/03/2018 18:28	Job Description	Date & Time Completed	Done by
Ref No: NBSA/INC100046751	SAS e-billing		
Yell No: SHB 6658	E-mail (write sheet, A/C sheet)		
D.O.A: 24/01/2018 11:30	E-Motor Claim Form	ml10984208-002	12/03/2018 18:42
OD / TP / Reporting Only	E-Motor WFO (write sheet, A/C sheet)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VHSP		

Preferred Wksp / INC Assign Wksp / QWR:	Tel:	Fax:
TP Particulars: Yell No: SHB 3199R	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: ()	% (Note: BSL Status (WO): NI 0-20%; PI 21-79%; PI 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 order of repair.
() Total Loss Case: To e-mail Insurer URGENTLY.
Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks:	Done by
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury:
Other Tunes:
Actions:

NA180159	Invoice Preparation Checklist	Amount	Amount
Human Resources	1) AR: Accident Reporting (330)		
Driver/Owner:	2) DA: Damage Assessment (3100)	INC (40)	
Contact No:	3) TP: Towing Fee	240/143	
Damaged Portion:	4) PT: Follow-Through Survey	3130	
	5) PT: Follow-Through Survey (Recovery)	320	
	For submission against INC Only (over 10 Jan 2010)		
	6) TR: Re-ligation	313	
	7) NI: NI DA + SMRT Survey	3160	
	8) NTUC Additional Services		
	9) NI: NI DA + SMRT Survey	313	
	10) NI: NI DA + SMRT Survey	3160	
	11) NI: NI DA + SMRT Survey	313	
	12) NI: NI DA + SMRT Survey	3160	
	13) NI: NI DA + SMRT Survey	313	
	14) NI: NI DA + SMRT Survey	3160	
	15) NI: NI DA + SMRT Survey	313	
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	100) NI: NI DA + SMRT Survey	3160	

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 18:28
Date Of Accident	24/02/2018 11:30
Exact Location Of Accident	ROUND ABOUT AT MT ELIZABETH HOSPITAL @ NOVENA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN665P
Insured/Policyholder	
Name Of Registered Owner	ONG EE PING
NRIC No	S6944441E
Email Address	EPONG.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90170829
Alternative Phone No	OTHERS-98267318

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION-1.5 (A)
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	5034559615-09
Cover Note Number	

Driver

Name of Driver	SIA SUE TENG
NRIC No	S7174380B
Date Of Birth	17/11/1971
Occupation	INDOOR
Date Of Driving Pass	17/03/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90170829
Fax Number	
Contact Number	OTHERS-98267318
EMail Address	EPONG.SG@GMAIL.COM

Address	150 THOMSON ROAD #17-03
Postcode	307605
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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?	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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3199K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

12/3/2018 4.45pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/3/2018 4.45pm.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/03/2018

ROSLI WATAS

SKETCH PLAN

Refer to Photo
Annot


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
Sketch

DECLARATION

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


Policyholder's Signature
Date & Time:
12/3/2018 4.45pm


Driver's Signature
(If driver is not the policyholder)
Date & Time:
12/3/2018 4.45pm


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
12/03/2018
Refer to Photo

9 March 2018
150 Thomson Road,
#17-03,
Singapore 307605

Your Ref: MT/CA/TP/059/0984208-001/QSK/VU
Claim Number: MT/0984208-001
Accident involving SJN665P / SHB3199K on 24 Feb 2018.

I refer to your letter dated 1 March 2018 but which I only received on 9 March 2018.

I would like to inform you that as there was no accident on 9 March 2018 (since there was no physical impact and no damage to both our vehicles SJN665P and SHB3199K), as such I had not made any accident report since there was really no "accident" to report given that there is no accident involved (contrary to what was claimed). I was surprised that there is now a claim against my motor policy and hence I would appreciate very much if NTUC Income can rigorously investigate and deal with such frivolous opportunistic claim!

Details of the said incident (not accident) with the taxi SHB3199K is as follows (as provided by my spouse):

On 24 Feb 2018 about 11.30am, my spouse was driving alone on the middle lane of the round-about at Mt Elizabeth Hospital @Novena and trying to switch to the right-most lane (due to obstruction by vehicles further in front) when a taxi (said vehicle SHB3199K) on the right-most lane suddenly performed an emergency brake. So, my wife was forced to perform an emergency brake as well. As my wife had kept her safety distance, so she was able to brake in time, and there was no impact of our vehicle on the vehicle (SHB3199K) in front as she managed to stop within an inch away from vehicle SHB3199K.

