NATIONAL Assessment Centre Ser	111.CO (100 1 Jan 25)	MUMICIONII		
2/10/10/1	description	Date & Time Completed	Done	by:
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01/20000	mail (within 8hrs, AIC 2hrs)			
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	1otor W/O (Within: OD 2hrs	14111101204001	now	ras
De streetsming Only	hoto Uploaded	TP 4hrs)	_ 18.19	
Acc	essment/Survey Report			
i r insulei:	't Report by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	ix:	
TP Particulars: Veh No: SCO 1/8	20 1 INC (	)/Non-INC( )	***************************************	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	—— <u> </u>	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-Es	t. Status (WO): N: 0-20	%; P: 21-79%. F: 80-10	0%]	
Year of Registration: ( ) Warranty		)		
	)/\$2,000( )			
General Remarks:-				
( ) Walk-In Customer: Customer's information ( ) Total Loss Case : to e-mail Insurer URG		City NO 13te: 0: repailer.		
B				
Drive-In ( ) / Towed-In ( ); Invoice: YES (	) / NO ( ) ; To	wing Co: (		)
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
1) Amely Community	The state of the s			4
Apply for Transport Allowance ( ) / Courtesy	Car ( )			
Apply for Transport Allowance ( ) / Courtesy     QC Check / Post Repair Inspection	Car ( )			
2) QC Check / Post Repair Inspection				P
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]				
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NAMO 6/58  Laimant's Particulars:-	Invoice Prep  1) AR: Accident 1  2) DA: Damage A	Reporting (\$30); .ssessment (\$100); INC (\$80	Ist Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NAMO 6/58  Laimant's Particulars:-	Invoice Prep	Reporting (\$30); ssessment (\$100); INC (\$80 c \$40/	Ist Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NAUGO 6/58  laimant's Particulars:- river/Owner:	Invoice Prep  1) AR: Accident 1 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Reporting (\$30);   INC (\$80);   INC (\$80);   Second (\$100);   INC (\$80);   Second (\$40/2);   Second (\$100);   INC (\$80);   Second (\$100);   INC (\$80);   INC (	1st Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Laimant's Particulars:-  river/Owner:	Invoice Prep  1) AR: Accident 1 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect	Reporting (\$30); .ssessment (\$100); INC (\$80 e \$40/9 rough Survey \$1 rough Survey (Resurvey) \$2 ainst JNC Only (wef 10 Jan 2005) ion \$200	Ist Bill	
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.
- 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

aroresaid.	The report world in the carbon and t
	ACCIDENT STATEMENT
Date Of Report	26/09/2018 17:55
Date Of Accident	26/09/2018 10:50
Exact Location Of Accident	JUNCTION OF NORTH BRIDGE ROAD/BRAS BASAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT2828S
Insured/Policyholder	
Name Of Registered Owner	SUTJAHJO NGASERIN @ NG TJENG JAW
NRIC No	S2199589D
Email Address	SUTJAHJO@NGASERIN.COM
Mobile Phone No	(LOCAL) +65-98232828
Alternative Phone No	OTHERS-98232828
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PREMIO
Exact Purpose for which vehicle was being used at time of accident	FETCHING FAMILY
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	5038081761-09
Cover Note Number	
Driver	
Name of Driver	SUTJAHJO NGASERIN @ NG TJENG JAW
NRIC No	S2199589D
Date Of Birth	05/06/1958
Occupation	INDOOR
Date Of Driving Pass	08/08/1981
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98232828
Alexander Company of American Company	Amountaine and a contract of the state of th

OTHERS-98232828

SUTJAHJO@NGASERIN.COM

Address

102 GERALD DRIVE

#04-71

Postcode

798593

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

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

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)

3

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: DAUGHTER

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKQ1180L

Vehicle Make/Model/Colour

HONDA CIVIC

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- Information provided must be as <u>truthful and accurate as 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:
  - (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.

Policyholder's Signature

Date & Time: 26 9kers .

