

NATIONAL Assessment Centre Services			
Date In: 18/06/2018 12:41	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A 180380/106/1	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SCX 5601X	i-Motor Claim Form	M.1099746/002	18/06/2018
D.O.A: 18/05/2018 08:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		20.34
OD: 1P Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: BOREUR	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] ( )		

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee 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	18/06/2018 12:41
Date Of Accident	18/05/2018 08:35
Exact Location Of Accident	110 BUKIT PURMEI ROAD BUKIT PURMEI VILLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX5601X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE POH POH
NRIC No	S0243048G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90018878
Alternative Phone No	OTHERS-90018878

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ECHO H/B 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0082940214-14
Cover Note Number	

### Driver

Name of Driver	LEE POH POH
NRIC No	S0243048G
Date Of Birth	24/02/1951
Occupation	INDOOR
Date Of Driving Pass	26/11/1973
Driving Experience	44 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90018878
Fax Number	
Contact Number	OTHERS-90018878
Email Address	NOEMAIL



Address	BLK 115 BUKIT PURMEI ROAD #12-260
Postcode	090115
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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(This is a follow up email on the claim against this vehicle SCX5601X over an "accident" reported against the motor policy. Please find attached the letter which states that the vehicle has been handled over to Borneo Motors on the 13th June. In addition, I am attaching photos of scenes of traffic jam due to the faulty gantry problem which is a "known" common problem for over 2 years in the estate.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
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:

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

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

### SKETCH PLAN

unknown about  
the freedom?

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/06/2018 I RECEIVED A LETTER FROM NINE SAYING  
THAT I WAS I ~~WAS~~ INVOLVED IN ACCIDENT WITH A BARRIER ON  
18 MAY 2018 AT BLK 110 BUKIT PURANI WHICH I CAN'T RECALL  
OF THE INCIDENT. BUT THAT AIRPARK BARRIER WAS ALWAYS  
FAULTY & WAS INFORM TO THE MANAGEMENT ABOUT IT.

## DECLARATION

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

*Handwritten signature*

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Roshni Wadhvani  
NRIC/FIN No.: 18/06/2018

Reporting Centre Personnel's Signature  
Name: Rosalie  
NRIC/FIN No.: 123456789012



Name : \_\_\_\_\_



Borneo Motors

Borneo Motors (Singapore) Pte Ltd  
 33 Leng Kee Road  
 Singapore 159102  
 Tel : (65) 6631 1111  
 Fax : (65) 6479 2459  
 www.borneomotors.com.sg  
 Co Reg No: 196700086Z

H/T No. 117310

## HANDLING &amp; TAKING OVER OF VEHICLE

Vehicle Registration No: SCX 5601 X Retention No: \_\_\_\_\_Make of Vehicle: Toyota Model: Echo

Accessories: ☒ No of Keys 2  
☒ Owner's Manual  
☒ CD Cartridge  
☒ Spare Tyre  
☒ Car Jack  
☒ Tool Kit  
☒ Radio / CD player  
☒ Log Card  
☒ etc LRA Pin

Remarks: \_\_\_\_\_

Effective Date: 13/6/18 Time: 12.00 pm

Mileage: \_\_\_\_\_ km (kilometres)

The Buyer hereby acknowledge receipt of the above and agrees to be fully responsible for any fines, summons, fees or claims arising from the above mentioned vehicle effective from date and time stated above.

Buyer / Seller

Lee Poh Ah c/oBuyer's / Seller's Name: Toh Chui Kuan SabrinaIC / Passport No: S 0243048 GAddress: Blk 115 Bukit Purmali Road# 12-260 8/090115

Tel No (Office): \_\_\_\_\_

Tel No (Residence): 9001 8878

HIP

for Borneo Motors (Singapore) Pte Ltd

Name: Karen TohDesignation: P.E

White - Customer Copy

Yellow - Accounts Copy

Green - File Copy

Our Ref: MT/CA/TP/001/0997461-001/FS/VU

06 Jun 2018

LEE POH POH  
BLK 115 #12-260  
BUKIT PURMEI ROAD  
SINGAPORE 090115

Dear Policyholder

**CLAIM NUMBER: MT/0997461-001**  
**ACCIDENT INVOLVING SCX5601X / BARRIER on 18 May 2018**

We would like to inform you that a claim 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](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance



## Claim Handling

• [Exit](#)

## Accident MT/0997401

Policy No.	0082940214-14	Vehicle No.	SCX5601X	GST Registration No.	
Policyholder Name	LEE POH POH			Policyholder NRIC	S0243048G
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	YES	NCD Entitlement(%)	50	Private Hire	Not available

## ▼ Accident Details

Report Date	06/06/2018 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	18/05/2018	Time of Accident hh:mm	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	110 BUKIT PURMEI ROAD BUKIT PURMEI VILLE				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	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 115 #12-260	Address 2	BUKIT PURMEI ROAD	Address 3	SINGAPORE 090115
Address 4		Address Type	Singapore address	Post Code	090115
Unit No.		Related Policy Number	0082940214-14		

## ▼ OS 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?	Yes & No	Driver Vehicle No.		Driver Insurer Company	

## Modification History

Claim 002 [New](#)

Claim Type *	CD-MX	Insured Name	LEE POH POH	Insured NRIC	S0243048G
Contact No.(Mobile)	90018878	Contact No.(Home)	NIL	Contact No.(Office)	61579367
Email Address		DI Vehicle Number	SCX5601X	TP Vehicle Number	BARRIER
Claim Description	SCX5601X / BARRIER ON 18 May 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	Received
Date Registered	18/06/2018 20:34	Claim Close Date		Date Received	18/06/2018 08:00
Report Taken By	ROSLI WAHAB				

[Print AK letter](#)

[Save](#) [Submit](#)

## Attachment

Accident No.	MT/0997401	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/06/2018 20:34

Path *	Category *	Confidential	Urgency *	Description *
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO	<input type="checkbox"/> Normal	

[Message Read](#) [Send Message](#) [Upload](#)

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2018 20:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-18		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2018 20:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-18		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2018 20:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-18		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2018 20:34	SAS	Normal	SAS 2018-6-18		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2018 20:34	Photos	Normal	Photos 2018-6-18		<a href="#">Edit</a>







Video List

UKIT MERAH)) on 18 Jun 2018 20:34

NAC\_BUKIT\_MERAH\_800675( NATIONAL ASSESSMENT CENTRE SERVICES (B  
UKIT MERAH)) on 18 Jun 2018 20:34

Photos

Normal

Photos 2018-6-18

Edit

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

Hand over letter

## ACCIDENT STATEMENT

ACCIDENT DATE: 18/05/2018 (DD/MM/YYYY), TIME: 08:35 (HH:MM)

LOCATION: 110, Bukit Purnani Road Purnani Village

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCX 5601X  
b) INSURANCE COMPANY: NZUC  
c) POLICY NUMBER: 0082940214-14  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Echo  
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: Mr. Poth Poth (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: SO2430489 CONTACT: 90088878  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS. ASOUK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 24/02/1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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

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: BORPUN MODEL: \_\_\_\_\_  
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: \_\_\_\_\_

Email =

fax =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0243048G



Name

LEE POH POH

李 宝 宝

Race

CHINESE

Date of birth

24-02-1951

Sex

F

Country/Place of birth

SINGAPORE



5646368



NRIC No. S0243048G



Date of issue

07-09-2016

Address

APT BLK 115 BUKIT PURMEI ROAD  
#12-260  
SINGAPORE D90115

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

**EFFECTIVE DATE**

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  26 Nov 1973



Licence No: S0243048G

428A

MENT CEN

5/21 TEL: 6898 0055 FAX

Alexandra



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S 0 2 4 3 0 4 8 G**  
Name:

**LEE POH POH**

Birth Date: **24 Feb 1951**

Issue Date: **17 Nov 2016**



FAX: 6271 8802

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)

SCX5601X

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	0082940214-14	LEE POH POH	S0243048G	GPC	Third Party, Fire & Theft	SCX5601X	SCX5601X	01/07/2017	30/06/2018