Date In: 14 6 18-14:05	Jcb description	Date & Time Completed	Done by
Rei No: HA INCROLYXXY JZY	SAS e-filing		
Veh No: 1679363E	E-mail (within Shrs, AIC 2hrs)	T	
D.O.A: 13/8/18-14:45	i-Motor Claim Form	100 FFIE001 1m	14/8/18 17:38
	i-Motor W/O (Within: OD 2		12/2/10 19:34
OD / TP Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: 656924	IIR INC	()/Non-INC()	8
Owner / Driver: (12	Tel:)
Policy No: () Period:	:()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note	e-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-	100%]
Year of Registration: () Warn	ranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks:-	有 5 (1 () ()		Con Service
() Walk-In Customer : Customer's informat		THE WALL BOOK OF THE PARTY OF T	
() Total Loss Case : to e-mail Insurer U	RGENTLY.	*	+
Drive-In ()/Towed-In (); Invoice: YI	ES()/NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Court	tesy Car ()	Date & Furne Compiler 5d."	Done by
	tesy Car ()		Done by
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	tesy Car ()		Done by
Apply for Transport Allowance ()/Court QC Check / Post Repair Inspection	tesy Car ()	Date & Timb Completed	Done by
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	tesy Car ()		Done by
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	tesy Car ()	Date & Timb Completed	Done by
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	tesy Car ()	Date & Timb Completed	
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	tesy Car ()	Date & Timb Completed	Done by
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	tesy Car ()	Date & Timb Completed	Done by
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	tesy Car ()	Date & Timb Completed	
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	tesy Car ()	Date & Timb Completed	Ant((S)) Amil
1) Apply for Transport Allowance ()/Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	invoice Pr	Date Timb Comple of paration Checklist. at Reporting (\$30);	Ant (5) Am (
1) Apply for Transport Allowance ()/Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions NA [80008] Claimant's Particulars:	Invoice Pr	Date Timb Comple of Charles of Charles Timb Comple of Charles of C	Ant (5) Am (
1) Apply for Transport Allowance ()/Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	Invoice Pr 1) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow-	Date Timb Comple of charaction Checklist at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey	Ant(S) Am(fit.Bill Add B 80) 0/\$45 \$120
1) Apply for Transport Allowance ()/Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions NA [80008] Claimant's Particulars:	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	Date Timb Completed cparation Checklist at Reporting (330); Assessment (5100); INC (5 Fee 54 Through Survey Through Survey (Resurvey)	Ans (5) Am (6) fit Bill Add B
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions Claimant's Particulars: Contact No:	Invoice Pr Invoice Pr I) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp	Date & Timb Completed paration Checklist at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection	Ant:(\$) Amt.(fit.Bill Add B 80) 0/\$45 \$120 \$30 5) \$75
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions No 18008 Chimant's Particulars:- Driver/Owner:	Invoice Pr Invoice Pr I) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp	Date & Timb Completed paration Checklist at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200) cetion + SMRT Survey	Ant(S) Amt(fitBill Add B
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Invoice Pr Invoice Pr I) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi QD:	Date Timb Comple of Date Timb	Ant (S) Am (In Bill Add E 80) 0/\$45 \$120 \$30 \$5) \$75 \$160
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions NA [Solots Citimant's Particulars:- Contact No: Carnaged Portion:	Invoice Pr Invoice Pr 1) AR: Accide 2) DA: Dameg 3) TF: Towing 4) FT: Follow- For eleiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD* *N5: Courter	Date & Timb Completed paration Checklist at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200) cetion + SMRT Survey	Ant:(\$) Amt.(fit.Bill Add B 80) 0/\$45 \$120 \$30 5) \$75
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Liminant's Particulars: Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Invoice Pr 1) AR: Accide 2) DA: Dameg 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi QD* • N5: Courte: • N6: Repair	Date Timb Comple of Date Timb	Ant (S) Am (S) Am (S) (S) Am (S)
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions Claimant's Particulars: Contact No:	Invoice Pr Invoice Pr I) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD* *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C	Date Timb Comple of Date Timb	Anit (5) Amit (8) Fit Bill Add E 80) 0/545 5120 530 55 5160 525 53 520 525 53 520
1) Apply for Transport Allowance () / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions Claimant's Particulars: Contact No: Carnaged Portion: C Checked by (Engr-In-Charge):	Invoice Pr Invoice Pr I) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD* *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C	Date & Timb Comple ad	Anit (5) Amit (5) Amit (5) Amit (6) Amit (6) Amit (7) Ami