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Pe

NRIC/FIN No.:

Accident MT/1013184					
Policy No.	5038081761-09	NAME OF THE OWNER OWNER OF THE OWNER OWNE	Market -		
Cortificate No.	3030001761-00	Vehicle No.	53T2H2HS	GST Registration No.	
Policyholder Name	SUTJAHJO NGASERIN @ NG TJENG JAW				
Product Code	FREVATE CAR INSURANCE	Cover Type	979999000000	Policyholder NR3C	52199589D
Contact No.(Mobile)	90232628	Correct No.(Office)	drivo CLASSIC	Loading	0
Email Address		Special Remark		Contact No.(Home)	92
KPK.	- No Yes	TCA:	- No Yes	eCode	No T
NCD Protection	No	NCD Entitlement(%)	50	eCode Reason	
			***	Private Hire	No
Report Date	26/09/2018 18:15	Accident Report Within 24 hrs	Yes		
Date of Accident	26/09/2018	Time of Accident hh:mm	10:50	Accident Type	Collision - Head to I
Reporting Centre		Orange Force	10-50	Country of Accident	Singapore
Accident Epoation	JUNCTION OF NORTH BRIDGE ROAD/BRAS BA			ICM No.	
₩ Excess					
Own damage Excess	600,00	Additional Excess	0	(1.0500000000000000000000000000000000000	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess	100.00
Third Party Excess	0.00	Outside Singapore TP Excess	600.00		
▽ Benefits			0.00		
♥ GST Registered Informa	tion				
IST Registered	No.		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
fodification History				2000	
Policyholder Mailing Add	tress				
Address 1	102 GERALD DRIVE	Address 2	404.74.00.00		
Address 4		Address Type	#04-71 SELETAR SPRINGS CON	Address 3	SINGAPORE 798593
Unit No.		Related Policy Number	Singapore address	Post Code	798593
♥ OI Driver Info		newico rostly number	5038081761-09		
Iriver Name	SUTJAHJO NGASERIN @ NG TJENG JAW	Oriver Type	And work		
Innamed driver Name	AND ADDRESS OF THE PARTY.	Driver NRIC	Main Driver		
legister Dete of Driver License	08/08/1981	Driver Age	52199589D	Driver DOB	05/06/1958
britact No.(Mobile)	98232828	Contact No.(Office)	60	Driving Experience	37
ddress 1	102 GERALD DRIVE	Address 2		Contact No.(Home)	
ddress 4		Address Type	#04-71 SELETAR SPRINGS CON	Address 3	SINGAPORE 798593
Init Na.		Appress Type	Singapore address	Post Code	798593
oes he own a Singapore epistered car?	Yes + No	Driver Vehicle No.			
egoseres cary		Driver venicle no.	SJT28285		4.400
				Driver Insurer Company	NTUC
reathalyser or Blood Test eading?	0 mg	Any injury?	Yes + No	Driver Insurer Company	NTUC
reathalyser or Blood Test eading? odification History	0 mg	5-3-4-4-6-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C	V-MM (1905-19)	Driver Insurer Company	NTUC
reathalyser or Blood Test eading? odification History Chaim 001 New	0 mg	5-3-4-4-6-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C	Yes - No		
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reathalyser or Blood Test reading?  codification History  Claim 001 New  laim Type *  contact No.(Mobile)	0 mg	5-3-4-4-6-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C	Yes - No OD-MX	Insured SUTJAHJO NGASER Ontset No. (Home)	IN S NG TJE Insured E NRIC Contact Ne. (Office)
reathalyser or Blood Test reading?  codification History  Claim 001 New  laim Type *  contact No.(Mobile)	0 mg	5-3-4-4-6-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C	Yes - No OD-MX	Insured SUTJAHJO NGASER Contact No. (Home) OI Wehicle SJT2828	IN S NG TJE Insured S NRIC Contact Ne. (Office)
reathalyser or Blood Test reading?  codification History  Chaim 001 New  laim Type *  contact No.(Mobile)  moil Address	0 mg	5-3-4-4-6-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C	OD-MX  95332028  svtjahjo@ngaserin.com	Insured SUTJAHJO NGASER Name Contact No. (Home)  Of Vehicle Number	IN P NG TJE Insured NRIC Contact No. (Office) TP Vehicle Number Name of
reathalyser or Blood Test reading?  Claim 001 New  Laim Type *  contact No.(Mobile)  moil Address  aim Description referred		5-3-4-4-6-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C	Yes - No OD-MX 95232028	Insured SUTJAHJO NGASER Name Contact No. (Home)  Of Vehicle Number	IN S NG TJE Insured NRIC Contact Ne. (Office) TP Vehicle Number of Preferred
