

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

19/01/2019

Date In: 28/02/2019 16:28	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 9003805/X	SAS e-filing		
Veh No: FBM 892 U	E-mail (E-filing Sheet, AIC Sheet)		
D.O.A: 28/02/2019 07:05	I-Motor Claim Form	19/02/2019	17:35
OID: (P) 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/Wkan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMG 5731A	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 repeler.
() 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 ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date of Report:
Reported by:
Reported to:
Reported at:
Reported on:
Reported by:
Reported to:
Reported at:
Reported on:

Driver/Owner:	Invoice No: 1901553
Contact No:	1) AR: Accident Reporting (\$30)
Damaged Portion:	2) DA: Damage Assessment (\$100) INC (\$50)
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee \$40/545
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NIUC Additional Services:
	ON:
	* NS: Courtesy Car / Transport Allowance \$5
	* NG: Repair Coordination \$10
	* NN: Post Repair Inspection \$25
	* ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (N+INC) against INC \$30
	9) NI2: Idao Mobile
	Invoice dated
	Invoice dated

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 28/02/2019 16:38
Date Of Accident 28/02/2019 07:05
Exact Location Of Accident JUNCTION OF BT PANJANG RING ROAD/BT PANJANG ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM842U
Insured/Policyholder
Name Of Registered Owner LIM BING HONG
NRIC No S8541849A
Email Address GLZCO1@GMAIL.COM
Mobile Phone No (LOCAL) +65-97955027
Alternative Phone No OTHERS-97955027

Vehicle Particulars

Manufacturer HONDA
Model CB190R-184CC
Exact Purpose for which vehicle was being used at time of accident COMMUTING TO WORK

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 MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number 5092739873-01
Cover Note Number

Driver

Name of Driver LIM BING HONG
NRIC No S8541849A
Date Of Birth 16/12/1985
Occupation INDOOR
Date Of Driving Pass 15/12/2008
Driving Experience 10 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97955027
Fax Number
Contact Number OTHERS-97955027
Email Address GLZCO1@GMAIL.COM

Address 34 PHOENIX GARDEN
 Postcode 668301
 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 - CROSS JUNCTION
 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? YES
 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 JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
 Police Station Address ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT J/20190228/7017

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 SMG5731A
 Vehicle Make/Model/Colour MAZDA 3
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ZOU QINGSONG
 NRIC/Passport Number S7184953H
 Contact Number 97849528
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LIM BING HONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM842U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


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: 28/2/19 15:50

Driver's Signature

(If driver is not the policyholder)

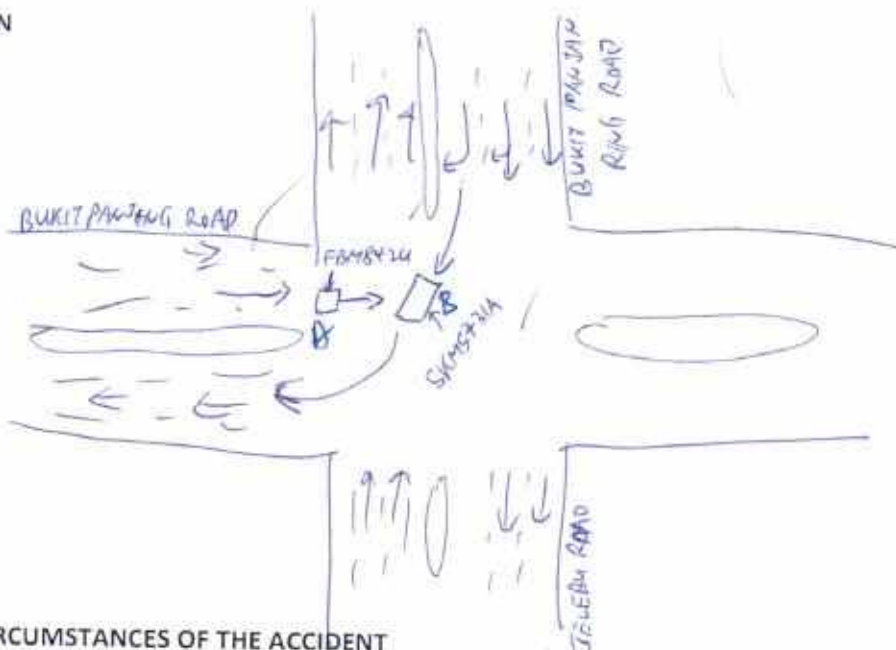
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS RIDING MY MOTORCYCLE (FBM842U) GOING STRAIGHT ALONG BUKIT PANJANG ROAD TOWARDS BHE AND THIS HAPPEN AT THE CROSS JUNCTION OF BUKIT PANJANG ROAD, BUKIT PANJANG RING ROAD AND TELEBU ROAD. ROAD CONDITIONS ARE DRY AND IT IS NOT RAINING. THE CAR, SM55731A, TRAVELLING ALONG BUKIT PANJANG RING ROAD TOWARDS TELEBU ROAD, BEAT THE RED LIGHT AND MADE A RIGHT TURN TOWARDS BUKIT PANJANG ROAD, CAUSING A COLLISION WITH MY MOTORCYCLE.


