

NATIONAL Assessment Centre Services

Date In: 29/03/2018 11:46	Job description	Date & Time Completed	Done by
Ref No: NBS/NC18005841/V	SAS e-illing		
Veh No: SLM9982T	E-mail (within 3hrs, A/C 2hrs)		
O.O.A: 28/11/2017 18:35	Motor Claim Form	ML0988202	29/03/2018
OD / TP / Reporting Only	Motor VVO (within 100 hrs, 24 hrs)		12:36
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / OW:	Tel:	Fax:
TP Particulars: Yell No: JNM646	INC () / Non-INC ()	
Owner / Drivers:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: B/L 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 repeller.

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

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

Removals: ()	Phone: 6788 0016	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

NA801986	Invoice Preparation/Checklist	Sum	Sum
Insured / Owner:	1) AR: Accident Reporting (J30)		
Driver/Owner:	2) DA: Damage Assessment (S100)	INC (40)	
Policy No:	3) TP: Towing Fee	\$10/12	
Assessed Portion:	4) FT: Follow Through Survey	\$120	
	5) FT: Follow Through Survey (Resurvey)	\$10	
	6) TR: Re-inspection	\$10	
	7) NI: NI/DA + SMRT Survey	\$160	
	8) NTUC Additional Survey		
	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$25	
	12) NI: DY / Collision Repair Coordination	\$1	
	13) NI: (NI) / TP (KIN/INC) against INC	\$10	
	14) NI: Motor Vehicle	\$10	
	Invoice dated	Not Charged	
	Invoice paid	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 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	29/03/2018 11:46
Date Of Accident	28/11/2017 18:35
Exact Location Of Accident	JUNCTION OF CLEMENCEAU AVENUE/RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9983T
Insured/Policyholder	
Name Of Registered Owner	AUTO IMPERIAL CARS PTE LTD
Co Reg No	201703106W
Email Address	KBKENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90902489
Alternative Phone No	OFFICE-90902489

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089515350
Cover Note Number	

Driver

Name of Driver	YAP EE CHENG
NRIC No	S1785701J
Date Of Birth	01/12/1967
Occupation	INDOOR
Date Of Driving Pass	30/07/1991
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90902489
Fax Number	
Contact Number	OTHERS-90902489
EMail Address	KBKENG@HOTMAIL.COM

Address	BLK 239 BISHAN STREET 22 #08-202
Postcode	570239
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNM646 (MOTORCYCLE)
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	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20171108/2186

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	JNM646
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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	JNM646
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

IMPORTANT NOTICE

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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: Rashid W. W. W.
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

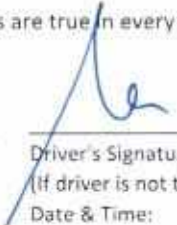
PS REFER TO POLICE REPORT
7/2017/1108/2186


DECLARATION

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

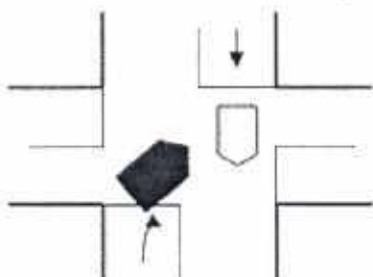


Policyholder's Signature
Date & Time:


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


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

Sketch Plan



Describe Circumstances of the Accident

□ JNM646

■ SLM9983T

On 8/11/2017 at about 1835 hours, I was driving my car SLM 9983T along Clemenceau Avenue junction River Valley Road turning into River Vallry road. Suddenly a motorcycle JNM646 coming straight along Clemenceau Avenue on my opposite direction towards me and hit on my left rear door. My left rear door dented and his motorcycle fell. The motorcyclist was conveyed to hospital and TP was at scene and advise me to lodge a police report.

Declaration

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

Policyholder's Signature / Date &
Time

yap ee cheng
19-03-2018 12:32:00 AM

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

Witnessed by Reporting
Centre Personnel



SINGAPORE POLICE FORCE



T/20171108/2186

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

1 of 3

Report No. T/20171108/2186

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2017 20:14		Vide Report No.: E/20171108/0123		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: YAP EE CHENG			Address: APT BLK 239 BISHAN STREET 22 #08-202 SINGAPORE 570239		
ID Type / ID No.: NRIC NO / S1785701J			Contact No.: Home/Office: Mobile: 90902489		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 01/12/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Uber driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/11/2017 18:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CLEMENCEAU AVENUE RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
JNM646	Motorcycle				Slightly Damaged	0
SLM9983T	Car	TOYOTA	Sienta	Silver	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171108/2186

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

2 of 3

Report No. T/20171108/2186

CONTINUATION OF REPORT

Driver			
Name	YAP EE CHENG	ID No.	S1785701J
Related Vehicle	SLM9983T (Car)	Contact No.	90902489
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 8/11/2017 at about 1835 hrs, I was driving my car SLM 9983T along Clemenceau Ave junction River Valley Road turning right into River Valley Road suddenly a motorcycle JNM646 coming straight along Clemenceau Ave, on my opposite direction towards me and hit on my left rear door. My left rear door dented and the motorcycle fell. The motorcyclist was conveyed to hospital and TP was at scene and advise me to lodge a Police report.



