

NATIONAL Assessment Centre Services

MNA/1806745

Date In: 12/05/2018 09:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC6006896/Y	SAS e-filing		
Veh No: YN 8829 U	E-mail (within 8hrs. A/C 2hrs)		
DOA: 04/05/2018 15:40	i-Motor Claim Form	MT/0994033-001	12/05/2018
OD TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		09:55
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: JNL 6620 INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40-\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OI*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-n INC) against INC \$20		
	9) N12: Idac Mobile 301		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

NA1803024

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	12/05/2018 09:31
Date Of Accident	04/05/2018 15:40
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT NEAR LAMP POST:982
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8823U
Insured/Policyholder	
Name Of Registered Owner	KIANTEK HARDWARE PTE LTD
Co Reg No	198300882H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97117588
Alternative Phone No	OFFICE-62942911

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5073229898-02
Cover Note Number	

Driver

Name of Driver	ENG SOO ANN
NRIC No	S7045789Z
Date Of Birth	15/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97117588
Fax Number	
Contact Number	OFFICE-62942911
Email Address	NOEMAIL

Address BLK 74 WHAMPOA DRIVE
#02-316

Postcode 320074

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 JNL6620 (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 WHAMPOA NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2507999 - FAX NO: 63554314

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180504/2135

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 JNL6620

Vehicle Make/Model/Colour HONDA WAVE

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)

1

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? JNL6620

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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
Date & Time:



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

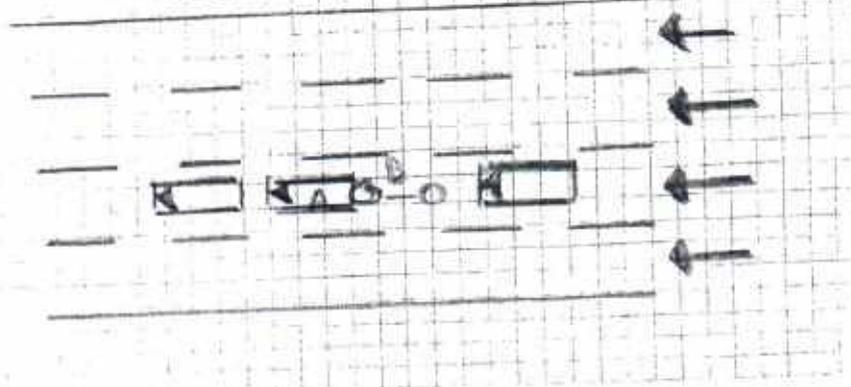
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

12/05/2018
Rashid Watson

SKETCH PLAN

PIE TWDS CHANGE L/A no 982

A - YN8823U
B - JNL662A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180504/0135

DECLARATION

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



[Handwritten Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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



**SINGAPORE
POLICE FORCE**



T/20180504/2135

1 of 3

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20180504/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2018 19:22	Vide Report No.: E/20180504/0102	Station Diary No.: 31
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Informant's Particulars

Name of Informant: ENG SOO ANN		Address: APT BLK 74 WHAMPOA DRIVE #02-316 SINGAPORE 320074	
ID Type / ID No.: NRIC NO / S7045789Z		Contact No.: Home/Office:	Mobile: 97117588
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 15/12/1970	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2018 15:40	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TOWARDS CHANGI Lamp Post Number: 982				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNL6620	Motorcycle	HONDA	WAVE	Red	Slightly Damaged	0
YN8823U	Lorry	ISUZU	NPR85UH5A	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180504/2135

3 of 3

Report No. T/20180504/2135

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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:
E /
Sgt 3 LEONG KAH WAI, CLEMENT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

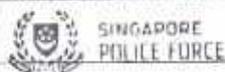
Date/Time:
04/05/2018 19:22

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65472078

Classification Of Case:

SN 072

Authentication Stamp
NP168



SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20180504/2135

2 of 3

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20180504/2135

CONTINUATION OF REPORT

Driver			
Name	ENG SOO ANN	ID No.	S7045789Z
Related Vehicle	YN8823U (Lorry)	Contact No.	97117588
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/05/2018 at about 1542hours, I was driving my lorry, travelling along PIE towards Changi, along the left most lane at very slow speed, near lamp post no. 982 as I noticed that an accident had occurred ahead. I was driving at about 40km/h. Subsequently, I heard a loud sound and felt an impact and went down of my vehicle to make a check. I realized that a motorcycle had collided onto the rear of my vehicle. I am not sure how he collided with my vehicle however the lorry driver behind me witnessed how it happened. I made a check at the rider and his lower chin area was covered with blood. I immediately called for ambulance. Shortly after, LTA, TP officers as well as paramedics arrived at scene. The rider was conveyed to hospital. My vehicle damages are a few scratches on the rear left side of my vehicle. The motorcycle's damages were slight but I am not sure of the details. The details of lorry driver behind me was taken down by the LTA officer.

