

# NATIONAL Assessment Centre Services

(Ref: JAN05)

MNA18126472

Date In: 29/09/2018 15:23	Job description	Date & Time Completed	Done by
Ref No: MNA18126472	SAS e-filing		
Veh No: GBE 7433M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/09/2018 00:05	i-Motor Claim Form	M7/10/3604001	29/09/2018 15:57
QD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: JPY 9292	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>NAL806198</p> <p><b>Claimant's Particulars :-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments :-</b></p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p><b>Invoice Preparation Checklist</b></p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N:n INC) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p>	<p>Amt (\$)</p> <p>1st Bill</p>	<p>Amt (\$)</p> <p>Add Bill</p>	
	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	29/09/2018 15:23
Date Of Accident	29/09/2018 00:05
Exact Location Of Accident	JUNCTION OF EUNOS ROAD 5 AND EUNOS AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7433M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BLUEFLAME ENGINEERING PTE LTD
Co Reg No	199404136C
Email Address	ADMIN@BLUEFLAME.COM.SG
Mobile Phone No	(LOCAL) +65-96259508
Alternative Phone No	OFFICE-96259508

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088033644-01
Cover Note Number	

### Driver

Name of Driver	SIM TA TJEH (SHEN DAZHI)
NRIC No	S7341362A
Date Of Birth	10/11/1973
Occupation	INDOOR
Date Of Driving Pass	23/02/1994
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96259508
Fax Number	
Contact Number	OTHERS-96259508
Email Address	SIM_TT@YAHOO.COM.SG

Address	BLK 236 PASIR RIS STREET 21 #06-03
Postcode	510236
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JPV9292 (COMMERCIAL VEHICLE)
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180929/2016 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	JPV9292
Vehicle Make/Model/Colour	TOYOTA PICKUP
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHOO KOK LEONG
NRIC/Passport Number	741125015045
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**.
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.

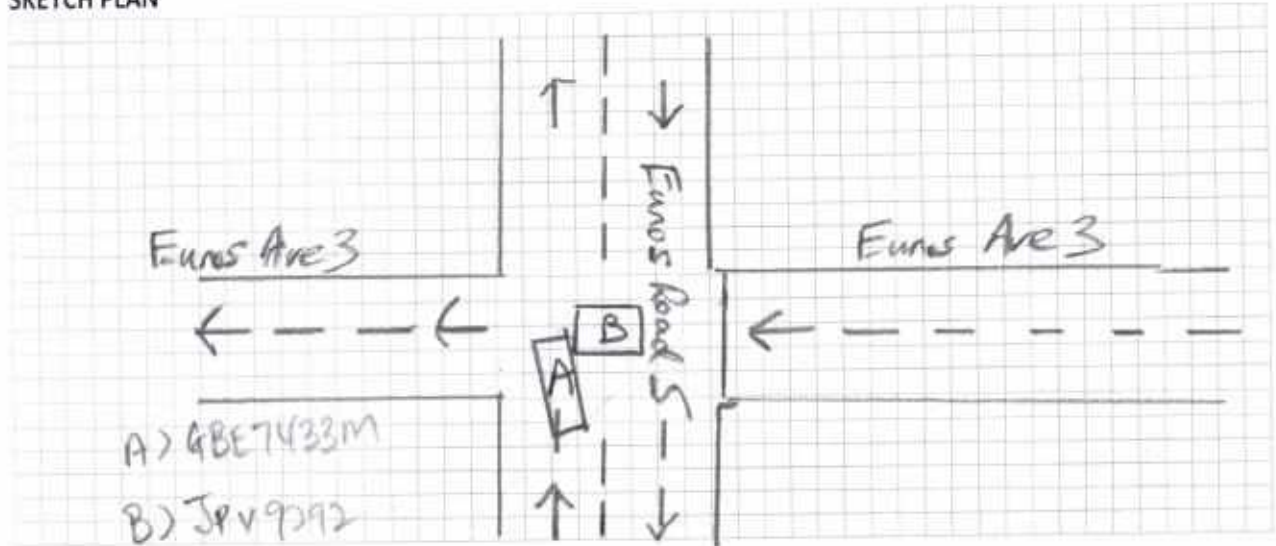


Policyholder's  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Police Refd to Police Report  
7/20180929/2016*

### DECLARATION

I/We declare that the above 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.:

*29/09/2018*  
*Rishi Korthi*



# SINGAPORE POLICE FORCE



T/20180929/2016

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180929/2016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/09/2018 02:57	Vide Report No.: G/20180929/0011	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: SIM TA TJEH			Address: APT BLK 236 PASIR RIS STREET 21 #06-03 SINGAPORE 510236		
ID Type / ID No.: NRIC NO / S7341362A			Contact No.: Home/Office: Mobile: 96259508		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 10/11/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GAS PLUMBER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: Yes	Date/Time of Accident: 29/09/2018 00:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 EUNOS AVENUE 3 EUNOS ROAD 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7433M	Van				Seriously Damaged	0
JPV9292	Lorry				Slightly Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180929/2016

