

NATIONAL Assessment Centre Services		[wef 1 Jan 2005]		MAY 18/2005	
Date In: 17/09/2008 16:11	Job description	Date & Time Completed	Done by		
Ref No: N18A/2006801691714	SAS e-filing				
Veh No: SBF 4414	E-mail (within 8hrs, AIC 2hrs)				
D.O.A: 15/09/2008 13:15	i-Motor Claim Form	17/10/1811-001	18/09/2008 10:31		
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: SBF 4751A	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

N18A05902		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				Inc Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$30)			
Contact No:		3) TF : Towing Fee \$40/\$45			
Damaged Portion:		4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR : Re-inspection \$75			
Cat 2/3:		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 (N'n INC) against INC \$20			
		9) N12: Idac Mobile 30			
		Invoice dated		Fee Charged	
		Invoice dated		Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	17/09/2018 16:11
Date Of Accident	15/09/2018 13:15
Exact Location Of Accident	X-JUNCTION OF PUNGGOL ROAD AND PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH44H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SU BEE TING (XU MEIZHEN)
NRIC No	S8211555B
Email Address	MEIZHEN_23@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97880565
Alternative Phone No	OTHERS-97880565
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VELLFIRE-2.4 Z PLATINUM SELECTION II (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 CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096342474
Cover Note Number	
<b>Driver</b>	
Name of Driver	SU BEE TING (XU MEIZHEN)
NRIC No	S8211555B
Date Of Birth	12/04/1982
Occupation	INDOOR
Date Of Driving Pass	29/01/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97880565
Fax Number	
Contact Number	OTHERS-97880565
Email Address	MEIZHEN_23@YAHOO.COM.SG



Address	BLK 333B ANCHORVALE LINK #11-332
Postcode	542333
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	
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: : SON GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF4751A
Vehicle Make/Model/Colour	MITSUBISHI COLT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH KIM CHOO
NRIC/Passport Number	S6828475I
Contact Number	90607553
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:

17/9/18  
12:40 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/09/2018

Robert Tan



# SKETCH PLAN

X - JUNCTION OF SELATAR WEST AVE A/E SELATAR MALL

A) SBH 44H  
B) SGF 4751A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the day of accident. I was driving along Sengkang West Ave, at the cross junction after Selatamall CarPark exit and before H20 Residences Condo & Layan LRT Station. I was travelling on the left lane and when I approached the cross junction, the car on the right lane, Black Mitsubishi colt SGF 4751A, suddenly swerved into my left lane from the right lane causing damage to my right back fender / panel of my vehicle.

## DECLARATION

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

Policyholder's Signature

Date & Time:

17/9/11

12.40 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/09/2018

Reda Hassan

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

26 Apr 2018

Our ref 2604180203N057016318

SU BEE TING  
APT BLK 333B ANCHORVALE LINK  
#11-332  
SINGAPORE 542333

Dear Sir/Madam

**NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SJG5050S WITH VEHICLE REGISTRATION NO. SBH44H**

You may be pleased to know that your application of 26 Apr 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SBH44H (Previously SJG5050S)  
Vehicle Make : TOYOTA  
Vehicle Model : VELLFIRE 2.4Z PLATINUM  
SELECTION A  
Chassis No. : ANH208106263  
Engine No./ Motor No. : 2AZC828212 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : ANH208106263, Engine No./ Motor No. : 2AZC828212 / -) to display the new/ replacement registration number. SBH44H by 29 Apr 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20180426160851801790 or the vehicle registration number when making your enquiry.