Claim Handling

Accident MT/0994033

Policy No.	5073220090-02	Vehicle No.	YN8823U	GST Registration No.	M200516265
Policyholder Name	KIANTEK HARDWARE PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	198300882H
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No. (Office)	62942911	Loading	0
Contact No. (Mobile)	97117588	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
EPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/05/2018 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/05/2018	Time of Accident (H:MM)	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	PIE TOWARDS CHANGI AIRPORT NEAR LAMP POST 982				

Benefits

Excess					
Own Damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	8.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M200516265	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	52 HORNE ROAD #01-03	Address 2	SINGAPORE 209071	Address 3	
Address 4		Address Type	Singapore address	Post Code	209071
Unit No.		Related Policy Number	5099941728		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/12/1970
Unnamed driver Name	ENG SOO ANN	Driver NRIC	S7045789Z	Driving Experience	27
Register Date of Driver License	20/04/1991	Driver Age	47	Contact No. (Home)	
Contact No. (Mobile)	97117588	Contact No. (Office)	62942911	Address 1	WHAMPOA COURT
Address 1	BLK 74 #02-316	Address 2	WHAMPOA DRIVE	Post Code	320074
Address 4	SINGAPORE 320074	Address Type	Foreign address		
Unit No.	02-316				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	YN8823U	Driver Insurer Company	N

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KIANTEK HARDWARE PTE LTD	Insured NRIC	198300882H
Contact No. (Mobile)		Contact No. (Home)	62942911	Contact No. (Office)	67477842
Email Address		OI Vehicle Number	YN8823U	TP Vehicle Number	JNL6620
Claim Description	YN8823U / JNL6620 ON 4 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/05/2018 09:55	Claim Close Date		Date Received	12/05/2018 00:00
Report Taken By	ROSLE WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0994033	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	12/05/2018 09:55
Path *		Category *	
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 May 2018 09:55	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 May 2018 09:55	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 May 2018 09:55	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 May 2018 09:55	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 May 2018 09:55	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 May 2018 09:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 May 2018 09:55	SAS	Normal	SAS 2018-5-12

Video List

Uploaded By/Date	Folder Data	File Name	Source

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (04/05/18) (DD/MM/YYYY), TIME: (15:40) (HH:MM)

LOCATION: PIC TWAS CHANGI L/P 982

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN8823U
b) INSURANCE COMPANY: NFUC
c) POLICY NUMBER: 198300882H
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: WORKING 15474
f) TYPE: (SALOON / COUPE / MPV / VAN / (CORRY) MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / (COMMERCIAL) MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / (REPORTING ONLY))

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62942911
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: EMIG SOO ANN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 570437892 CONTACT: 97117588
c) ADDRESS: BLE 74 WHAMPOA DRIVE
#02-316 (32074)

*d) DATE OF BIRTH: (15/12/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / (OUTDOOR))

f) YEARS OF DRIVING EXPERIENCE: 31/04/1993

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) WET / OTHERS _____

6. WAS ANYBODY INJURED (YES) NO) motorcyclist

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JNL6620 MODEL: HONDA WAVE
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

11/05/18

waiting for
company stamp
by fax

email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait: 

Licence Number: **S7045789Z**

Name: **ENG SOO ANN**

Birth Date: **15 Dec 1970**

Issue Date: **23 Aug 2007**

Barcode:  001521302G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7045789Z**

Portrait: 

Name: **ENG SOO ANN**

籍貫: **新加坡**

Race: **CHINESE**

Date of birth: **15-12-1970** Sex: **M**

Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class	Description	Issue Date
Class 2B	Motorcycles <= 200 cc	23 Jan 1980
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	20 Apr 1991
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	08 Oct 1992
Class 5	*Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	21 Apr 1993

Licence No: **S7045789Z**

NP 428A

Portrait: 

Barcode: 

NRIC No: **S7045789Z**

Date of issue: **23-08-2007**

APT BLK 74 WHAMPOLA DRIVE #02-316
SINGAPORE 320074

NRIC No: **S7045789Z** Date: **09/10/2010** (R) No: **8545188**

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"/>	5073229898-02	KIANTEK HARDWARE PTE LTD	198300882H	GCV	Comprehensive	YN8823U	YN8823U	13/08/2017	12/08/2018