reathalyser or Blood Test reading?  Cfalm 001 New  Aim Type *  contact No.(Mobile)  noil Address  aim Description  eferred	Insured Liability   Fully at Pault	Any injury?	OD-MX  95332028  svtjahjo@ngaserin.com	Insured SUTJAHJO NGASER Name Contact No. (Home)  Of Vehicle Number	IN P NG TJE Insured NRIC Contact No. (Office) TP Vehicle Number Name of
reathalyser or Blood Test reading?  codification History  Claim 001 New  Laim Type *  contact No./Mobile)  noil Address  aim Description  efferred  orkshop  Briefer No./Yes  nalisation  Yes	Toward Habitity	Any injury?	OD-MX  95332028  svtjahjo@ngaserin.com	Insured SUTJAHJO NGASER Name G4822828 (Home) Of Vehicle Number NUMBER STT8828S	IN S NG TJE Insured NRIC Contact Ne. (Office) TP Vehicle Number Name of Preferred
reathalyser or Blood Test reading?  Cfaim 001 New  aim Type *  cintact No./Mobile)  noil Address  aim Description  efferred orkshop  New  Yes	Insured Liability   Fully at Fault     Recair   Preferred Workshop Name	Any injury?	OD-MX DB232028 Sutjahjo@ngaserin.com	Insured SUTJAHJO NGASER Contact No. (Home) Of Vehicle Number ON 26 Sept 2018 Claim Claim	IN IS NG TJE Insured NRIC Contact Ne. (Office) [ TP Vehicle Number of Preferred Workshop Contact Ne. (Office) [ The Name of Preferred Workshop Contact Ne. (Office) [ The Name of Preferred Workshop Contact Ne. (Office) [ The Name of Preferred Workshop Contact Ne. (Office) [ The NG TJE Insured Contact Ne. (Office) [ The NG TJE Insured Contact Ne. (Office) [ The NG TJE Insured Ne.
reathalyser or Blood Test reading?  Claim 001 New  Aim Type *  contact No./Mobile)  noil Address  aim Description  efferred orkshop  insert Address  for Registered	Insured Liability   Fully at Fault     Recair   Preferred Workshop Name	Any injury?	OD-MX  95232828  svtjahjo@ngaserin.com 53728285 / SKQ11801	Insured Name SUTJAHJO NGASER No. 64522828 (Horne) Oil Vehicle Number ON 26 Sept 2018	IN P NG TJE Insured NRIC Contact Ne. (Office) TP Vehicle Number Name of Preferred Workshop
reathalyser or Blood Test eading?  Claim 001 New  Laim Type *  contact No.(Mobile)  mail Address  aim Description  referred  orkshop  New  Yes  the Registered  sport Taken By	Insured Liability   Fully at Fault     Recair   Preferred Workshop Name	Any injury?	OD-MX    00-MX	Insured SUTJAHJO NGASER Contact No. (Home) Of Vehicle Number ON 26 Sept 2018 Claim Claim	IN IS NG TJE Insured NRIC Contact Ne. (Office) [ TP Vehicle Number of Preferred Workshop Contact No. (Office) [ The Name of Preferred Workshop Contact No. (Office) [ The Name of Preferred Workshop Contact No. (Office) [ The Name of Contact No. (Office) [ The N
eclaration reathalyser or Blood Test eading?  codification History  Claim 001 New  Laim Type * contact No.(Mobile)  mail Address  laim Description referred orkshop halisation with Registered report Taken By  Print AK lietter	Insured Liability   Fully at Fault     Recair   Preferred Workshop Name	Any injury?	OD-MX  95232828  svtjahjo@ngaserin.com 53728285 / SKQ11801	Insured SUTJAHJO NGASER Contect No. (Home) Of Vehicle Number ON 26 Sept 2018 Claim Claim	IN IS NG TJE Insured NRIC Contact Ne. (Office) [ TP Vehicle Number of Preferred Workshop Contact No. (Office) [ The Name of Preferred Workshop Contact No. (Office) [ The Name of Preferred Workshop Contact No. (Office) [ The Name of Contact No. (Office) [ The N
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reathalyser or Blood Test reading?  Cfaim 001 New  aim Type *  cintact No./Mobile)  neil Address  aim Description  efferred orkshop  Hiert No. Yes  Re Registered  port Taken By  Print AK letter	Insured Liability   Fully at Fault   Pedar   Preferred Workshop Name	Any injury?	OD-MX    B8232828   Sutjanjo@ngaserin.com   S1728285 / SKQ11801     Pay09/2018 18:17     ROSLI WAHAB	Insured SUTJAHJO NGASER Contect No. (Home) Of Vehicle Number ON 26 Sept 2018 Claim Claim	IN IS NG TJE Insured NRIC Contact Ne. (Office) TP Vehicle Number Name of Preferred Workshop Date
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Display in New Window Scan and uploading