The afore-mentioned right-most lane of the round-about was where the van GBC1038X was driving on in the photo (see Photo 1) while Photo 2 shows the exact location of the said incident at earlier section of the round-about. (Note that these photos were taken later after both our vehicles had been shifted away on the instruction of the security guard to prevent obstruction of traffic as there were many vehicles taking the right-most lane of the round-about to exit Mt Elizabeth Hospital @Novena).

an 12/03/2018
Roslina



Photo 1

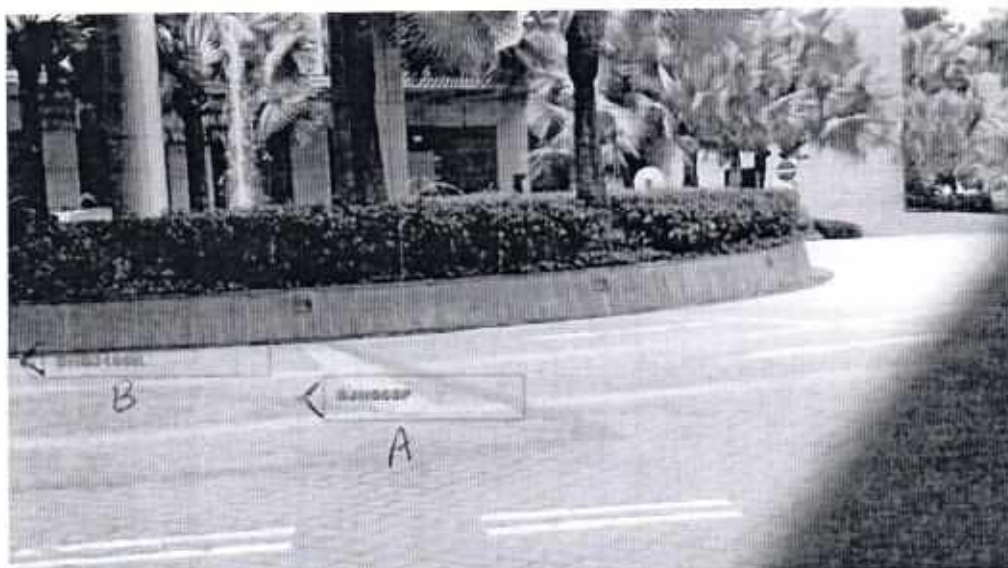


Photo 2

Despite of this, the taxi driver (of vehicle SHB3199K) immediately alight his vehicle and confronted my spouse claiming that she had banged into his vehicle and demanded \$500 for private settlement which he claimed was the amount needed to repair and make good his vehicle.

So, my spouse made an inspection of both vehicles and took some photos on the spot to record as evidence, which you can see in Photo 3-6 below. From the physical evidence, there was no physical damage nor dent to both our vehicles at that point in time, and while there was minor scratches on vehicle SHB3199K, these scratches look old and does not seem to be caused by my vehicle. In fact, the taxi SHB3199K looks old and has many scratches and blemishes all around the vehicle. My own vehicle is also full of scratches and blemishes all

cur 12/03/2018
Resli wattoz

around the car as well, given that it is already more than 9 years old (and it does not make sense for me to spend money to paint up these minor scratches and blemishes all around the car; and I believe it is the same reason for the other vehicle SHB3199K as well).



Photo 3



Photo 4

18/03/2018
Rosli WAHAB



Photo 5

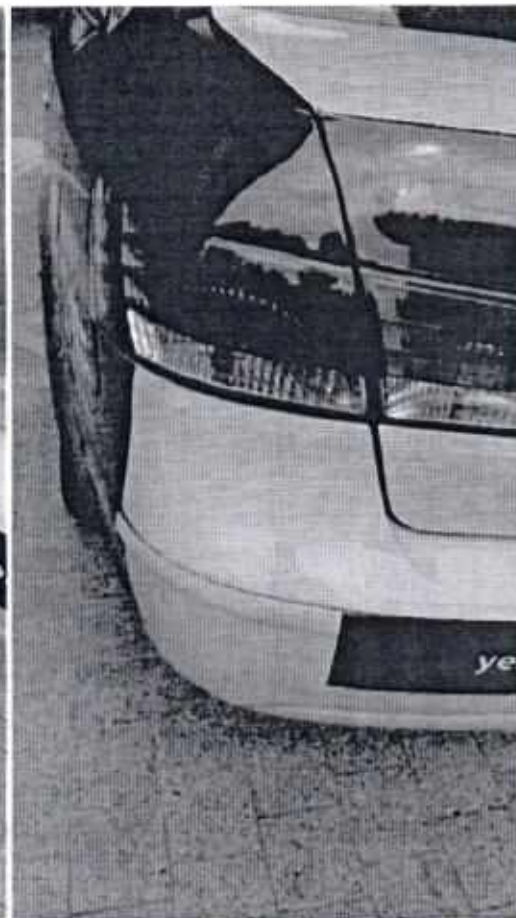


Photo 6

Given the evidence as above, and considering that there was no impact and no physical damage and no physical dent to both vehicles, my wife declined to pay any compensation to the taxi driver. The taxi driver threatened that he would proceed to claim against my spouse for the "accident" he claimed.

