

NATIONAL Assessment Centre Services. [ver 1 Jan 00]

MAA 48160273

Date In: 12/12/2018 11:34	Job description	Date & Time Completed	Done by
Ref No: NGA/INC/022337/Y	SAS e-filing		
Veh No: SMF 9943J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/12/2018 22:05	I-Motor Claim Form	MT/1023573-001	12/12/2018
OD: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 3hrs)		17:09
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Vch No: FRG 74 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: YBS () / 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: ()

Reminders:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

Claimant's Particulars	Amount (\$)	Remarks
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Auditors Comments:		
	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100); INC (\$50)	
	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (N11): TP (Non INC) against INC \$20	
	9) N12: Idas Mobile \$0	
	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 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	12/12/2018 11:34
Date Of Accident	11/12/2018 22:05
Exact Location Of Accident	ALONG WOODLANDS CAUSEWAY TOWARDS WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9943J
Insured/Policyholder	
Name Of Registered Owner	ANG ZHI RUI (HONG ZHIRUI)
NRIC No	S8005990F
Email Address	ZHIRUIANG@YAHOO.CO.UK
Mobile Phone No	(LOCAL) +65-97765847
Alternative Phone No	OTHERS-97765847

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (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	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	5105797676
Cover Note Number	

Driver

Name of Driver	ANG ZHI RUI (HONG ZHIRUI)
NRIC No	S8005990F
Date Of Birth	04/03/1980
Occupation	INDOOR
Date Of Driving Pass	10/02/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97765847
Fax Number	
Contact Number	OTHERS-97765847
Email Address	ZHIRUIANG@YAHOO.CO.UK

Address	BLK 264 BISHAN STREET 24 #09-110
Postcode	570264
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRG74 (PRIVATE CAR)
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: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : FATHER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181211/2165

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	JRG74
Vehicle Make/Model/Colour	HONDA CRV
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	HAZMAN BIN HASSAN
NRIC/Passport Number	A35084076
Contact Number	+60167332234
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.
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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.



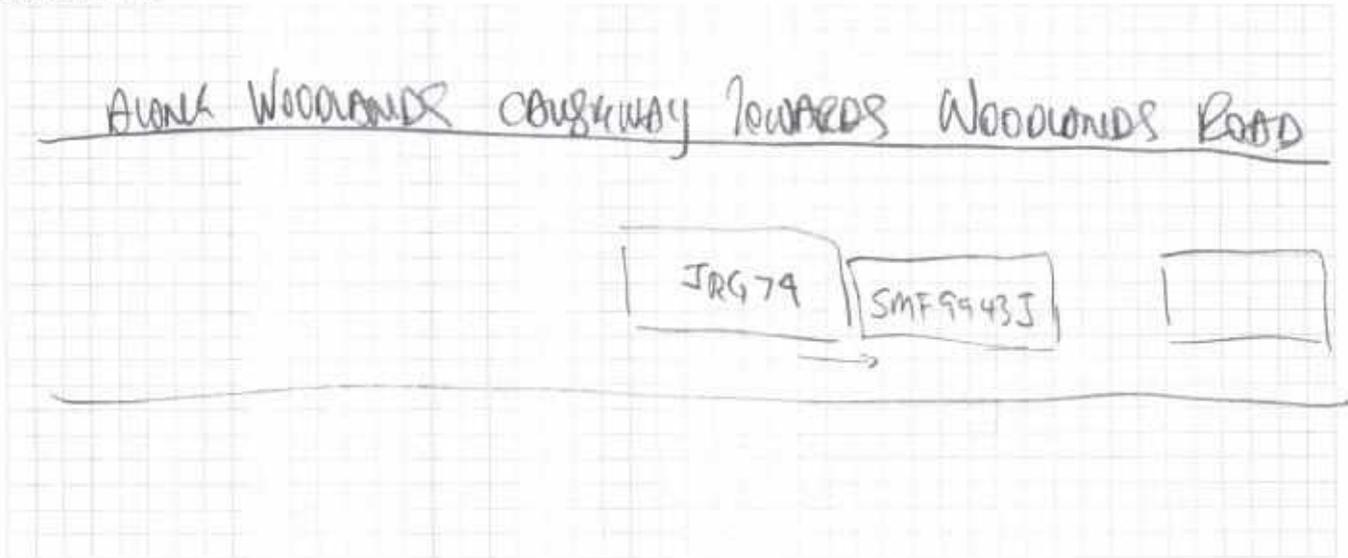
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11th Dec 2018 at 10:30pm, I was driving along Woodlands Crossing on the way back from Malaysia to Singapore. As there was heavy traffic across the causeway, my car was static and waiting in the traffic. Suddenly, I felt a loud bump to the boot of my car. I came out of the car and found out that the car behind me (JRG74) had bumped into my boot.

