

NATIONAL Assessment Centre Services: (with 1 Hour)

MA807930

Date In: 04/12/2018 18:07	Job description	Date & Time Completed	Done by
Ref No: NBA/MIL02569-001	SAS e-Miling		
Veh No: SCZ 7400K	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 03/12/2018 21.48	1-Motor Claim Form	MIL02569-001	04/12/2018 18:20
OD / TP & Reporting Only	1-Motor W/O (Within 24 hrs, TP 2hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars: Yeh No: UNKNOWN CAR	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: 1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date Time: _____

Action: _____

MA807930	INVOICE PREPARED BY: CHAN WILSON	DATE: 04/12/2018
Driver/Owner:	1) AR: Accidental Reporting (\$30)	10
Contact No:	2) DA: Damage Assessment (\$100)	100
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)	40/45
C. Checked by (Sign-In-Charge):	4) FT: Follow-Through Survey (\$120)	120
	5) RT: Follow-Through Survey (Recovery) (\$20)	20
	6) TR: Re-inspection (\$15)	15
	7) NI: NI & DA + SMRT Survey (\$160)	160
	8) NTUC Additional Services:	
	9) NI: NI & DA + SMRT Survey (\$160)	160
	10) NI: NI & DA + SMRT Survey (\$160)	160
	11) NI: NI & DA + SMRT Survey (\$160)	160
	12) NI: NI & DA + SMRT Survey (\$160)	160
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	100) NI: NI & DA + SMRT Survey (\$160)	160

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	04/12/2018 18:07
Date Of Accident	03/12/2018 21:45
Exact Location Of Accident	TRAFFIC JUNCTION OF PASIR RIS DR 3/PASIR RIS DR 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ7400K
Insured/Policyholder	
Name Of Registered Owner	SIM KIAN HUAT NIGEL (SHEN JIANFA NIGEL)
NRIC No	S7199087G
Email Address	NIGELSKH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96805045
Alternative Phone No	OTHERS-96805045

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS
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	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	5101869395
Cover Note Number	

Driver

Name of Driver	SIM KIAN HUAT NIGEL (SHEN JIANFA NIGEL)
NRIC No	S7199087G
Date Of Birth	24/01/1971
Occupation	INDOOR
Date Of Driving Pass	24/04/1992
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96805045
Fax Number	
Contact Number	OTHERS-96805045
Email Address	NIGELSKH@GMAIL.COM

Address	4 FLORA ROAD #07-01
Postcode	509726
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	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)	3
Passenger 1	NAME: : SON GENDER: : MALE
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	UNKNOWN
Vehicle Make/Model/Colour	JAGUAR
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**.
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.

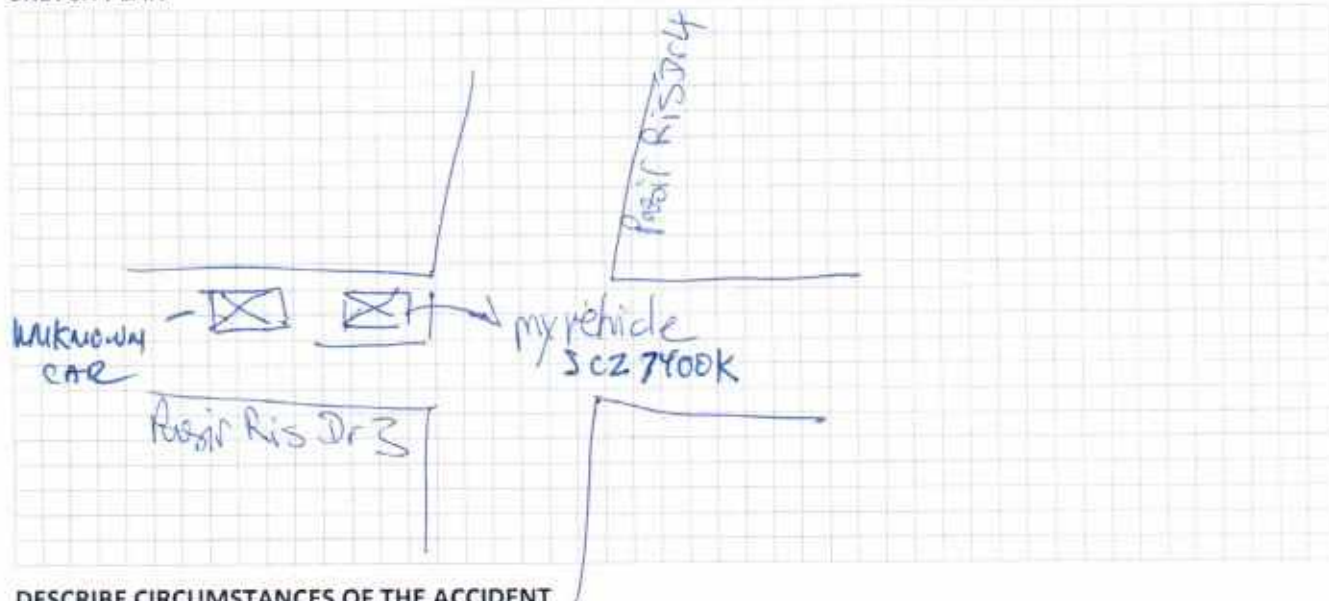
Policyholder's Signature
Date & Time:

