NATIONAL Assessment Centre Services. (wef 1 Jan/06). NMIA419014685

Date In: 31/01/2019 11:37	Job description	Date & Time Completed	Done by
Ref No: NBB/INC/19002038/Y	SAS e-filing		
Veh No: GQ9922H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/01/2019 01:45	I-Motor Claim Form	MT1030283-001	31/01/2019 12:05
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SHB1774M 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 [illegible]	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 / Action

NA/900944

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Invoice [illegible]		[illegible]	[illegible]
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 (wef 10 Jan 2005)	$75		
6) TR: Re-Inspection	$160		
7) NI: Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11): TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated *Fee Charged*			
Invoice dated *Fee Charged*			

Cat. 1:

2 / 3:

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 31/01/2019 12:02

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 witholding 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	31/01/2019 11:37
Date Of Accident	29/01/2019 01:45
Exact Location Of Accident	ALONG WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GQ9922H
Insured/Policyholder	
Name Of Registered Owner	SEE THOW FONG
NRIC No	S0831044J
Email Address	PRIDRIVE92@LIVE.COM
Mobile Phone No	(LOCAL) +65-96601222
Alternative Phone No	OTHERS-96601222
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088606049-01
Cover Note Number	
Driver	
Name of Driver	LIM CHIN SENG
NRIC No	S1058564C
Date Of Birth	04/07/1944
Occupation	INDOOR
Date Of Driving Pass	28/09/1964
Driving Experience	54 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96601222
Fax Number	
Contact Number	OTHERS-96601222
EMail Address	PRIDRIVE92@LIVE.COM

Address	BLK 17 TIONG BAHRU ROAD #02-93
Postcode	163017
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 (including own vehicle) 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?	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	SHB1774M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAM K.C.
NRIC/Passport Number	
Contact Number	81821844
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.

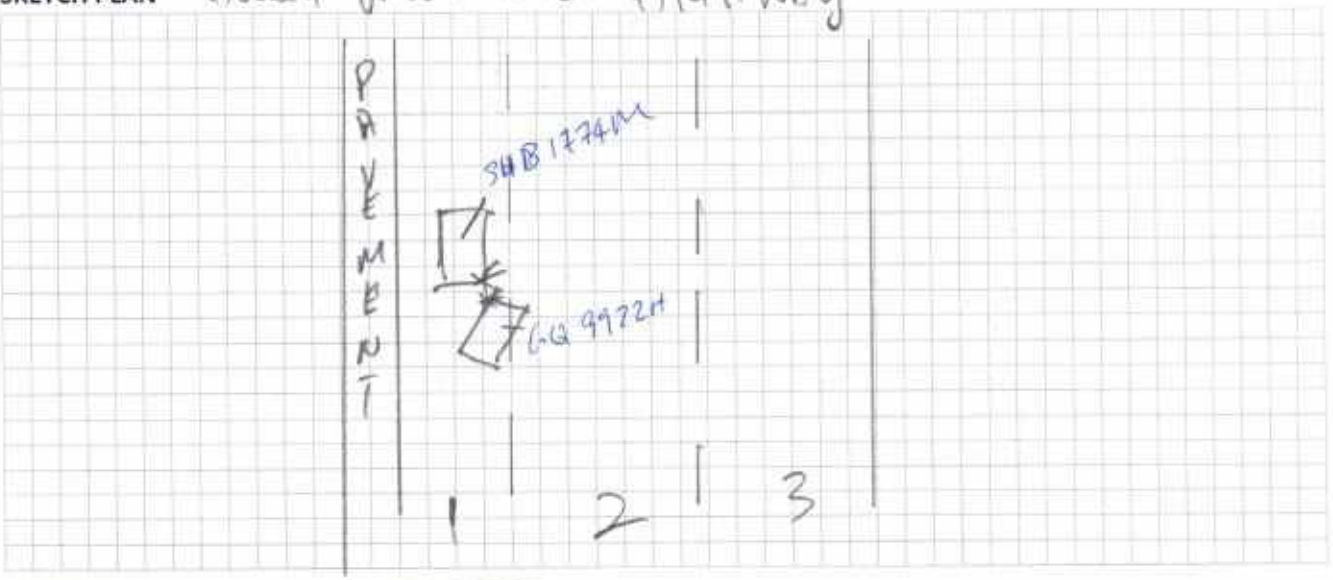
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	31/01/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN Along West Coast Highway



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/01/19, was driving along West Coast Highway heading towards Pasir Panjang wholesale centre. at about 0145 hrs, just along Pasir Panjang Food Centre, a taxi by SHB 1774M, made an abrupt stop travelling in front of my vehicle. on the inner most lane. I had mileage to veer right but distance had not allowed for a full evade which resulted with a collision of my vehicle's left corner with the said vehicle's right corner.