POLICE REPORT T/2018/1211/2165

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:

12/12/2018
Reporting Centre Personnel's Signature
Name: Rashid Ibrahim
NRIC/FIN No.:



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20181211/2165

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF9943J	NTUC Income Insurance Co-Operative Limited	5105797676	30/11/2018	29/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HAZMAN BIN HASSAN		ID No.	A35094076
Related Vehicle	JRG74 (Car)		Contact No.	+60 167332234
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
Driver				
Name	ANG ZHI RUI		ID No.	S8005990F
Related Vehicle	SMF9943J (Car)		Contact No.	97765847
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 11/12/2018 at 2202hrs, I was driving my vehicle (SMF9943J) along Woodlands Causeway heading towards Woodlands Road. There was a heavy traffic, as such I was stationary behind another vehicle. When suddenly I felt an impact from the rear of my vehicle. I then alighted from the vehicle and noticed a vehicle (JRG74) had collided onto the rear portion of my vehicle. We both then took a few photos of the accident, exchanged particulars and went separate ways. There was no one injured at that point of time.



**SINGAPORE
POLICE FORCE**



T/20181211/2165

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20181211/2165

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: E / Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404

Signature Of Informant: 
Date/Time: 11/12/2018 23:32
Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1023573

Policy No.	509797676	Vehicle No.	SMF99433	GST Registration No.	
Certificate No.					
Policyholder Name	ANG ZHI RUI	Cover Type	drive CLASSIC	Policyholder NRIC	S8005990F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	97765847	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No *
eFR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/12/2018 11:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/12/2018	Time of Accident hh:mm	22:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS CAUSEWAY TOWARDS WOODLANDS ROAD				

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	GET Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 264 #09-110	Address 2	BISHAN STREET 24	Address 3	SINGAPORE 570264
Address 4		Address Type	Singapore address	Post Code	570264
Unit No.	09-110	Related Policy Number	5105797676		

QI Driver Info

Driver Name	ANG ZHI RUI (HONG ZHIRUI)	Driver Type	Main Driver	Driver DOB	04/03/1980
Unnamed driver Name		Driver NRIC	S8005990F	Driving Experience	15
Register Date of Driver License	10/02/2003	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 570264
Address 1	BLK 264 #09-110	Address 2	BISHAN STREET 24	Post Code	570264
Address 4		Address Type	Singapore address		
Unit No.	09-110				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SMF99433	Driver Insurer Company	NTUC

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

Modification History

Claim 001 OD-MX Next

Claim Type *	OD-MX	Insured Name	ANG ZHI RUI	Insured NRIC	S800	
Contact No.(Mobile)	97765847	Contact No.(Home)	94550082	Contact No.(Office)		
Email Address		OT Vehicle Number	SMF99433	TP Vehicle Number	JRG7	
Claim Description	SMF99433 / JRG74 ON 11 Dec 2019				Name of Preferred Workshop	
Preferred Workshop		Injured Liability	Not at Fault	GIA report	Received	
Workshop Finalisation	Yes	Excess Repair Option	Preferred Workshop, Name unknown	Claim Close Date	12/12/2018 12:08	
Date Registered		Report Taken By	ROSLI WAHAB	Workshop Repairer		
					Date Received 12/1	
					Total Lost but Repaired	

Print All letter

Save Submit

Attachment

Accident No.	MT/1023573	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	12/12/2018 17:09
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
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<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2018 17:09	Photos	Normal	Photos 2018-12-12
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2018 17:09	Photos	Normal	Photos 2018-12-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2018 17:09	SAS	Normal	SAS 2018-12-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Dec 2018 17:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-12

Video List

Uploaded By/Date	Folder Data	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 12 / 2018) (DD/MM/YYYY). TIME: (10 : 00) (HH:MM)

LOCATION: WOODLANDS CROSSING TOWARDS WOODLANDS ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 9943J
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5105797676
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA SIENNA HYBRID
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL TRAVEL
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: ANIL SHI RUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8001980F CONTACT: 97765847
c) ADDRESS: BLK 264 BISHAN ST 24 09-110 5570264

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABUOKH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (04 / 03 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10/02/2003

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 DRIZZLY)

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: BISHAN NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JR6 74 MODEL: HONDA CRV
b) DRIVER'S NAME: HAZMAN BIN HASIAN
c) NRIC/FIN/PASSPORT: A35094076 CONTACT: 760 167 352234

9. THIRD PARTY VEHICLE

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

email =

VIDEO

FATHER
MOTHER

* No of passenger
(including driver)
(3)

* No of passenger
(including driver)
(5)

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8005990F



Name
ANG ZHI RUI
(HONG ZHIRUI)
洪智銳
Race
CHINESE
Date of birth
04-03-1980
Country of birth
SINGAPORE

Sex

M

S8005990F

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8005990F

Name:

ANG ZHI RUI
(HONG ZHIRUI)

Birth Date: 04 Mar 1980

Issue Date: 15 Apr 2010



001847759E

4840001



NRIC No: S8005990F



Date of issue
04-11-2010

APT BLK 284 BISHAN STREET 24 #09-110
SINGAPORE 570284

NRIC No: S8005990F Date: 20/03/2015

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

VALID DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 10 Feb 2003



License No: S0005990F

NP 428A

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5105797676		ANG ZHI RUI	S8005990F	GPC	drive CLASSIC	SMF99433	SMF99433	30/11/2018	29/11/2019