

NATION 4 Assessment Centre Services

(Ref: Jan 2005)

14/08/2008

Date In: 01/08/2008 15:54	Job description	Date & Time Completed	Done by
Ref No: NAB/mcd80/469/4	SAS e-filing		
Veh No: 86W 42845	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/07/2008 11:15	i-Motor Claim Form	MY1007051-001	14/08/2008
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		10.08
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: ASN BRU 1	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

<p>14805098</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Ref: 1:</p> <p>Ref: 2/3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1st Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100);	INC (\$30)		
	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) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-				
9) NI2: Idao 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	01/08/2018 15:54
Date Of Accident	31/07/2018 11:15
Exact Location Of Accident	305 ALEXANDRA ROAD VISITOR'S CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW4284S
Insured/Policyholder	
Name Of Registered Owner	NARAYANAN PRABHAKAR
NRIC No	S7075004Z
Email Address	VANPRABHS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94593820
Alternative Phone No	OTHERS-94593820

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TRAJET
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	5101453208
Cover Note Number	

Driver

Name of Driver	RAGHAVAN VANDANA
NRIC No	S7276799C
Date Of Birth	24/09/1972
Occupation	INDOOR
Date Of Driving Pass	12/01/1998
Driving Experience	20 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94593820
Fax Number	
Contact Number	OTHERS-94593820
Email Address	VANPRABHS@YAHOO.COM

Address	BLK 123 MEYER ROAD #17-05
Postcode	437934
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	ASNBRU1 (PRIVATE CAR)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180802/2152

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	ASNBRU1
Vehicle Make/Model/Colour	BMW 5 SERIES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EVE YAP
NRIC/Passport Number	
Contact Number	94577002
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:

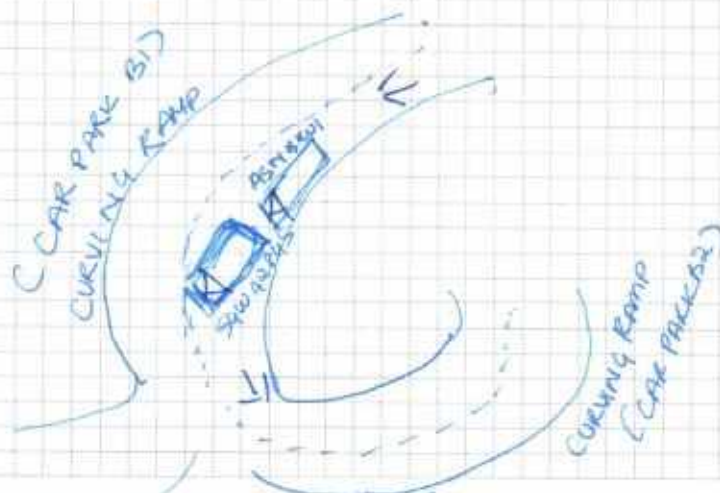
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

305 ALEXANDRA ROAD MSCIR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 11:15am, I was driving into car park of 305, Alexandra Road. The Car park has 2 lanes in basement with circular ramps. Entering into Alex park on curving ramp, a car drove up the ramp to exit at slightly higher speed. Since my car is big + ramp is curving, I braked to allow the exiting car to pass first.

When I braked, the car behind me, which was too close, bumped into the left back side back fender.

I bumped my head slightly on the seat head but was safe. I slowly drove down the ramp + parked in B1 to approach other driver + exchange details.

POLICE REPORT 7/20180802/2152

DECLARATION

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

Policyholder's Signature
Date & Time:

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

07/08/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20180802/2152

1 of 3

Report No. T/20180802/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2018 19:38	Vide Report No.:	Station Diary No.: 106
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Informant's Particulars

Name of Informant: RAGHAVAN VANDANA			Address: APT BLK 123 MEYER ROAD #17-05 SINGAPORE 437934		
ID Type / ID No.: NRIC NO / S7276799C			Contact No.: Home/Office: Mobile: 94593820		
Nationality: INDIAN			Email:		
Sex: Female	Age: 45	Date of Birth: 24/09/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 31/07/2018 11:15	Type of Location: Car Park
Location: Along Road 1 ALEXANDRA ROAD 305 Alexandra Road, Visitor's Car park				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ASNBRU1	Car				No Damage	1
SGW4284S	Car	HYUNDAI	TRAJET FL2.0	Black	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/20180802/2152

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180802/2152

CONTINUATION OF REPORT

Driver			
Name	RAGHAVAN VANDANA	ID No.	S7276799C
Related Vehicle	SGW4284S (Car)	Contact No.	94593820
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving down a spiral ramp into the basement visitor's car park. When I was going down I had to stopped to allow the upcoming car to pass. Then I felt an impact from the rear. Another vehicle had hit the rear of my car. My car suffered a dent at the rear left bumper. The other party is a female Asian namely Eve (HP:94577002). We exchanged particulars and took pictures before leaving. The another car is a white BMW 530e.