I SUFFERED KNEE, HIP AND NECK INJURIES AS A RESULT OF THE ACCIDENT AND WAS GIVEN 5 DAYS MEDICAL LEAVE FROM THE DOCTOR AFTER INITIAL CHECKS. TRAFFIC POLICE WAS CALLED INTO THE SCENE AND HAVE CONFIRMED THEY WILL BE TAKING UP A CASE WITH THE DRIVER.

I HAVE A VIDEO FROM THE CAR SHOWING HIM BEATING THE RED LIGHT.



POLICE REPORT? 3/2019/0228/7017

DECLARATION

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

Policyholder's Signature: 
Date & Time: 28/2/19 1550

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

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



POLICE REPORT (NP299)

Report No. J/20190228/7017

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 28/02/2019 12:14	Vide Report No.		Station Diary No.	
Name Of Informant LIM BINGHONG	Address 34 PHOENIX GARDEN SINGAPORE 668301			
ID Type / ID No. NRIC NO / S8541849A	Contact No. Home/Office:		Mobile: 97955027	
Nationality SINGAPORE CITIZEN	Email Address alanlimbh85@gmail.com			
Occupation Human resource consultant (excluding executive search consultant)	Sex Male	Age 33	Date of Birth 16/12/1985	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 28/02/2019 07:05	Location Of Incident BUKIT PANJANG ROAD			

Brief details.

I was riding my motorcycle (FBM842U) going straight along Bukit Panjang Road towards BKE and this happened at the cross junction of Bukit Panjang Road, Bukit Panjang Ring Road and Jelebu Road. Road was clear and dry and weather was good, not raining. The car, SMG5731A, travelling along Bukit Panjang Ring Road towards Jelebu Road, beat the red light while making a right turn and as a result, caused an accident with my motorcycle. I suffered knee, hip and neck injuries as a result of the accident and was given a 5 days medical leave from the doctor after initial checks. Traffic Police was called in after the accident and they have confirmed they'll be taking up this case. No one was conveyed to the

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	
Signature Of Interpreter:	Date/Time:
Not applicable	28/02/2019 12:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190228/7017

hospital. There is a video recording from the car showing him beat the red light as well. The video is too large and hence can't be sent across in this report. I have attached 3 screenshots of 1) the vehicles involved, 2) footage of the car beating the red light and 3) the driver's NRIC and driving license. I am contactable via my mobile or email address if any further details are required.

Subjects Involved			
Victim			
Person Name	LIM BINGHONG		
ID Type	NRIC NO	ID No	S8541849A
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Human resource consultant (excluding executive search consultant)	Address Type	
Address	34 PHOENIX GARDEN SINGAPORE 668301	Mobile No	97955027
Is Informant A Victim?	Yes		
Person Name	LIM BINGHONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

28/02/2019 12:14

Classification Of Case:

Claim Handling

Accident HT/1034106

Policy No.	SMGT318T1-C1	Vehicle No.	FBM42U	GST Registration No.	
Certificate No.					
Policyholder Name	LM BING HOWG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S2541846A
Product Code	WOT3RVCCL5 INSURANCE	Third Party, Fire & Theft		Location	S
Contact No. (Mobile)	97955027	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	NA
KfK	No Yes	TCA	No Yes	eCase Reason	
NCD Protection	No	NCD Endorsement(%)	20	Private Hsp	No

Accident Details

Report Date	28/02/2019 17:32	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	08/02/2019	Time of Accident (Hr:Min)	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ET PANANG RING ROAD/ET PANANG ROAD				

Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Uninsured 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	34 PHOENIX GARDEN	Address 2	PHOENIX HEIGHTS	Address 3	SINGAPORE 668301
Address 4		Address Type	Singapore address	Post Code	668301
Unit No.		Related Policy Number	SMGT318T1-C1		

OT Driver Info

Driver Name	LM BINGHOWG	Driver Type	Real Driver	Driver DOB	16/12/1985
Uninsured driver Name		Driver NRIC	S2541846A	Driving Experience	10
Register Date of Driver License	15/12/2008	Driver Age	33	Contact No. (Home)	
Contact No. (Mobile)	97955027	Contact No. (Office)		Address 1	SINGAPORE 668301
Address 1	34 PHOENIX GARDEN	Address 2	PHOENIX HEIGHTS	Address 3	SINGAPORE 668301
Address 4		Address Type	Singapore address	Post Code	668301
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBM42U	Driver Insurer Company	NTUC

Declaration:

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	LM BING HOWG	Insured NRIC	S2541846A
Contact No. (Mobile)	97955027	Contact No. (Home)	97528241	Contact No. (Office)	
Email Address	gicci1@gmail.com	OT Vehicle No.	FBM42U	TP Vehicle Number	SMGT318T1
Claim Description	FBM42U / SMGT318T1 ON 8 Feb 2019				
Preferred Workshop	Insured Liability	Not at Fault			
Damage No. Modification	Report Option	Preferred Workshop Name unknown	OTA report	Received	
Date Registered	28/02/2019 17:29	Claim Date	28/02/2019 17:29	Date Received	28/02/2019 00:00
Report Taken By	ROSLI WAFAR				













Print & Attach

Attachment

Accident No.	HT/1034106	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/02/2019 17:33
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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	Hq. Sent (CO)
	NAC_BUKIT_MERAH_8006/6 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 17:33	Photos	Normal	Photos 2019-2-28	
	NAC_BUKIT_MERAH_8006/5 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 17:33	Photos	Normal	Photos 2019-2-28	
	NAC_BUKIT_MERAH_8006/5 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 17:33	Photos	Normal	Photos 2019-2-28	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	SAS	Normal	SAS 2019-2-28

Video List

Uploaded By/Date	Folder Name	File Name	Source	Action
		Display in new window	Scan and uploading	

rsbm

From: rsbm <rsbm@lkkauto.com>
Sent: Wednesday, 13 March, 2019 10:37 AM
To: 'Theresa Vimala D/O Balagangadharan'
Cc: ODsupport@income.com.sg
Subject: MT/1034106-001 FBM842U

Hi the above mention claims accident date should be 28/02/2019 and not 08/02/2019 type wrongly in the ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 02 / 2019 (DD/MM/YYYY). TIME: 07:05 (HH:MM)

LOCATION: CROSS JUNCTION AT BUKIT PANJANG ROAD / BUKIT PANJANG ROAD / JELAPUR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB4842U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda CB190R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: FOR COMMUTING TO 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: LIM BINGHONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8541849A CONTACT: 97955027
 c) ADDRESS: 34 HOGAN GARDEN S(668301)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 16 / 12 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 5/12/2008

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)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: JURONG POLICE STATION (ONLINE REPORT)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SM55731A MODEL: MAZDA 3
 b) DRIVER'S NAME: ZOU QINGSONG
 c) NRIC/FIN/PASSPORT: S71849534 CONTACT: 97849528

9. THIRD PARTY VEHICLE

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

Email = GL2co1@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8541849A



Name

LIM BINGHONG

林秉弘

Race

CHINESE

Date of birth

16-12-1985

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8541849A

Name

LIM BINGHONG

Birth Date: 16 Dec 1985

Issue Date: 25 Apr 2006



5679042



NRIC No. S8541849A



Date of issue

09-12-2016

400760

34 PHOENIX GARDEN
SINGAPORE 668301

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

PASS DATE	
Class 2B	Motorcycles <= 200 CC
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

15 Dec 2008
25 Apr 2006

S8541849A

S / No. 9000097842

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

08/02/2019 17:31

Vehicle No. (For Motor)

FBM842U

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092739873-01		LIM BING HONG	58541849A	GMC	Third Party, Fire & Theft	FBM842U	FBM842U	12/07/2016	11/07/2019