NATIONAL Assessment Centre Services (Ref: Jarvis) MNA418104024

Date In: 13/08/2018 11:57	Job description	Date & Time Completed	Done by
Ref No: NBA/1808001461Z4	SAS e-filing		
Veh No: SJS6597J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/08/2018 09:46	i-Motor Claim Form	M/100681500	13/08/2018 12:46
OD (TP) 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: SUM3524A 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

NA1805079

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
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*		

MNA418104024 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 13/08/2018 11:57
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	13/08/2018 11:57
Date Of Accident	13/08/2018 09:40
Exact Location Of Accident	ALONG LENG KEE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ6597J
Insured/Policyholder	
Name Of Registered Owner	RAY TRANSPORT & SERVICES
Co Reg No	53328444M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94877369
Alternative Phone No	OFFICE-94877369
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089509469
Cover Note Number	
Driver	
Name of Driver	WEE LIANG CHYE RAYMOND
NRIC No	S1416666A
Date Of Birth	01/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94877369
Fax Number	
Contact Number	OTHERS-94877369
EMail Address	NOEMAIL

Address	BLK 138B YUAN CHING ROAD #04-123
Postcode	612138
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: : PASSENGER 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 Witness 1

Name	KATHERINE
Phone Number	96228078
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM3524A
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUKHTAR BIN MUSTAFFA
NRIC/Passport Number	S0162305B
Contact Number	
Address	

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.

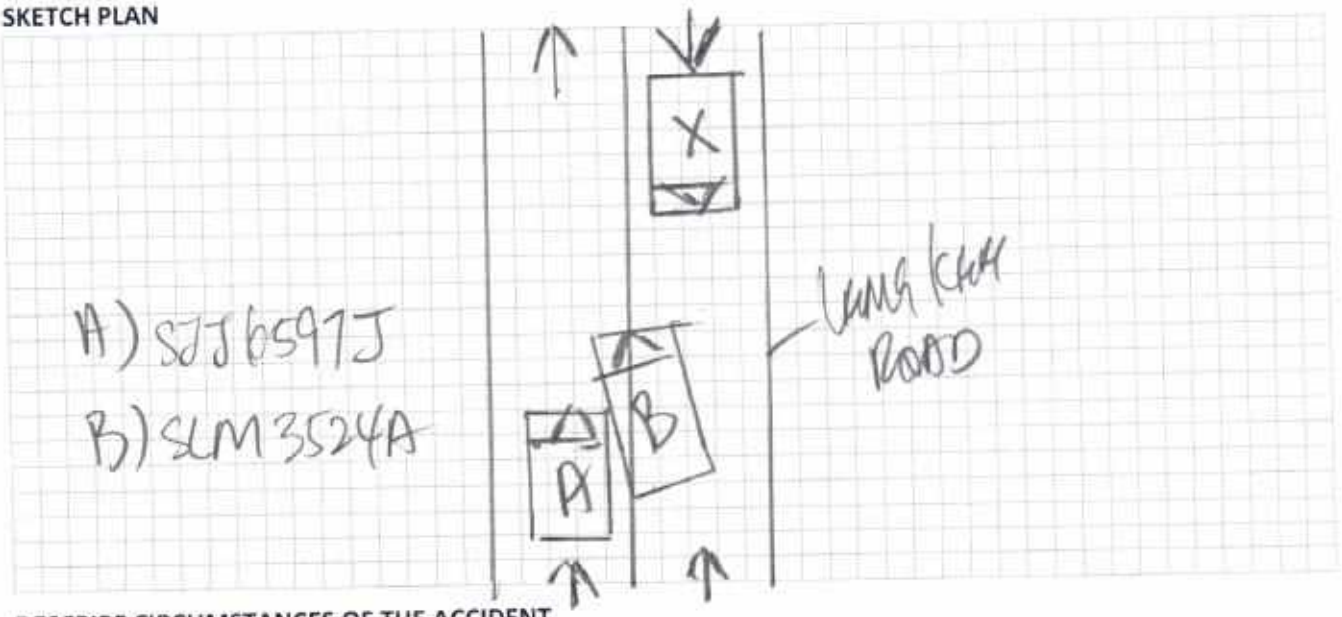
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 13/8/18 1130 hrs.	13/08/2018 Reporting Centre Personnel's Signature Name: Rosli Watton NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 13 AUG 2018 AROUND 0540 HRS AS I WAS DRIVING ALONG KENG LEE ROAD TOWARDS TIONG BAHRU ROAD WITH A PASSENGER MS KATHRINE (NRIC) 0432B0?B, A TOYOTA PRIUS SUDDLY CUT INTO MY LANE FROM THE RIGHT. THE IMPACT OF CRASH DAMAGED MY FRONT RIGHT MIRROR AND RIGHT SIDE FENDER.