After returning home, my spouse informed me about the incident. I thus made a physical inspection of my vehicle and indeed, my conclusion was the same as that of my spouse and I had disregarded this incident as a frivolous opportunistic attempt to extort money from my spouse and I don't believe the driver of vehicle SHB3199K could make a claim since there is no physical damage and hence no ground for him to claim against my vehicle! Alas to my surprise, there is now a claim against my motor policy and hence I would appreciate very much if NTUC Income can rigorously investigate and deal with such frivolous opportunistic claim!

in 12/03/2013
Rashid W. Abbas

Other details which may be of usefulness to you are as follows:

Weather Conditions: Clear

^ Road Surface: Dry

^ Type of Accident: No accident, no physical impact, no physical damage nor dent.

^ Was the accident reported to the police? No.

^ Number of Passengers (Including Driver): 1

^ Any other vehicle or property damaged? No.

^ Anybody injured in this accident? No.

^ Do you have any video recording as evidence? No.

DETAILS OF DRIVER

^ Name of Driver: Sia Sue Teng

^ NRIC No: S7174380B

^ Date Of Birth: 17-11-1971

^ Sex: Female

^ Occupation: Indoor

^ Pass Date of Driving License: 17-03-2000

^ Relationship with Vehicle Owner: Spouse

^ Tel (Mobile): 98267318


Email: claudiasia@yahoo.com

Address Type: Singapore

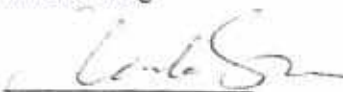
Postal Code: 307605

Address: 150 Thomson Road, #17-03, Singapore 307605.

Vehicle Owner: Ong Ee Ping (Tel: 9017-0829)

Signature: 

Driver by: Sia Sue Teng

Signature: 

aw 12/03/2018
RepaL watters

Our Ref: MT/CA/TP/059/0984208-001/QSK/VU

01 Mar 2018

ONG EE PING
150 THOMSON ROAD
#17-03 THOMSON EURO-ASIA
SINGAPORE 307605

Dear Policyholder

CLAIM NUMBER: MT/0984208-001
ACCIDENT INVOLVING SJN665P / SHB3199K on 24 Feb 2018

We would like to inform you that a claim for S\$1,986.32 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/0984208

Policy No.	5034559615-09	Vehicle No.	SJN665P	GST Registration No.	
Policyholder Name	ONG EE PING			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Leading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPI	<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	01/03/2018 13:37	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	34/02/2018	Time of Accident (hh:mm)	14:30	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	JIRAWADDY ROAD (MOUNT ELIZABETH ROVERA)				

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	150 THOMSON ROAD	Address 2	#17-03 THOMSON EURO-ASIA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5034559615-09		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
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 *	GD-MX	Insured Name	ONG EE PING	Insured NRIC	
Contact No.(Mobile)	90170629	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ervinong@yahoo.com.sg	OI Vehicle Number	SJN665P	TP Vehicle Number	
Claim Description	SJN665P / SHB3199K ON 24 Feb 2018			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	12/03/2018 18:27	Claim Close Date			
Report Taken By	WOSLI WAHAB				
<input type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/0984208	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2018 18:42
Path *		Category *	
		Confidential	Urgency
		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="Normal"/>
		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="Normal"/>
		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="Normal"/>
		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="Normal"/>

Please Select: Normal

Please Select: Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:42	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:42	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Mar 2018 18:27	Photos	Normal	Photo

Video List

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 02 / 2018 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: Round-about at Mt Elizabeth Hospital @ Novena

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 665P
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Allion 1.8A
 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: Ong Ee Ping (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6944441E CONTACT: 9017 0829
 c) ADDRESS: 150 Thomson Road, #17-03,
 S(307605)

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (Including driver)
(1)

- DRIVER
 a) NAME: Sia Sue Teng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7174380B CONTACT: 9826 7318
 c) ADDRESS: 150 Thomson Road, #17-03
 S(307605)

* d) DATE OF BIRTH: 17 / 11 / 1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS 17 Mar 2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

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: SHB3199K 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 = epong.sg@gmail.com

fax =

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7174380B



Name

SIA SUE TENG

謝雪婷

Race

CHINESE

Date of Birth

17-11-1971

Sex

F

Country of Birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7174380B

Name

SIA SUE TENG

Birth Date: 17 Nov 1971

Issue Date: 11 Mar 2003



AR000176

NRIC No: S7174380B



Nationality

MALAYSIAN

Blood Group

O+

Date of Issue

17-11-1998

150 THOMSON ROAD #17-03
SINGAPORE 307605

NRIC No: S7174380B

Date: 12/09/2010

No: 6457868

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

VALID DATE

Class 3

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

17 Mar 2000



NP 429A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/02/2018 18:26"/>						
Vehicle No.(For Motor)	<input type="text" value="SJN665P"/>								
<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="checkbox"/>	S034559615-09	ONG EE PING	S6944441E	GPC	drive CLASSIC	SJN665P	SJN665P	29/01/2018	26/01/2019
<input type="button" value="Continue"/>									