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to regulate 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.

atoresaid,		
The second second	ACCIDENT STATEMENT	
Date Of Report	14/08/2018 15:05	
Date Of Accident	13/08/2018 14:55	
Exact Location Of Accident	JUNC CRAWFORD ST & NORTH BRIDGE RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT9363E	
Insured/Policyholder		
Name Of Registered Owner	NEO SAY KIONG	
NRIC No	S7706544Z	
Email Address	NOEMAIL	

(LOCAL) +65-98779363

OFFICE-98779363

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer HONDA

Model VEZEL 1.5X 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 THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100995770

Cover Note Number

Driver

Name of Driver NEO SAY KIONG (LIANG XIQIANG)

 NRIC No
 \$7706544Z

 Date Of Birth
 08/03/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/07/1999

Driving Experience 19 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98779363

Fax Number

Contact Number OFFICE-98779363

EMail Address NOEMAIL

BLK 404A FERNVALE LANE Address

#05-127

791404 Postcode

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: . . GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

KAKI BUKIT NEIGHBOURHOOD POLICE POST Police Station Name

YES

NO

NO

NO

ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 Police Station Address

, COUNTRY: SINGAPORE

TEL NO: 1800-4429999 - FAX NO: 62444377 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180814/2060.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBG9241B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NEO SAY KIONG (LIANG XIQIANG) Name

Approximate Age

Injuries Sustain

SGT9363E Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NECK

YES

NO

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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TOWN PADS

REPORT NO.

TOWN PADS

REPORT NO.

T / 2018 DY14 / 2060

VANICUA A - SUT 9363 E

WHY CLE B - GBG 9241 B

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

/ehicle No.	SGT 9363E Model/Make HONDA VEZZL
Date of Accident	13/08/2018
ime of Accident	14 55 HRS
ocation of Accident	NORTH BRIDGE RUAD, TURNING FROM CRAWFOW ST.
Exact purpose use during accid	
Name of Owner	NEO SAD KIONG
Telephone No.	H/P: 9977 9363 Home: Office:
NRIC .	577065442
Address	BLK 404 A FERNUAUE LAND 405-127 5 (791404)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NINE
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	Comprehensive Timerary Timerary
Name of Driver	As Above If No,
NRIC	Any Passengers: \ (MALL)
Date of birth	08/03/1977
Occupation	Outdoor / Indoor
Driving License Pass Date	30 JUL 1999
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state OWNER
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	NEO 545 KIENG , 9877 9363
Name And Contact No.	
Police Report	No, If Yes, Where? KAKI BUKIT NOP
Vehicle B No.	GBG 92413 Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers:
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes / No
Email Address	
Email Address	
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE DIE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510





1 of 3

Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

Report No. T/20180814/2060

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 118 12:44	Nade:	Vide Report No.:	Station Diary No.: 9
Informa	nt's Partici	ulars		
171710000000000	f Informant: Y KIONG	84	Address: APT BLK 404A FERNVALE I 791404	LANE #05-127 SINGAPORE
The state of the s	/ ID No.: 0 / S77065	44Z	Contact No.: Home/Office:	Mobile: 98779363
National SINGAP	ity: ORE CITIZ	EN	Email: skneok@hotmail.com	
Sex: Male	Age:	Date of Birth: 08/03/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat Grab Dr			Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2018 14:55	Type of Location: T-Junction
CRAWFORD NORTH BRID	GE ROAD	g right onto North Bridg Road Surface:		Road Speed Limit:
Sunny		Dry		Noau Speed Littit.
Traffic Flow:	12	Traffic Control:		Traffic Volume: Light
Type of Collis Between Mov	ion: ring Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG9241B	Van	FIAT		Green	No Damage	0
SGT9363E	Car	HONDA	VEZEL 1.5X	Blue	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGT9363E	NTUC Income Insurance Co-Operative Limited	5100995770	28/05/2018	27/05/2019





2 of 3 Report No. T/20180814/2060

Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

CONTINUATION OF REPORT

Details of Perso	ALCOHOLOGIC CONTRACTOR					
Any Pedestrian Ir No. of Pedestrian			Use of Pe	destrian	Cross	ing: NA
Driver	s injured. NIL		OSC OIT C	destriari	CIOSS	ing. IVA
Name	RAVEENDRAN REN	IISH	THE RESERVE OF THE PARTY OF THE	ID No.		G5639306X
Related Vehicle	GBG9241B (Van)			Conta	ct No.	91493404
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	
Driver			distribution of the second			
Name	NEO SAY KIONG			ID No		S7706544Z
Related Vehicle	SGT9363E (Car)			Conta	ct No.	98779363
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	Sligh	t

Brief Details.

