

NATIONAL Assessment Centre Services (wef 1 Jan 2005) <b>MAA168087678</b>			
Date In: <b>07/07/2008 17:32</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC/0012401/4</b>	SAS e-filing		
Veh No: <b>SLW 6916E</b>	E-mail (within 8hrs, A/C 2hrs)		
DOA: <b>07/07/2008 10:45</b>	i-Motor Claim Form	<b>NT/1002106601</b>	<b>09/07/2008 10:54</b>
OD <b>(1P)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: <b>SLW 7438R</b>	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

<b>NA/04327</b>	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100), INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2/3:</b>	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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	07/07/2018 17:32
Date Of Accident	07/07/2018 10:45
Exact Location Of Accident	HOLLAND VILLAGE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6916E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUTHITHAM ZI RONG
NRIC No	S8850625A
Email Address	SSUTHITHAM@LIVE.COM
Mobile Phone No	(LOCAL) +65-93389911
Alternative Phone No	OTHERS-93389911

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	THIRD PARTY
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	5098445950
Cover Note Number	

### Driver

Name of Driver	SUTHITHAM ZI RONG
NRIC No	S8850625A
Date Of Birth	16/12/1988
Occupation	INDOOR
Date Of Driving Pass	05/10/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93389911
Fax Number	
Contact Number	OTHERS-93389911
Email Address	SSUTHITHAM@LIVE.COM



Address	BLK 151 TAMPINES STREET 12
	#11-10
Postcode	521151
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : GIRLFRIEND
	GENDER: : FEMALE

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH7438R
Vehicle Make/Model/Colour	HONDA ODESSY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW POOI MOOW
NRIC/Passport Number	S2686225F
Contact Number	97863035
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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: 7 July 2018  
1732 hrs.

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

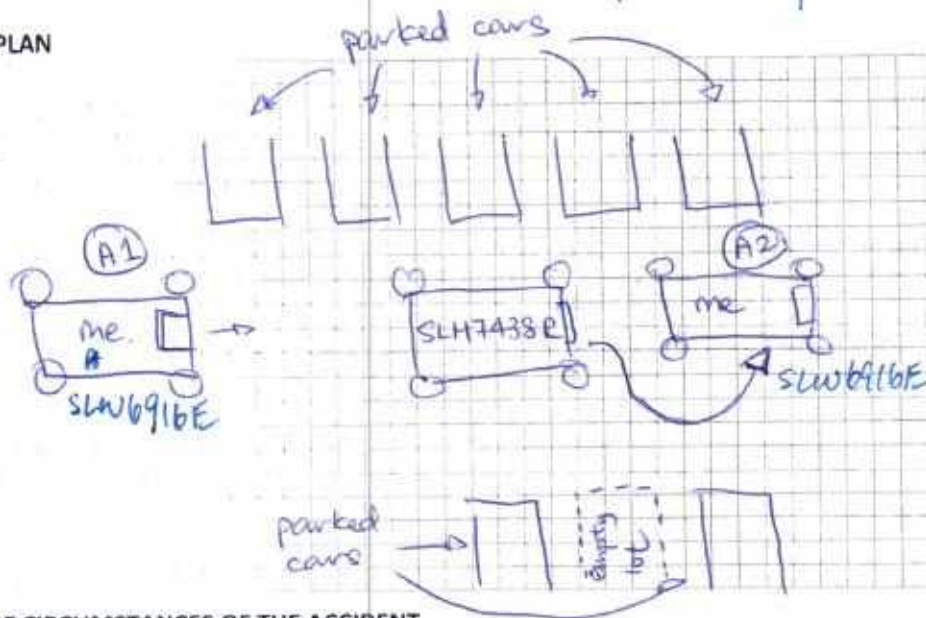
NRIC/FIN No.:

Resti Wathani



# HOLLAND VILLAGE OPEN SPACE CARPARK

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I was leaving Holland Village car park, seen in (A1), going straight.
- SLH7438R was in front of me, seemingly waiting for a lot to park in.
- SLH7438R moved forward and pulled to right hand side of road.
- Given space, I proceeded to move forward, passing him on his left to head towards carpark exit.
- As I passed him, he turned front of car to the left, seemingly with intention to park (reverse) into empty lot as illustrated above.
- ~~the~~ SLH7438R hit my rear right side with his front left in the process, at (A2) position.

