

NATIONAL Assessment Centre Services. (Int'l 1 Jan 2001) **NA180207066**

Date In: **02/04/2018** 19:47

Ref No: **NBA/INC/18006026/Y**

Yell No: **8FE 8833 D**

D.O.A: **31/03/2018** 11:45

OD / TP Responing Only

TP Insured:

Job description: **SAS e-illing**

Date & Time Completed: **m/10988599**

Done by: **02/04/2018**
20:02

E-mail (within 2hrs, A/C only)

1-Motor Claim Form

1-Motor VVO (within 200 hrs, TP only)

1-Photo Uploaded

Assessment/Survey Report

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

Preferred Wksp / INC Assign Wksp / OWI:

TP Don't forget! Yell No: **SGHC7950X** INC () / Non-INC ()

Owner / Drivers:

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

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

Insured/Driver Liability: () % (Note: BSL Stand (WO): NI 0-20% PI 21-79% P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-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 Don't lose 6788 00167**

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

2) QC Check / Post Repair Inspection ()

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

Injury:

One Time:

NA1802070

Customer's Comments:

Driver/Owner:

Policy No:

Assigned Portion:

Checked by (Ungr-In-Charge):

Ungr-In-Charge:

Invoice Preparation Checklist:

Item	Amount	INC (A/B)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (A/B)
3) TP: Towing Fee	\$200	
4) PT: Follow-Through Survey	\$120	
5) RT: Follow-Through Survey (Recovery)	\$120	
For following apply INC Don't lose (A/B 200)		
6) TR: Reproduction	\$12	
7) NI: Lay DA + SMART Survey	\$120	
8) NTUC Additional Survey		
9) NI: Lay DA + SMART Survey	\$12	
10) NI: Lay DA + SMART Survey	\$12	
11) NI: Lay DA + SMART Survey	\$12	
12) NI: Lay DA + SMART Survey	\$12	
13) NI: Lay DA + SMART Survey	\$12	
14) NI: Lay DA + SMART Survey	\$12	
15) NI: Lay DA + SMART Survey	\$12	
16) NI: Lay DA + SMART Survey	\$12	
17) NI: Lay DA + SMART Survey	\$12	
18) NI: Lay DA + SMART Survey	\$12	
19) NI: Lay DA + SMART Survey	\$12	
20) NI: Lay DA + SMART Survey	\$12	

Invoice total

Invoice total

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	02/04/2018 19:47
Date Of Accident	31/03/2018 11:45
Exact Location Of Accident	ALONG TAMPINES STREET 45
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF3833D
Insured/Policyholder	
Name Of Registered Owner	KOH TIANG TENG
NRIC No	S1362857B
Email Address	GALVIN3K@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93838008
Alternative Phone No	OTHERS-97327780

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	5068305505-03
Cover Note Number	

Driver

Name of Driver	GALVIN KOH KAI KIAT
NRIC No	S9521310C
Date Of Birth	06/06/1995
Occupation	INDOOR
Date Of Driving Pass	22/03/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93838008
Fax Number	
Contact Number	OTHERS-97327780
Email Address	GALVIN3K@HOTMAIL.COM

Address	BLK 498B TAMPINES STREET 45 #09-374
Postcode	521498
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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?	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	SGK7950X
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81837160
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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.

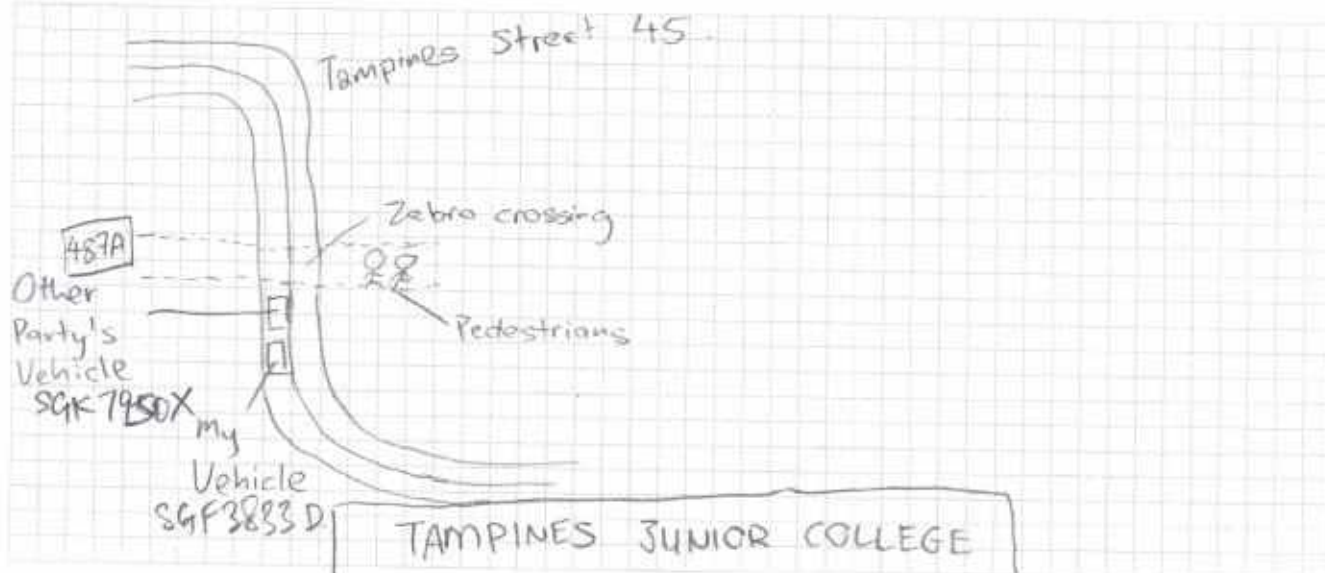
Policyholder's Signature
Date & Time:

2/4/18'
14:40

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/04/2018
14:40

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31st March, approximately 11:45am, I was driving home from the gym ^{at tampines street 45}. I approached from the bend at a very slow speed of less than 20km/h. Approaching the zebra crossing, I slowed down even more. I came to notice 2 person approaching the right of the zebra crossing but was still a 1-2 metre distant away. They seemed hesitant of crossing which incidentally caused the driver ahead to jam break although he could have proceeded with sufficient time to spare. As I was looking at the pedestrians and did not expect him to come to a total stop all of a sudden, by the time I did an emergency break, I could not prevent the car from slightly nudging the vehicle ahead. (Photos of damaged vehicles sent via email)

DECLARATION

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

Policyholder's Signature
Date & Time: 2/4/18 15:19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/04/2018 15:19

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

4/2/2018

Claim Handling(incident reporting: Claim Task 001 OD-MX)

Claim Handling

Accident MT/0986599

Exit

Policy No.	5066305505-03	Vehicle No.	SGF38330	GST Registration No.	
Policyholder Name	KOH TIANG TENG			Policyholder NRIC	S13023578
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93838008	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	- No Yes	TCK	- No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	01/04/2018 19:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/03/2018	Time of Accident (hh:mm)	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAMPINES STREET 48				

Benefits

Coverage		Sum Insured	
Transport Allowance		9999999.99	
Excess Waiver		9999999.99	

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	300.00
Uninsured Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
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 498B 405-374	Address 2	TAMPINES STREET 48	Address 3	SINGAPORE S21498
Address 4		Address Type	Singapore address	Post Code	S21498
Unit No.		Related Policy Number	5066305505-03		

Of Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/06/1995
Unnamed driver Name	DAVID KOH KAI KIAT	Driver NRIC	S59213100	Driving Experience	2
Register Date of Driver (license)	22/03/2018	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE S21498
Address 1	BLK 498B 405-374	Address 2	TAMPINES STREET 48	Post Code	S21498
Address 4		Address Type	Foreign address		
Unit No.	09-374				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SGF38330	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claims 001 OD-MX New

Claim Type *	OD-MX	Insured Name	KOH TIANG TENG	Insured NRIC	S13023578
Contact No.(Mobile)	93838008	Contact No.(Home)	87821230	Contact No.(Office)	
Email Address	jeffkon3833@yahoo.com.sg	Of Vehicle Number	SGF38330	TP Vehicle Number	SGK7350X
Claim Description	SGF38330 ON 31 Mar 2018				
Preferred Workshop Contact No.		Insured liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Renewed
Date Registered	02/04/2018 20:04	Claim Close Date		Date Received	02/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Save Submit

Attachment

Accident No.	MT/0986599	Claim No.	001
Last Doc. Retrieved	Yes No	Upload Date	02/04/2018 09:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Description *

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UNIT MERAH)) on 02 Apr 2018 20:02	Photo	Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UNIT MERAH)) on 02 Apr 2018 20:02	Photo	Normal	Photos 2018-4-2		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:02	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:02	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	Photos	Normal	Photos 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	SAS	Normal	SAS 2018-4-2	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 02 Apr 2018 20:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-2	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<button>Display In New Window</button> <button>Scan and upload file</button>				

Plato ACCIDENT STATEMENT

ACCIDENT DATE: 31/03/2018 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: Tampines st 45

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SEF 3833 D
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5068305505-03
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA CAMRY
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving home
 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: KCH TIANG TENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1362857B CONTACT: 93838008
 c) ADDRESS: Tampines st 45 Block 48 498B #09-374
521498

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Galvin koh Kai Kiat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9521310C CONTACT: 97327780
 c) ADDRESS: Tampines st 45 Block 498B #09-374
521498

* d) DATE OF BIRTH: 06/06/1995 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 22nd March 2016

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

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: SGK 7950X MODEL: TOYOTA WISH

- b) DRIVER'S NAME: 81837160

- c) NRIC/FIN/PASSPORT: CONTACT: 81837160

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:

- b) DRIVER'S NAME: CONTACT:

- c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(2)

No of passenger
(including driver)
()

email: Galvin3k@hotmail.com

fax:

✓ 100

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9521310C



Name

GALVIN KOH KAI KIAT

许凯傑

Race

CHINESE

Date of birth

08-06-1995

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Register
Native

S9521310C

GALVIN KOH KAI KIAT

Birth Date: 06 Jun 1995

Issue Date: 22 Mar 2016



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1362857B



Name

KOH TIANG TENG

許展庭

Race

CHINESE

Date of birth

29-01-1959

Sex

M

Country of birth

SINGAPORE

4513138



NRIC No. S9521310C



Date of issue

19-01-2010

Address

APT BLK 498B TAMPINES STREET 45
#09-374
SINGAPORE 521498

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

EFFECTIVE DATE

Class 3A: Motor cars without clutch pedals (Auto) with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq$ 2500kg 22 Mar 2016

NP 428A



Licence No: S9521310C

A0138836



NRIC No. S1362857B



Street Group

Date of issue

A+

05-07-2002

Address

APT BLK 498B TAMPINES STREET 45
#09-374
SINGAPORE 521498

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.		Date of Accident	31/03/2018 14:33						
Vehicle No.(For Motor)	SGF3833D								
Search									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5068305505-03	KOH TIANG TENG	S1362857B	GPC	drive CLASSIC	SGF3833D	SGF3833D	02/11/2017	01/11/2018
Continue									