4/12/18

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

I came to a normal stop at the traffic light and at least 2 seconds passed before my car was hit from the back. My car was stationary and I had 2 children in the back. Time was 9:45pm.

The driver who hit me apologized for his mistake. As the damage seemed minor, we agreed to not pursue the issue further.

The driver was a full-time NSF rushing for camp. The party's vehicle was a jaguar sports car.

DECLARATION

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

Policyholder's Signature
Date & Time: 4/12/18

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

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

Claim Handling

Accident MT/1022569

Policy No.	S101869395	Vehicle No.	SCZ7400K	GST Registration No.	
Certificate No.					
Policyholder Name	SIM KIAN HUAT NIGEL			Policyholder NRIC	S7199087G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96805045	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
MCD Protection	No	MCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	04/12/2018 18:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/12/2018	Time of Accident hh:mm	21:45	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	TRAFFIC JUNCTION OF PASIR KIS DR 3/PASIR KIS DR 4				

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	4 FLOUA ROAD	Address 2	#07-01 AZALEA PARK CONDOM	Address 3	SINGAPORE 509726
Address 4		Address Type	Singapore address	Post Code	509726
Unit No.		Related Policy Number	S101869395		

OI Driver Info

Driver Name	SIM KIAN HUAT NIGEL	Driver Type	Main Driver	Driver DOB	14/01/1971
Unnamed driver Name		Driver NRIC	S7199087G	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	96805045	Contact No.(Office)		Address 1	SINGAPORE 509726
Address 1	4 FLOUA ROAD	Address 2	#07-01 AZALEA PARK CONDOM	Address 3	SINGAPORE 509726
Address 4		Address Type	Singapore address	Post Code	509726
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SCZ7400K	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 991 **New**

Claim Type *	OD-MX	Insured Name	SIM KIAN HUAT NIGEL	Insured NRIC	S7199
Contact No.(Mobile)	96805045	Contact No.(Home)	96600668	Contact No.(Office)	968379
Email Address		CI		TP	UNKN
Claim Description	SCZ7400K / UNKNOWN CAR ON 3 Dec 2018			Vehicle Number	UNKN
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/12/2018 18:20	Claim Close Date		Date Received	04/12/
Report Taken By	ROSLI WAHAB				
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1022569	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	04/12/2018 18:20
Path *		Category *	Confidential
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		Clear	Please Select
Attachment List		Urgency *	Normal
Attachment	Uploaded By/Date	Category	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20		Photos	Photos 2018-12-4

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	SAS	Normal	SAS 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 18:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-4

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (3/12/18) (DD/MM/YYYY), TIME: (21:45) (HH:MM)

LOCATION: Pasir Ris Drive 3 (traffic light at Pasir Ris Drive 4)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCZ 7400K
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5101869395
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Ford Focus
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) station wagon
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: SIM KIAN HUAT MUEL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S71990876 CONTACT: 96805045
c) ADDRESS: 4 FLORA RD #07-01 S(509726)

* 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: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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) damp

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: UNKNOWN CAR MODEL: JAGUAR
b) DRIVER'S NAME: John
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email = nigelskh@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7199087G




SIM KIAN HUAT NIGEL
 (SHEN JIANFA NIGEL)
 沈健发
 Race
CHINESE
 Date of Birth: 24-01-1971 Sex: M
 Country of Birth: SELANGOR

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Member: S7199087G
 Name:
SIM KIAN HUAT NIGEL
 (SHEN JIANFA NIGEL)
 Birth Date: 24 Jan 1971
 Issue Date: 25 Apr 2003

000427313K

0462680

NRIC No. S7199087G


 Blood Group: O+ Date of issue: 08-08-1992
 4 FLORA ROAD #07-01
 SINGAPORE 509726
 NRIC No: S7199087G Date: 05/09/2009 No: 6302994

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

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
 PASS DATE: 24 Apr 1992
 Licence No: S7199087G
 NP 426A

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)

SCZ7400K

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5101869395		SIM KIAN HUAT NIGEL	S7199087G	GPC	drive CLASSIC	SCZ7400K	SCZ7400K	30/06/2018	29/03/2019