## DECLARATION

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

Policyholder's Signature

Date & Time: 7 July 2018  
1732 hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2018 09/07/2018  
2018 09/07/2018

## Claim Handling

Accident MT/1002106

Policy No.	5096445950	Vehicle No.	SLW6916E	GST Registration No.	
Policyholder Name	SUTHITHAM ZI RONG			Policyholder NRIC	S8850625A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Private CLASSIC	Leading	0
Contact No.(Mobile)	93389911	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	09/07/2018 10:45	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/07/2018	Time of Accident (hh:mm)	10:45	Country of Accident	Singapore
Reporting Centre		Orange Forts		ICM No.	
Accident Location	HOLLAND VILLAGE OPEN CARPARK				

## Benefit

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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	BLK 151 #11-10	Address 2	TAMPINES STREET 12	Address 3	SINGAPORE 521151
Address 4		Address Type	Singapore address	Post Code	521151
Unit No.		Related Policy Number	5096445950		

## OT Driver Info

Driver Name	SUTHITHAM ZI RONG	Driver Type	Main Driver	Driver DOB	16/12/1988
Unnamed driver Name		Driver NRIC	S8850625A	Driving Experience	10
Register Date of Driver License	06/10/2007	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	93389911	Contact No.(Office)		Address 2	SINGAPORE 521151
Address 1	BLK 151 #11-10	Address 2	TAMPINES STREET 12	Post Code	521151
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLW6916E		

## Declaration

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

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SUTHITHAM ZI RONG	Insured NRIC	S8850625A
Contact No.(Mobile)	93389911	Contact No.(Home)	N/A	Contact No.(Office)	
Email Address		OT Vehicle Number	SLW6916E	TP Vehicle Number	SLH7438R
Claim Description	SLW6916E / SLH7438R ON 7 Jul 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	09/07/2018 10:47	Claim Close Date		Date Received	09/07/2018 00:00
Report Taken By	MOSE WAHAB				

Print All letters

Save Submit

## Attachment

or

Accident No.	MT/1002106	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/07/2018 18:54
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
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

Send Message Upload

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jul 2018 10:54	SAS	Normal	SAS 2018-7-9	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jul 2018 10:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9	Edit
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jul 2018 10:48	Photos	Normal	Photos 2018-7-9	Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jul 2018 10:48	Photos	Normal	Photos 2018-7-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jul 2018 10:48	Photos	Normal	Photos 2018-7-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jul 2018 10:48	Photos	Normal	Photos 2018-7-9	<a href="#">Edit</a>
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jul 2018 10:47	Photos	Normal	Photos 2018-7-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jul 2018 10:47	Photos	Normal	Photos 2018-7-9	<a href="#">Edit</a>
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	



## ACCIDENT STATEMENT

ACCIDENT DATE: 07/07/2018 (DD/MM/YYYY), TIME: 10:45 (HH:MM)

LOCATION: AWAND VILLAGE Open Air Carpark

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW6916E  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5098445950  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA FIT  
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: SSUTHITHAM ZI RONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: SS850625A CONTACT: 93389911  
c) ADDRESS: Blk 151 Tampines St 12 #11-10  
S(52151)

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

#### DRIVER

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

\*d) DATE OF BIRTH: 16/12/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 years

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Driver

### 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: SLH7438R MODEL: HONDA ODESSY  
b) DRIVER'S NAME: LOW POOI MOON  
c) NRIC/FIN/PASSPORT: S2686225F CONTACT: 97863035

### 9. THIRD PARTY VEHICLE

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

Email = ssuthitham@live.com

fax =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8850625A



Name: SUTHITHAM ZI RONG  
子榮  
Race: THAI  
Date of birth: 15-12-1988  
Sex: M  
Country of birth: SINGAPORE



REPUBLIC OF SINGAPORE

Service Number: S8850625A



Name: SUTHITHAM ZI RONG  
Birth Date: 15 Dec 1988  
Issue Date: 05 Oct 2007





NRIC No: S8850625A

Date of issue: 16-05-2006

APT BLK 151 TAMPINES STREET 12 #11-10  
SINGAPORE 521151

NRIC No: S8850625A    Date: 17/03/2012    No: 7004740

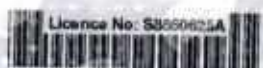
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 05 Oct 2007

NP 420A

Licence No: S8850625A



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="radio"/>	5098445950	SUTHITHAM ZI RONG	S8850625A	GPC	drive CLASSIC	SLW6916E	SLW6916E	27/02/2018	26/02/2019