**SINGAPORE
POLICE FORCE**



T/20180802/2152

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180802/2152

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:

D /

Sgt 2 TIO JUN LONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

SN 47

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/08/2018 19:38

Classification Of Case:

Claim Handling

Accident NT/1007051

Policy No.	S101453208	Vehicle No.	SGW42845	GST Registration No.	
Certificate No.					
Policyholder Name	NARAYANAN PRABHAKAR	Policyholder NRIC	S70750342		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive-CLASSIC	Leading	0
Contact No.(Mobile)	94933820	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	= No = Yes	TCA	= No = Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	14/08/2018 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/07/2018	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	305 ALEXANDRA ROAD VISITOR'S CARPARK				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	123 MEYER ROAD	Address 2	#17-05 THE MAKERA	Address 3	SINGAPORE 437934
Address 4		Address Type	Singapore address	Post Code	437934
Unit No.		Related Policy Number	S101453208		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/09/1972
Unnamed driver Name	NARAYANAN PRABHAKAR	Driver NRIC	S7276799C	Driving Experience	20
Register Date of Driver License	12/01/1996	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	94933820	Contact No.(Office)		Address 1	SINGAPORE 437934
Address 1	123 MEYER ROAD	Address 2	#17-05 THE MAKERA	Post Code	437934
Address 4		Address Type	Foreign address		
Unit No.	17-05				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SGW42845	Driver/Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

Now

Claim Type *	OD-MX	Insured Name	NARAYANAN PRABHAKAR	Insured NRIC	S70750342
Contact No.(Mobile)	81133031	Contact No.(Home)	83462725	Contact No.(Office)	
Email Address	prabhakar.narayanan@hotmail.sg	GI	SGW42845	Vehicle Number	AS48R
Claim Description	SGW42845 / AS48R ON 31 Jul 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Finalisation	Yes	Repaired	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/08/2018 10:07	Claim Close Date		Date Received	14/08/2018
Report Taken By	RDSLT WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	HT/1007051	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/08/2018 10:08
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 Aug 2018 10:08		Photos	Normal
Description			
Photos 2018-8-14			

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2018 10:08

Photos

Normal

Photos 2018-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2018 10:08

Photos

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Photos 2018-8-14

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Photos

Normal

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2018 10:08

Photos

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Photos 2018-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2018 10:08

Photos

Normal

Photos 2018-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2018 10:08

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2018 10:08

SAS

Normal

SAS 2018-8-14

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 31/07/2018 (DD/MM/YYYY), TIME: 11:15 (HH:MM)

LOCATION: 305, ALEXANDRA ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S460 42845
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5101453208
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI TRAJET
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: PRABHAKAR NARAYANAN (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S70750042 CONTACT: 94593820
C) ADDRESS: BLK 123, 17-05, MEYER ROAD, SPACE - 437734

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
(Including driver)
()

- DRIVER VANDANA RAGHAVAN
a) NAME: AS M (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S72767990 CONTACT: 94593820
c) ADDRESS: BLK 123, 17-05, MEYER ROAD, SPACE - 437734

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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

* No of passengers
(Including driver)
()

- a) VEHICLE NUMBER: ASN 8811 MODEL: BMW 530e
b) DRIVER'S NAME: EVE TAP
c) NRIC/FIN/PASSPORT: CONTACT: 9457 7002

9. THIRD PARTY VEHICLE

* No of passengers
(Including driver)
()

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

Email = vanprabhs@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7276799C



Name

RAGHAVAN VANDANA

Race

INDIAN

Date of Birth

24-09-1972

Sex

F

Country of Birth

INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7276799C

Name

RAGHAVAN VANDANA

Birth Date 24 Sep 1972

Issue Date 07 Aug 2004



8260550



MRIC No: S7276799C



Nationality
INDIAN

Blood Group

B+

Date of Issue

20-10-1997

APT BLK 123 MEYER ROAD #17-05
SINGAPORE 437934

MRIC No: S7276799C

Date: 16/08/2009

No: 6246503

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

PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

12 Jan 1998

4

NP 426A



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/07/2018 11:26"/>
Vehicle No.(For Motor)	<input type="text" value="SGW4284S"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101453208		NARAYANAN PRABHAKAR	S70750042	GPC	drive CLASSIC	SGW4284S	SGW4284S	18/07/2018	17/07/2019