## Claim Handling

Accident MT/1011871

Policy No.	5095342474	Vehicle No.	SBH44H	GST Registration No.	
Certificate No.					
Policyholder Name	SU BEE TING	Cover Type	Drive CLASSIC	Policyholder NRIC	S8211555B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97880565	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No *
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
ICD Protection	Yes			Private title	No
<b>Accident Details</b>					
Report Date	18/09/2018 10:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/09/2018	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	X-JUNCTION OF PUNGOL ROAD AND PUNGOL CENTRAL				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 333B #11-332	Address 2	ANCHORVALE LINK	Address 3	ANCHORVALE ISLES
Address 4	SINGAPORE 542333	Address Type	Singapore address	Post Code	542333
Unit No.	11-332	Related Policy Number	5095342474		
<b>DI Driver Info</b>					
Driver Name	SU BEE TING	Driver Type	Main Driver	Driver DOB	12/04/1982
Unnamed driver Name		Driver NRIC	S8211555B	Driving Experience	14
Register Date of Driver License	26/01/2004	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	97880565	Contact No.(Office)		Address 1	ANCHORVALE ISLES
Address 1	BLK 333B #11-332	Address 2	ANCHORVALE LINK	Address 2	
Address 4	SINGAPORE 542333	Address Type	Singapore address	Post Code	542333
Unit No.	11-332				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SBH44H	Driver Insurer Company	RTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	SU BEE TING	Insured NRIC	S8211	
Contact No.(Mobile)	97880565	Contact No. (Home)		Contact No. (Office)		
Email Address	WEIZHEN_23@YAHOO.COM.SG	DI Vehicle Number	SBH44H	TP Vehicle Number	SGF47	
Claim Description	SBH44H / SGF4751A On 15 Sept 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Report No. Finalisation	Yes	Repaired	Repaired	Preferred Workshop, Name unknown		
Date Registered		Repaired Option				
Report Taken By				Claim Close Date	18/09/2018 10:24	
					ROSLI WAHAB	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1011871	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/09/2018 10:31
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	Description	M
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MEAH)) on 18 Sep 2018 10:31		SAS	Normal	SAS 2018-9-18	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2018 10:25	Photos	Normal	Photos 2018-9-18
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2018 10:25	Photos	Normal	Photos 2018-9-18
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2018 10:25	Photos	Normal	Photos 2018-9-18
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2018 10:24	Photos	Normal	Photos 2018-9-18
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2018 10:24	Photos	Normal	Photos 2018-9-18
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2018 10:24	Photos	Normal	Photos 2018-9-18
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Sep 2018 10:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-18

Video List

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 09 / 2018) (DD/MM/YYYY), TIME: (13 : 15) (HH:MM)

LOCATION: Sengkang West Ave. Cross junction after Seltar mall carpark entrance  
and before H20 Residences Condo & Layan LRT Station

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8BH 44H  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA VELLFIRE 3.4Z PLATINUM SELECTION A  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Su Bee Ting (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 88211555B CONTACT: 97880565  
c) ADDRESS: Blk 333B Anchorvale Link #11-233 8542333

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

## DRIVER

- a) NAME: Su Bee Ting (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 88211555B CONTACT: 97880565  
c) ADDRESS: Blk 333B Anchorvale Link #11-233 8542333

\* d) DATE OF BIRTH: (13 / 04 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29 Jan 2004

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY) / WET / OTHERS

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGF 4751A MODEL: MITSUBISHI COLT  
b) DRIVER'S NAME: Soh Kim Choo  
c) NRIC/FIN/PASSPORT: 868284751 CONTACT: 90607553

## 9. THIRD PARTY VEHICLE

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

EMAIL = meizhen\_23@yahoo.com.sg

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8211555B



NAME  
SU BEE TING  
(XU MEIZHEN)  
徐美珍

RACE  
CHINESE

DATE OF BIRTH  
12-04-1982

SEX  
F

COUNTRY OF BIRTH  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8211555B

Name  
SU BEE TING  
(XU MEIZHEN)

Birth Date 12 Apr 1982

Issue Date 10 Jan 2005




0791293



NRIC No. S8211555B



Blood Group: O+ Date of issue: 01-07-1994

APT BLK 333B ANCHORVALE LINK #11-332  
SINGAPORE 542333  
NRIC No: S8211555B Date: 11/10/2016


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE 29 Jan 2004

Class	Description
Class 3	Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors / vehicles $\leq$ 2500 kg

NP 428A

Licence No: S8211555B





Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text" value="5096342474"/>	Date of Accident	<input type="text" value="15/09/2018 10:18"/>
Vehicle No.(For Motor)	<input type="text"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096342474		SU BEE TING	58211555B	GPC	drive CLASSIC	SBH44H	SBH44H	07/12/2017	24/12/2018

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

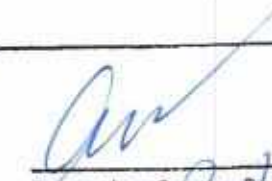
Original Report No : MMAY18120562 Vehicle Registration No: SBH 44H  
Name (as shown in NRIC) : SUBBULAKSHI (XU MAIZHAN) NRIC/FIN/Passport No : S821155TB  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97880565  
Email Address : \_\_\_\_\_  
Date of Accident : 15/09/2018 Time of Accident : 13:15  
Place of Accident : X-Intersection of Punggol Road / Punggol Canteen  
Insurance Company : MSAC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy Number To 5096342474

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Rishi Lakshmi  
NRIC/FIN No.:  
Date: 18/09/2018