**SINGAPORE
POLICE FORCE**



T/20171108/2186

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

3 of 3


Report No. T/20171108/2186

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: A / SI JUAY WEE HWA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2017 20:14
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168	

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/0988202](#)
[LDS](#)
[SAL](#)
[SLR](#)

Policy No.	5089515350	Vehicle No.	SLM9983T	GST Registration No.	
Policyholder Name	AUTO IMPERIAL CARS PTE LTD			Policyholder NRIC	201703106W
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	90902489	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

[Accident Details](#)

Report Date	29/03/2018 12:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	28/11/2017	Time of Accident hh:mm	18:35	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JUNCTION OF CLEMENCEAU AVENUE/RIVER VALLEY ROAD				

[Benefits](#)
[Excess](#)

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

[GST Registered Information](#)

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

[Policyholder Mailing Address](#)

Address 1	219 HENDERSON ROAD	Address 2	#11-04 HENDERSON INDUSTRI	Address 3	SINGAPORE 159556
Address 4		Address Type	Singapore address	Post Code	159556
Unit No.	11-04	Related Policy Number	5097006262-01		

[Q1 Driver Info](#)

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YAP EE CHENG	Driver NRIC	S17857011	Driver DOB	01/12/1967
Register Date of Driver License	30/07/1991	Driver Age	49	Driving Experience	26
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 229 #08-202	Address 2	BISHAN STREET 22	Address 3	SINGAPORE 570239
Address 4		Address Type	Foreign address	Post Code	570239
Unit No.	08-202				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLM9983T	Driver Insurer Company	NTUC

[Declaration](#)

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

[Investigation](#)
[Claim 001 OD-MX](#)
[New](#)
[Claim Case Officer](#)

Claim Type	OD-MX	Insured Name	AUTO IMPERIAL CARS PTE LTD	Insured NRIC	20170
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		DI Vehicle Number	SLM9983T	TP Vehicle Number	JNM64
Claim Description	SLM9983T / JNM646 ON 28-Nov 2017			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	Receiv
Date Registered	29/03/2018 13:22	Claim Close Date		Date Received	29/03/
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Modification History

[Special Claim Creation Approval](#)

Approval	Reason
Remarks	

[Attachment](#)
<http://gicclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve&caseId=2448866&objectId=2826893&readAllBox=1&checkNewSubClaim/>

Accident No. MT/0988202 Claim No. 001
 Last Doc. Received * Yes No Upload Date 29/03/2018 00:00

Path: *

Choose File	No file chosen	Category *	Confidential	Urgency *
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Choose File	No file chosen	Clear Please Select	NO	Normal
Message Read		Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:36	Photos	Normal	Photos 2018-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:36	Photos	Normal	Photos 2018-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:36	Photos	Normal	Photos 2018-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:36	Photos	Normal	Photos 2018-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:36	Photos	Normal	Photos 2018-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:36	Photos	Normal	Photos 2018-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:36	Photos	Normal	Photos 2018-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:36	SAS	Normal	SAS 2018-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2018 12:34	NRIC/ Driving License	Normal	NRIC/ Driving License

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 28/11/2012 (DD/MM/YYYY), TIME: 18.34 (HH:MM)

LOCATION: JUNCTION OF LAMKACHAN / RIVER VALLEY ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 99837
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA SIENNA
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: OWEN IMPERIAL CAR PTE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (including driver)
(1)

- DRIVER JOE PUK CHENG (MALE / FEMALE)
 a) NAME: _____ CONTACT: _____
 b) NRIC/FIN/PASSPORT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 01/12/1967 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 20/07/1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) HIRER
 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) NO

7. a) REPORTED TO POLICE (YES/NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
 (including driver)
()

- a) VEHICLE NUMBER: TRAM 646 MODEL: MOTORCYCLE
 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: dyaper@gmail.com
 Fax: Kbkeng@hotmail.com
 V1820

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1785701J

Name: YAP EE CHENG

Birth Date: 01 Dec 1967

Issue Date: 17 Apr 2006

001412857C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1785701J

Name: YAP EE CHENG

籍 名 誠

Race: CHINESE

Date of birth: 01-12-1967

Sex: M

Country of birth: SINGAPORE

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

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

30 Jul 1991

NP 428A

Licence No. S1785701J

3075417

NRIC No. S1785701J

Date of issue: 15-02-2005

Address: APT BLK 239 BISHAN STREET 22 #08-202 SINGAPORE 570239

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="29/11/2017 11:29"/>						
Vehicle No. (For Motor)	<input type="text" value="SLM9983T"/>								
<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"/>	5089515350	AUTO IMPERIAL CARS PTE LTD	201703106W	GFT	drive PREMIUM	SLM9983T	SLM9983T	19/04/2017	12/02/2018
				<input type="button" value="Continue"/>					