Source

# ACCIDENT STATEMENT

ACCI	DENT DAYE: 26,07, 2018 (DI	D/MM/YYYY), TIME:(	:)(HH:MM)
x Y	ATION: ) motion wanth Br	Apr Road X for	as Rosah Roac
LOCA	TION: Just 1	J	
1.	DETAILS OF VEHICLE	285	7
	alvehicle NUMBER: SJT 28	70 5	
	HUNSURANCE COMPANY: 14/4	_	
	CIPOLICY NUMBER: 203808 17	6/07	<u></u>
	d) POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PA	RTY FIRE &THEFT)
	e MAKE & MODEL:	(090/A PRED)	•
	f)TYPE: (SALOON / COUPE / MPY /	VAN / LORRY / MOTORCY	CLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL MOTORC	YCLE
	h) PURPOSE OF USING AT ACCIDEN	II TIME: TOUGHT	5
	I) ARE YOU CLAIMING UNDER YOU	R OWN INSURANCE	,
	IF NO, PLEASE STATE (THIRD PART)	Y CLAIM / REPORTING ON	-1)
2.	INSURED / POLICY HOLDER	ASERIN (M)	LE FEMALE
11/16	binric/fin/Passport: 52199	1	98232828
NIFE	CIADDRESS: 102, GERALD DR	u= #04-71.	
DOUGHTYK.	SECTION SPR	ings, 5798593	
15 G	* CONTINUE TO 3.d IF DRIVER ALSO	O POLICY HOLDER	2
84. His of passongs	DBIVED :	& ARADIC	
Cincluding driver	a) NAME: SUTJAHJO	(M/	ALE / FEMALE)
23 chor	b) NRIC/FIN/PASSPORT:	CONTACT:	
(2)	c)ADDRESS:		<u> </u>
		1917	Section of the section of
70	*d)DATE OF BIRTH: ( OS) DE /		100
25	e)OCCUPATION: (INDOOR / OUT	2/8/1981	
a.	FIDATEL OF DRIVING PASS	THE INSURED'S COMPAI	NYZ (YES / NO)
4.	WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE	RIVER WITH INSURED:	OWNER.
5.	OWEATHER CONDITION: (CLEAR)	RAINING / OTHERS TIME	=, sunny
183	b)ROAD SURFACE: (DRY / WET / C	THERS DRY	
	WAS ANYBODY INJURED (YES / NO	2) /	
7.	a) REPORTED TO POLICE (YES / NO		30
	IF YES, PLEASE STATE WHICH POL		
8.	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKO 1	180L 4	fonda ervic
Action of Arthrogen	a) VEHICLE NUMBER:		
s, ladinding did en	b) DRIVER'S NAME:	CONTACT	· · · · · · · · · · · · · · · · · · ·
-(, )	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE		
		MODEL	*
Approximation	OI DRIVER'S NAME		N. Charles
Liberta gang debesa	d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	CONTACT	100
	7 11 11112/1111/2 1111		
and want	<b>5</b>		

EMBIL = sutjahjo@ngaserin.com Vioso=

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2199589D



9

Name

SUTJAHJO NGASERIN @NG TJENG JAW

黄

山精

CHINESE

Sex

05-06-1958 Country/Place of birth INDONESIA





9373845



NRIC No. S2199589D

Notionality
INDONESIAN
Date of Issue
04-06-2015

Addres

102 GERALD DRIVE #04-71 SINGAPORE 798593 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive 06 Aug 1961 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S2199589D

<b>eBao</b> Tech							15			Gener	alClaim
Hello, NAC_BUKIT_MERAH	_800676 Change Language Change							ige Password	The state of		
Notice of Loss	Policy No.  Vehicle No.(For Motor) SJT2828S				Date of Accident Certificate Number			26/09/2018 15:46			
						Search		***			
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5038081761- 09		SUTJAHJO NGASERIN @ NG TJENG JAW	S2199589D	GPC	drivo CLASSIC	SJT28285		16/07/2018	15/07/2019
				22/01	[	Continue					