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	SIM TA TJEH		ID No.	S7341362A
Related Vehicle	GBE7433M (Van)		Contact No.	96259508
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	CHOO KOK LEONG		ID No.	741125015045
Related Vehicle	JPV9292 (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 29/09/2018 at about 1200 am, I was driving my vehicle at the said location on the single lane road and approached the said junction. Suddenly, while crossing the junction, I felt an impact on the front side portion of my vehicle. After the Impact, we both alighted from our vehicle and exchanged particulars and took photographs of the damage. I then called for the police and shortly after, the traffic police came. They then took a breathalyzer test on both of us and he failed the test. I was then informed to make a police report. There is in-car camera footage. However, there is no SD card in the camera. However, I managed to save the footage into the phone. Currently, the right front side portion of my vehicle is heavily dented and the door can only be opened slightly.



**SINGAPORE  
POLICE FORCE**



T/20180929/2016

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20180929/2016

**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 /  
Sgt 1 ISAAC LIM JUN CHENG

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
29/09/2018 02:57

Classification Of Case:



SIGNATURE

## Claim Handling

## Accident MT/1013604

Policy No.	5088033644-01	Vehicle No.	GBE7433M	GST Registration No.
Certificate No.				
Policyholder Name	BLUEFLAME ENGINEERING PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96259509	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	29/09/2018 15:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/09/2018	Time of Accident hh:mm	00:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF EUNOS ROAD 5 AND EUNOS AVENUE 3			

## ▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 1045 #01-112	Address 2	EUNOS AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5099866211	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SIM TA TJEH (SHEN DAZHI)	Driver NRIC	S7341362A	Driver DOB
Register Date of Driver License	23/07/1994	Driver Age	44	Driving Experience
Contact No.(Mobile)	96259509	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 236 #06-03	Address 2	PASIR RIS STREET 21	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-03			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBE7433M	Driver Insurer Comp.

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No

## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	BLUEFLA
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBE7433
Claim Description	GBE7433M / JPV9292 ON 29 Sept 2018		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/09/2018 15:56
Print AK letter			ROSLI WAHAB

Save Submit

## Attachment

Accident No. MT/1013604 Claim No. 001  
 Last Doc. Received \* Yes ☐ No ☐ Upload Date 29/09/2018 15:57

Path \*

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Category \* Confidential:

Please Select NO

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Please Select NO

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 15:57	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 15:57	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 15:57	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 15:56	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 15:56	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 15:56	SAS	Normal	SAS 20
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 15:56	NRIC/ Driving License	Normal	NRIC/ Driving Li

## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 29/09/18 (DD/MM/YYYY), TIME: 00:05 (HH:MM)  
 LOCATION: Funer Road 5 / Funer Ave 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 7433 M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSA LIVINA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial  
 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: Blueflame Engineering Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 7341362A CONTACT: 9625950P  
 c) ADDRESS: Blk 1045 Eunos Ave 4 #01-112

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

## DRIVER

- a) NAME: Sim Ta Tiek (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 7341362A CONTACT: 9625950P  
 c) ADDRESS: Blk 236 Pagar Rd #21-006-03  
Spre 758312

\*d) DATE OF BIRTH: 10/11/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/2/1994

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) clear

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: T.P.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JPV 9292 MODEL: Toyota Pickup  
 b) DRIVER'S NAME: Choo Kok Leong  
 c) NRIC/FIN/PASSPORT: 7411250150745 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: JPV 9292 MODEL: Toyota Pickup  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = sim\_tt@yahoo.com.sg / admin@blueflame.com.sg

fax =

Notes Yes.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7341362A



Name  
SIM TA TJEH  
(SHEN DAZHI)  
沈达志

Race  
CHINESE

Date of Birth  
10-11-1973

Sex  
M

Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7341362A

Name  
SIM TA TJEH (SHEN DAZHI)

Birth Date 10 Nov 1973

Issue Date 14 Feb 2003



1000199964E

3948894




SPIC No. S7341362A

Date of issue  
04-10-2006

Address  
APT BLK 236 PASIR RIS STREET 21  
#06-03  
SINGAPORE 510236

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

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

23 Feb 1994

NP 42EA



Licence No. S7341362A

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="29/09/2018 11:56"/>
Vehicle No. (For Motor)	<input type="text" value="GBE7433M"/>	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"/>	5088033644-01		BLUEFLAME ENGINEERING PTE LTD.	199404136C	GCV	Comprehensive	GBE7433M	GBE7433M	23/03/2018	22/03/2019