On 13/08/2018 at about 2.58pm, I was driving my car registration number SGT9363E with one passenger along Crawford Street and intended to turn right towards North Bridge Road. I was traveling on the right lane and has stopped at the red traffic light junction.

A few moments later, there was a bang at the rear of my car. I got out of the car and discovered the driver of a van registration number GBG9241B had hit onto the rear of my car, causing a dent on my rear bumper. We then exchanged particulars and I continued on my journey. I have a rear in-car camera and upon viewing it later, the van had stopped before my car before rolling forward and hit my car.

I felt a strain on my neck and was advised by the insurance company to seek medical attention. I went to Neptune Healthcare Medical & Surgery and was given 3 days of MC. I am not able to produce the MC at this point of time.





T/20180814/2060

3 of 3 Report No. T/20180814/2060

Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

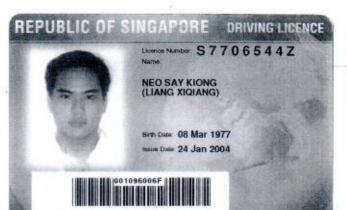
CONTINUATION OF REPORT

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: G / Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2018 12:44
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FORCE	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7706544Z





Name:

NEO SAY KIONG

Race CHINESE Date of birth Sex 08-03-1977 M

SINGAPORE

577065447

4025037



Licence No. S7706544Z
Name NEO SAY KIONG
ISSUE Date: 28/7/2015

Please visit www.lta.gov.sg to check the status of this vocational licence

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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

28 Apr 1995 30 Jul 1999



No. S7706544Z



Date of Issue

03-04-2007

APT BLK 404A FERNVALE LANE #05-127 SINGAPORE 791404

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description
02 TAXI VL

Issue Date 28/07/2015



eBao Tech			1.11							Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	· Chang	e Password	· Log Out
My Desktop	Poli	cy Query									i i
Notice of Loss	Policy N	10.				Date	of Accident		13/08/2018 1	14:55	
	Vehicle	No.(For Motor)	SGT93	63E		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100995770		NEO SAY KIONG	S7706544Z	GPC	drivo CLASSIC	SGT93638	SGT9363E	28/05/2018	27/05/2019
					- 1	Continue					

olicy No.	5100995770	Policyholder Name	NEO SAY KI	ONG	Policyholder NRIC	S7706544Z	
Certificate							
Address	BLK 404A #05-127 FERNVALE	LANE SINGAPO	RE 791404				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/05/2018	Effective Date	28/05/2018	00:00	Expiry Date	27/05/2019 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	Lim Kok Jwee	Agent Tel.	68445310		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 404A #05-127	Addre	ess 2	FERNVALE LANE		Address 3	SINGAPORE 791404
		Addre	ess Type	Singapore address		Post Code	791404
Address 4		Relat	ed Policy	5100995770			
		Numb	per				
Unit No.	ed Object: SGT9363E	Numb	ber				
Address 4 Unit No. Insure Endor		Numi	per				

Hodification History					
□ Policyholder Halling Ad	dress				
Address 1	BLK 404A #05-127	Address 2	FERNVALE LANE	Address 3	SINGAPORE 791404
Address 4		Address Type	Singapore address	Post Code	791404
ne No.		Related Policy Number	5100995770		
OI Driver Info	Neo Say Kiong	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	377065442	Driver DDS	08/03/1977
igniter Date of Oriver License	30/07/1999	Driver Age	41	Driving Experience	19
intact No.(Mobile)	98779363	Contact No.(Office)	0	Contact No.(Home)	ū
dress 1	BLK 404A	Address 7 Address Type	FERNVALE LANE Singapore address	Address 3 Post Code	SINGAPORE 791404 791404
		Address type	singapore adoress	Post Code	791404
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