

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA48740493

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 29/01/08 - 19:46 | Job description | Date & Time Completed | Done by |
| Ref No: N84/ZAC/8019694/4 | SAS e-filing | | |
| Veh No: SKQ 9139E | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 28/01/08 - 17:30 | I-Motor Claim Form | 28/01/08 - 20:07 | |
| OD : TP (Reporting Only) | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SHD 2736 G

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%. P: 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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

Invoice/Repairation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ver 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpl Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idao Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Ref (S) : R: Auto (S)
Add Bill

Ref (S) : R: Auto (S)
Add Bill

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 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. 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 | 29/10/2018 19:46 |
| Date Of Accident | 28/10/2018 17:30 |
| Exact Location Of Accident | OUTSIDE VIVO CITY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKQ9139E |
| Insured/Policyholder | |
| Name Of Registered Owner | ROBERTS MICHAEL JOHN |
| Passport No/FIN | G5765934W |
| Email Address | ELLA.MAGEE@TTS.EDU.SG |
| Mobile Phone No | (LOCAL) +65-90665720 |
| Alternative Phone No | OTHERS-98595162 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | TOYOTA |
| Model | WISH |
| Exact Purpose for which vehicle was being used at time of accident | TRANSPORTING CHILDREN HOME/PRIVATE USE |
| 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 | 5087212570-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ELLA JOVITA MAGEE |
| Passport No/FIN | G0438978L |
| Date Of Birth | 07/04/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 09/02/2010 |
| Driving Experience | 8 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90665720 |
| Fax Number | |
| Contact Number | OTHERS-98595162 |
| Email Address | ELLA.MAGEE@TTS.EDU.SG |

| | |
|---|-------------------|
| Address | 5 WHITCHURCH ROAD |
| Postcode | 138813 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 | 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) | 7 |
| Passenger 1 | NAME: : COUSIN GENDER: : FEMALE |
| Passenger 2 | NAME: : SON GENDER: : MALE |
| Passenger 3 | NAME: : SON GENDER: : MALE |
| Passenger 4 | NAME: : DAUGHTER GENDER: : FEMALE |
| Passenger 5 | NAME: : FRIEND KID GENDER: : MALE |
| Passenger 6 | NAME: : FRIEND KID 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 (TYPE OF COLLISION IS HEAD TO SIDE)

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 SHD2736G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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**.
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.

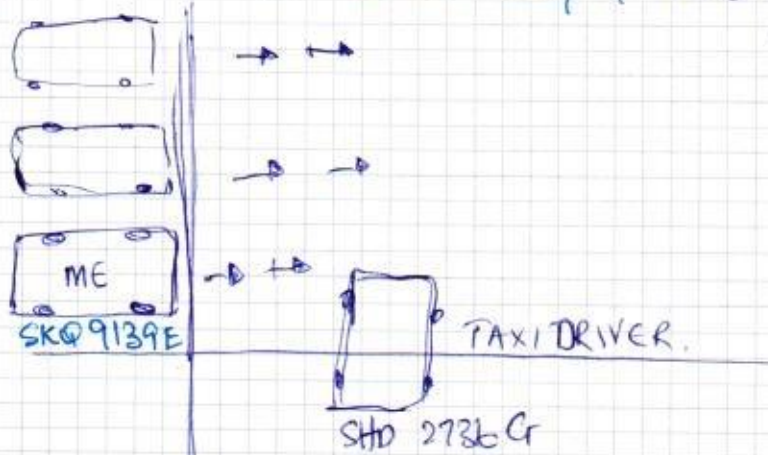
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 29th Oct 2018


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

SKETCH PLAN

OUTSIDE VIVO CITY & Police officer on motor bike was parked here.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards a green light, taxi pulled out in front of me. There was very little impact because I slammed on my brakes. No damage to my vehicle, small dent in his although, this may have happened before as his car had many dents. The taxi driver was very aggressive, the police man who was parked near by managed the old man and asked him to stop shouting at me. I gave the old man my phone number and name. I took pictures and the scene of the incident.

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: 29th October 2018

Reporting Centre Personnel's Signature
Name: 29/10/2018
NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/1017652

| | | | | | |
|---------------------|-----------------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 5087212570-01 | Vehicle No. | SKQ9139E | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ROBERTS MICHAEL JOHN | | | Policyholder NRIC | G5765934W |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 90665720 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KfK | = No Yes | TCA | = No Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 29/10/2018 20:04 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 28/10/2018 | Time of Accident hh:mm | 17:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | OUTSIDE VIVO CITY | | | | |

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 Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-------------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 5 WHITCHURCH ROAD | Address 2 | SINGAPORE 138813 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 138813 |
| Unit No. | | Related Policy Number | 5087212570-01 | | |

OI Driver Info

| | | | | | |
|---|-------------------|---------------------|-----------------|------------------------|------------|
| Driver Name | ELLA JOVITA MAGEE | Driver Type | Named Driver | | |
| Unnamed driver Name | | Driver NRIC | G0438978L | Driver DOB | 07/04/1980 |
| Register Date of Driver License | 01/01/2011 | Driver Age | 38 | Driving Experience | 7 |
| Contact No.(Mobile) | 98595162 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | | Address 2 | | Address 3 | |
| Address 4 | | Address Type | Foreign address | Post Code | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | SKQ9139E | Driver Insurer Company | NTUC |