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:	31/01/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Claim Handling

Accident MT/1030283

Policy No.	5088606049-01	Vehicle No.	GQ9922H	GST Registration No.	
Certificate No.					
Policyholder Name	SEE THOW FONG			Policyholder NRIC	S0831044I
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96601222	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	31/01/2019 11:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/01/2019	Time of Accident hh:mm	01:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WEST COAST HIGHWAY NEAR (PASIR PANJANG FOOD CTR)				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 17 #02-93	Address 2	TIONG BAHRU ROAD	Address 3	SINGAPORE 163017
Address 4		Address Type	Singapore address	Post Code	163017
Unit No.		Related Policy Number	5088606049-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM CHIN SENG	Driver NRIC	S1058564C	Driver DOB	04/07/1944
Register Date of Driver License	28/09/1964	Driver Age	74	Driving Experience	54
Contact No.(Mobile)	96601222	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 17 #02-93	Address 2	TIONG BAHRU ROAD	Address 3	SINGAPORE 163017
Address 4		Address Type	Foreign address	Post Code	163017
Unit No.	02-93				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	NTUC	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Handling

Accident MT/1030283

Policy No.	5088606049-01	Vehicle No.	GQ9922H	GST Registration No.	
Certificate No.					
Policyholder Name	SEE THOW FONG			Policyholder NRIC	S0831044I
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96601222	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	31/01/2019 11:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/01/2019	Time of Accident hh:mm	01:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WEST COAST HIGHWAY NEAR (PASIR PANJANG FOOD CTR)				

Excess — **Total Excess Applicable**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess	100.00		
All Claims Excess					
YIED All Claim Excess		Driver is Covered?			
Total All Claim Excess Applicable					
OD Standard Excess		TP Standard Excess			
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable			

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	BLK 17 #02-93	Address 2	TIONG BAHRU ROAD	Address 3	SINGAPORE 163017
Address 4		Address Type	Singapore address	Post Code	163017
Unit No.		Related Policy Number	5088606049-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM CHIN SENG	Driver NRIC	S1058564C	Driver DOB	04/07/1944
Register Date of Driver License	28/09/1964	Driver Age	74	Driving Experience	54
Contact No.(Mobile)	96601222	Contact No.(Office)		Contact No.(Home)	

Address 1	BLK 17 #02-93	Address 2	TIONG BAHRU ROAD	Address 3	SINGAPORE 163017
Address 4		Address Type	Foreign address	Post Code	163017
Unit No.	02-93				
Does he own a Singapore Registered car?	Yes ● No	Driver Vehicle No.	NTUC	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes ● No

Modification History

Claim 001 OD-MX | New

Claim Type *	OD-MX	Insured Name	SEE THOW FONG	Insured NRIC	S0831044J
Contact No.(Mobile)		Contact No. (Home)	6221589?	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	GQ9822H	TP Vehicle Number	SH8177AH
Claim Description	GQ9822H / SH8177AH ON 29 Jan 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
[illegible] No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/01/2019 11:56	Claim Close Date		Date Received	31/01/2019 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss Int Required	

✓ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1030283	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	31/01/2019 12:05

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 12:05	SAS		Normal	SAS 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 12:05	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:57	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:57	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:57	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:57	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:57	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:57	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:57	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:57	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:56	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:56	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:56	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:56	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:56	Photos		Normal	Photos 2019-1-31	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Jan 2019 11:56	Photos		Normal	Photos 2019-1-31	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (29/01/2019) (DD/MM/YYYY). TIME: (01:45) (HH:MM)

LOCATION: WEST COAST ~~ROAD~~ HIGHWAY, PASIR PANJANG FOOD CTR (TOWARDS PANDAN)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GQ 9722H
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: NISSAN CABSTAR
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: WORK
   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: SEE THIAM FONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S0831044J CONTACT: 96601222
   c) ADDRESS: BLK 17 TIONG BAHRU ROAD #02-93 S(165017
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: LIM CHIN SENG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1058564C CONTACT: 96601222
   c) ADDRESS: BLK 17 TIONG BAHRU RD #02-93 S(165017
   *d) DATE OF BIRTH: (04/07/1944) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 28 SEPT 1964
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   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:
8. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

   a) VEHICLE NUMBER: SHB A774M MODEL: TOYOTA
   b) DRIVER'S NAME: TAN K.C.
   c) NRIC/FIN/PASSPORT: N.H. CONTACT: 8182 [illegible]
9. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

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

email = prodrive92@live.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1058564C

LIM CHIN SENG

林進盛

CHINESE

04-07-1944 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1058564C

LIM CHIN SENG

04 Jul 1944

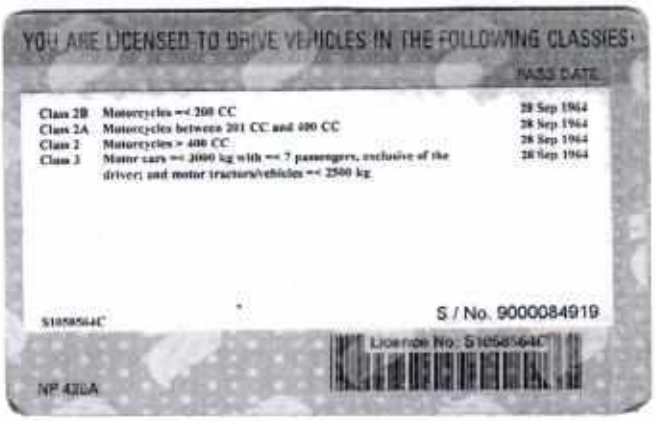
12 Aug 2009

0934551

S1058564C

B+ 17-03-1993

APT BLK 17 TIONG BAHRU ROAD
#02-93
SINGAPORE 0316



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		PASS DATE
Class 2B	Motorcycles =< 200 CC	28 Sep 1964
Class 2A	Motorcycles between 201 CC and 400 CC	28 Sep 1964
Class 2	Motorcycles > 400 CC	28 Sep 1964
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	28 Sep 1964

S / No. 9000084919

S1058564C

License No: S1058564C

NP 430A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Date of Accident 29/01/2019 11:23
Vehicle No.(For Motor) GQ9922H
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	S088606049-01		SEE THOW FONG	S0831044J	GCV	Comprehensive	GQ9922H	GQ9922H	28/03/2018	27/03/2019

Continue