THE ACCIDENT HAPPEN ON A DRY AND BRIGHT SUNNY DAY WITH MINIMUM TRAFFIC. THE TOYOTA PRIUS OVERTAKE MY VEHICLE FROM THE RIGHT ON A ONE-TRAFFIC LANE, UPON SEEING ANOTHER VEHICLE COMING OUT OF A BUILDING AND DRIVING TOWARD THE VEHICLE, HE SUDDLY CUT-INTO MY LANE, THEREAFTER DAMAGED MY RIGHT MIRROR AND FENDER.

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: 13/8/18 1:37PM

13/08/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1006874

Policy No.	5089509469	Vehicle No.	SJB6597J	GST Registration No.	
Certificate No.					
Policyholder Name	RAY TRANSPORT & SERVICES			Policyholder NRIC	S3328444H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	94877369	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eFix	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	13/08/2018 12:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/08/2018	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LENG KEE ROAD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
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	BLK 138B #04-123	Address 2	YUAN CHING ROAD	Address 3	LAKE VISTA @ YUAN CHIN
Address 4	SINGAPORE 612138	Address Type	Singapore address	Post Code	612138
Unit No.	04-123	Related Policy Number	5089509469		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WEE LIANG CHYE RAYMOND	Driver NRIC	S1416666A	Driver DOB	01/02/1960
Register Date of Driver License	02/11/1983	Driver Age	58	Driving Experience	34
Contact No.(Mobile)	94877369	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 138B #04-123	Address 2	YUAN CHING ROAD	Address 3	LAKE VISTA @ YUAN CHIN
Address 4	SINGAPORE 612138	Address Type	Foreign address	Post Code	612138
Unit No.	04-123				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJB6597J	Driver Insurer Company	NTUC

Declaration

Breathaliser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RAY TRANSPORT & SERVICES	Insured NRIC	S3328
Contact No.(Mobile)	94877369	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SJB6597J	TP Vehicle Number	SLM35
Claim Description	SJB6597J / SLM3524A ON 13 Aug 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	13/08/2018 12:42	Claim Close Date		Date Received	13/08/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1006874	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/08/2018 12:46

Path *

		Category *	Confidential	Urgency *	Desc
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:46	Photos	Normal	Photos 2018-8-13

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:46	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:46	Photos	Normal	Photos 2018-8-13
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:46	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:45	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:45	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:45	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:45	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:45	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:45	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:44	Photos	Normal	Photos 2018-8-13
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:44	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:44	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:44	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:42	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:42	Photos	Normal	Photos 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:42	SAS	Normal	SAS 2018-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 12:42	Photos	Normal	Photos 2018-8-13

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading

INFORMATION RESOURCES

Date: 04/04/2017

Business Profile (Business) of RAY TRANSPORT & SERVICES (53328444M)

The Following Are The Brief Particulars of :

Name of Business	RAY TRANSPORT & SERVICES
Former Name(s) if any	
Date of Change of Name	
Registration No.	53328444M
Registration Date	04/02/2016
Commencement Date	08/02/2016
Status of Business	Live
Status Date	10/01/2017
Renewal Date	10/01/2017
Expiry Date	04/02/2018
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	138B YUAN CHING ROAD #04-123 LAKE VISTA @ YUAN CHING SINGAPORE (612138)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	
Activities (II)	
Description	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA) bizfile

INFORMATION DISCLOSED

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Date: 04/04/2017

Business Profile (Business) of RAY TRANSPORT & SERVICES (53328444M)

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
WEE LIANG CHYE RAYMOND	S1418666A	SINGAPORE CITIZEN	138B YUAN CHING ROAD #04-123 LAKE VISTA @ YUAN CHING SINGAPORE (612138)	OSCARS	04/02/2016 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA170404155706

DATE : 04/04/2017

This is computer generated. Hence no signature required.