Declaration

| | | | |
|------------------------------------|------|-------------|----------|
| Breakalyser or Blood Test Reading? | 0 mg | Any injury? | Yes = No |
|------------------------------------|------|-------------|----------|

Modification History

Claim 001 New

| | | | | | |
|---------------------------------|------------------------------------|-------------------|----------------------|----------------------------|----------------------------------|
| Claim Type * | OO-MX | Insured Name | ROBERTS MICHAEL JOHN | Insured NRIC | G5765934W |
| Contact No.(Mobile) | 90665720 | Contact No.(Home) | NEL | Contact No.(Office) | |
| Email Address | MICHAEL.ROBERTS@TTS.EDU.S | OI Vehicle Number | SKQ9139E | TP Vehicle Number | SHD27 |
| Claim Description | SKQ9139E / SHD2736G ON 28 Oct 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Finalisation | Yes | Insured Liability | Not at Fault | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | 29/10/2018 20:06 | GIA report | Received | Claim Close Date | 29/10/2018 |
| Report Taken By | ROSLI WAHAB | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|----------------|--------------|------------------|
| Accident No. | MT/1017652 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 29/10/2018 20:07 |
| Path * | | | |
| Choose File | No file chosen | Category * | Please Select |
| Choose File | No file chosen | Confidential | NO |
| Choose File | No file chosen | Urgency * | Normal |
| Choose File | No file chosen | | |
| Choose File | No file chosen | | |
| Choose File | No file chosen | | |
| Choose File | No file chosen | | |
| Message Read | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|------------------|----------|---------|-------------------|
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | | Photos | Normal | Photos 2018-10-29 |

| | | | | |
|--|--|-----------------------|--------|----------------------------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:07 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:06 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:06 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:06 | Photos | Normal | Photos 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:06 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:06 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-10-29 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 20:06 | SAS | Normal | SAS 2018-10-29 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|--|--------|
| | | Display in New Window Scan and uploading | |

ACCIDENT STATEMENT

ACCIDENT DATE: 28/10/2018 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: outside vivacity

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ9139E
b) INSURANCE COMPANY: NTUC INCOME INSURANCE COMPANY
c) POLICY NUMBER: 5087212570
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA WISH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORTING CHILDREN HOME / LEISURE
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: MICHAEL ROBERTS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G5765934N CONTACT: 90665720
c) ADDRESS: 5 Whitchurch Road, Singapore, 138813

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ELLA MAGEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G0438978L CONTACT: 98595162
c) ADDRESS: 5 Whitchurch Road Singapore, 138813

- *d) DATE OF BIRTH: 07/04/1980 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR) TEACHER
f) YEARS OF DRIVING PASS 21 years

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) - Although Police man was present.
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 2736 G MODEL: TOYOTA
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 = Ella.magee@tts.edu.sg

VIDEO

ELLA JOVITA MAGEE

07-04-1980

F

Nationality

BRITISH

G0438978L

PASSPORT
PASSEPORT

Type/Type

P

Code/Case

GBR

Passport No. / Passeport No. 5274

500787074

Surname/Nom. (1)

MAGEE

Given names/Prenoms (2)

Nationality/Nationalité (3)

Nationality/Nationalité (3)
BRITISH CITIZEN
Remarks (4)

Date of birth/Date de naissance (4)

07 APR / AVR 80

Sex/ Sexe (5) Place of birth/Lieu de naissance (6)

F

DOUGLAS

Date of issue / Date de délivrance (7)

08 DEC / DÉC 11

Date of expiry/Date d'expiration (9)

08 SEP / SEPT 22

Authority (Autorité) (B)

IPS

IPS
Holder's signature/Signature du titulaire (10)

[illegible]

5007870740GBR8004071E2209081<<<<<<<<<<<<<<<08

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Ella Jovita Magee

Licence Number: **G0438978L**

Name: **ELLA JOVITA MAGEE**

Birth Date: **07 Apr 1980**

Issue Date: **23 Feb 2015**

Valid Till: **22 Feb 2020**

Barcode: 002398274D

SG

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

| Class | Vehicle Description | Effective Date |
|---------|---|----------------|
| Class 3 | Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg | 09 Feb 2010 |

NP 428A

Licence No: G0438978L



MINISTRY OF
MANPOWER

EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

TANGLIN TRUST SCHOOL LIMITED



Name

ROBERTS MICHAEL JOHN

FIN

G5765934W



G5765934W



K0692820

VISIT PASS
Immigration Regulations

16-08-2018

Name
ROBERTS MICHAEL JOHN

FIN
G5765934W

Date of Birth
12-09-1974

Sex
M

Nationality
BRITISH

Download SGWorkPass
App to check status



**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Hello, NAC_PAYA_UBI_800601

[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="29/10/2018 16:20"/> |
| Vehicle No.(For Motor) | <input type="text" value="SKQ9139E"/> | 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"/> | 5087212570-01 | | ROBERTS MICHAEL JOHN | G5765934W | GPC | drivo CLASSIC | SKQ9139E | SKQ9139E | 12/04/2018 | 11/04/2019 |