

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA 418115799

Date In: 06/09/2018 17:58	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/0016331/1	SAS e-filing		
Veh No: 8KJ 8977X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/09/2018 2:00	i-Motor Claim Form	11/10/0420-001	06/09/2018 18:40
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: —	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

NA 1805692	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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 \$150		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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	06/09/2018 17:58
Date Of Accident	05/09/2018 21:00
Exact Location Of Accident	INFRONT OF NO:108 KAMPONG JAVA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ8977X
Insured/Policyholder	
Name Of Registered Owner	POH GEK CHOO PATRICIA
NRIC No	S1654639I
Email Address	DEBRA.POH.HITOMI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98505196
Alternative Phone No	OTHERS-87821411

Vehicle Particulars

Manufacturer	BMW
Model	328I
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5091682624-01
Cover Note Number	

Driver

Name of Driver	POH GEK CHOO PATRICIA
NRIC No	S1654639I
Date Of Birth	12/09/1964
Occupation	INDOOR
Date Of Driving Pass	04/05/1987
Driving Experience	31 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98505196
Fax Number	
Contact Number	OTHERS-87821411
EMail Address	DEBRA.POH.HITOMI@GMAIL.COM

Address	12 SPRINGWOOD HEIGHT
Postcode	118000
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180905/2160

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Claim Handling

Accident MT/1010420

Policy No.	5091682624-01	Vehicle No.	SKJ8977X	GST Registration No.	
Certificate No.					
Policyholder Name	POH GEK CHOO PATRICIA	Over Type	drive CLASSIC	Policyholder NRIC	S16546190
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	98505196	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	06/09/2018 18:32	Accident Report Within 24 hrs	Yes	Accident Type	H8 end run
Date of Accident	05/09/2018	Time of Accident h:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INFRONT OF NO-108 KAMPONG JAVA ROAD				
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		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	12 SPRINGWOOD HEIGHT	Address 2	SPRINGWOOD	Address 3	SINGAPORE 118000
Address 4		Address Type	Singapore address	Post Code	118000
Unit No.		Related Policy number	5091682624-01		
OT Driver Info					
Driver Name	POH GEK CHOO PATRICIA	Driver Type	Main Driver	Driver DOB	12/09/1968
Unnamed driver name		Driver NRIC	S1654639H	Driving Experience	31
Register Date of Driver License	04/05/1987	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	98505196	Contact No.(Office)		Address 3	SINGAPORE 118000
Address 1	12 SPRINGWOOD HEIGHT	Address 2	SPRINGWOOD	Post Code	118000
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	+ Yes No	Driver Vehicle No.	SKJ8977X	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	POH GEK CHOO PATRICIA	Insured NRIC	S16546190
Contact No.(Mobile)	98505196	Contact No. (Home)	62748112	Contact No. (Office)	
Email Address	Patricia.ash@sap.com	CI	SKJ8977X	TP	
Claim Description	SKJ8977X / - ON 5 Sept 2018			Vehicle Number	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Product No.		Repair Option	Preferred Workshop, Name unknown		
Finalisation	Yes	GIA report	Received		
Date Registered	06/09/2018 18:39	Claim Close Date		Date Received	06/09/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1010420	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/09/2018 18:40
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_900676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40		Photos	Normal
		Description	Photos 2018-9-6



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:40	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	Photos	Normal	Photos 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	SAS	Normal	SAS 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-9-6
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2018 18:39	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-9-6

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading

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.

On behalf of Debar

Policyholder's Signature

Date & Time:

6 SEPT 18
5.50pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

an 06/09/2018
Roshni Wagh
06/09/2018

SKETCH PLAN

UNKNOWN CAR WAS
PARKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT
T/20180905/2166

DECLARATION

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

on behalf of: John

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.:

06/09/2018
Rashid H. H. H.
06/08/2018



SINGAPORE POLICE FORCE



T/20180905/2160

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20180905/2160

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2018 21:58		Vide Report No.:		Station Diary No.: 323	
Informant's Particulars					
Name of Informant: POH DEANNA SAYURI			Address: APT BLK 520 SERANGOON NORTH AVENUE 4 #02-184 SINGAPORE 550520		
ID Type / ID No.: NRIC NO / S9019926I			Contact No.: Home/Office: Mobile: 81334660		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 02/06/1990	Type of Informant: Next of Kin to Car Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/09/2018 21:00	Type of Location: Straight Road
Location: Along Road 1 KAMPONG JAVA ROAD In front of No. 108				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Unknown				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ8977X	Car	BMW	328	Brown	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ8977X	NTUC Income Insurance Co-Operative Limited	5091682624-01	29/06/2018	28/06/2019



**SINGAPORE
POLICE FORCE**



T/20180905/2160

2 of 3

Report No. T/20180905/2160

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Brief Details.

I am lodging this report on behalf of my aunty as she is currently overseas. On the 04/09/2018 at 7.40 am My sister have parked my auntie's, SKJ8977X, along Kampong Java Road in front of my grandmother's house at Number 108. She secured the vehicle and left thereafter.

On the 05/09/2018, at about 9 pm, I returned to my grandmother's house and noticed that there were scratches and a deep dent along the left side of the fender and front passenger car door. At that time there were no vehicles that had just parked or leaving the area.

I then informed my auntie through a text message and she informed me to lodge a police report on her behalf. I believed that another vehicle might have hit onto my auntie's car and fled off. My auntie's car has no in car camera and there is no CCTV on any of the neighbor's house or along the road.

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 8 / 2018) (DD/MM/YYYY), TIME: (00 : 00) (HH:MM)

LOCATION: 108 KAMPONG JAVA ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ8977X
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5091682624-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 328i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: NIL
 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: POH GEK CHOO PATRICIA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1654639I CONTACT: 98505196
 c) ADDRESS: 12 SPRINGWOOD HEIGHT SPORE 118000

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (12 / 09 / 1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22

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)

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: KAMPONG JAVA NEIGHBOURHOOD POLICE STN

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 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 = debra.ph.kitomi@gmail.com

VIDEO = -

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S16546391



Name

POH GEK CHOO PATRICIA



Race

CHINESE

Date of birth

12-09-1964

Sex

F

S16546391

Country of birth

SINGAPORE

3 6 9 5 5 1



NRIC No. S1654639I



Date of issue

14-03-2005

2 SPRINGWOOD HEIGHT
SINGAPORE 118000

IC No: S1654639I

Date: 16/11/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S16546391**

Name:

POH GEK CHOO PATRICIA

Birth Date: **12 Sep 1964**

Issue Date: **02 Jul 2003**



000620775J

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

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE

04 May 1987

NP 428A



Licence No: S16546391

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)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091682624-01		POH GEK CHOO PATRICIA	S16546391	GPC	drive CLASSIC	SKJ8977X	SKJ8977X	29/06/2018	28/06/2019