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 08 / 2018) (DD/MM/YYYY), TIME: (0940 HRS.) (HH:MM)

LOCATION: LENG PEE ROAD

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJJ 6597J
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5089509469
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA ALTIS
   f) TYPE: (SALOON / ~~COUPE~~ / ~~MPV~~ / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / OTHERS)
   g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / ~~MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
   I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
   Passenger KAH HARNUM
   A) NAME: KAH TRANSPORT AND SERVICES (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S5323944 M CONTACT: 94877369
   c) ADDRESS: 133B, YUAN CHING ROAD #04-123

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (2)

3. DRIVER
   a) NAME: WEE LOONG CHYE RAYMOND (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1416668 CONTACT: 94877369
   c) ADDRESS:
   *d) DATE OF BIRTH: (01 / 02 / 1960) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 02/01/1963

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR / ~~RAINING~~ / ~~OTHERS~~ BRIGHT SUNNY)
   b) ROAD SURFACE: (DRY / ~~WET~~ / ~~OTHERS~~ DRY)
6. WAS ANYBODY INJURED (~~YES~~ / NO)
7. a) REPORTED TO POLICE (~~YES~~ / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
   * No of passenger (including driver) (1)
   a) VEHICLE NUMBER: SLM 3524A MODEL: TOYOTA PRIUS
   b) DRIVER'S NAME: MUKHTAR BIN MUSTAFFA
   c) NRIC/FIN/PASSPORT: S0162305B CONTACT:
9. THIRD PARTY VEHICLE
   * No of passenger (including driver) (1)
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

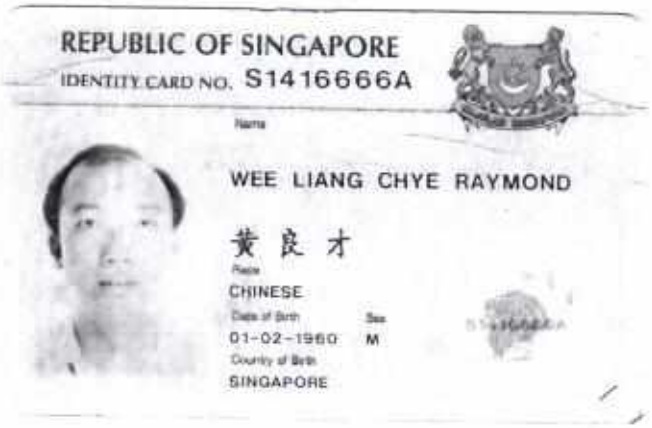
email =

VIDEO =

WITNESS → PASSENGER

MS. KATHERINE

TEL. 96228078


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1416666A

Name

WEE LIANG CHYE RAYMOND

黃良才

Race

CHINESE

Date of Birth

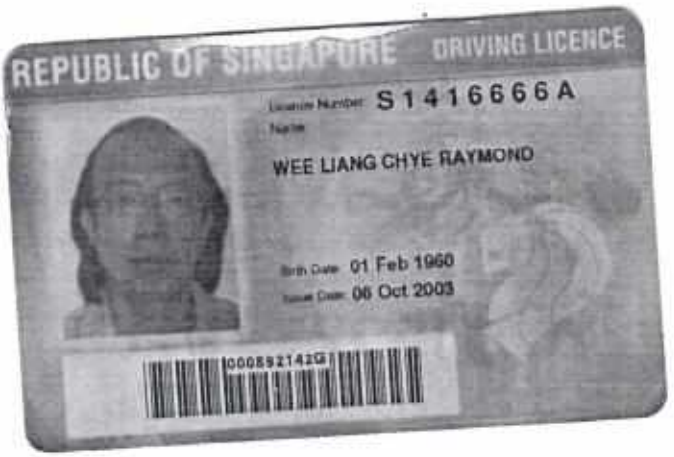
01-02-1960

Sex

M

Country of Birth

SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1416666A

Name

WEE LIANG CHYE RAYMOND

Birth Date 01 Feb 1960

Issue Date 06 Oct 2003

1000592142G


0077033

NRIC No S1416666A

Blood Group A+

Date of Issue 03-09-1991

APT BLK 138B YUAN CHING ROAD #04-123
SINGAPORE 612138

NRIC No: S1416666A Date: 23/11/2014


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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Nov 1993

Licence No: S1416666A

NP 428A

eBaoTech GeneralClaim

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Notice of Loss

Policy Query

Policy No. | Date of Accident: 13/08/2018 11:10
Vehicle No.(For Motor): SJJ6597J | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5089509469		RAY TRANSPORT & SERVICES	53328444M	GPC	drivo CLASSIC	SJJ6597J	SJJ6597J	03/04/2017	21/09/2018

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